



EMPLOYER PARTICIPATION AGREEMENT
With the
North Coast Builders Exchange Workers' Comp Trust

The undersigned, a member in good standing of the North Coast Builders Exchange, Inc., an Employer engaged in the building and construction industry, or whose income is substantially derived from furnishing materials or service for any type of building and construction project, by the execution hereof does execute such Trust Agreement as an Employer party thereto, and does hereby agree to be bound by the covenants and provisions of said Trust Agreement and any amendment thereto adopted in the manner provided therein, and the By-Laws of North Coast Builders Exchange, Inc., does hereby desire to participate in a group program arranged by the North Coast Builders Exchange Workers' Comp Trust (WCT), and does hereby agree to the following:

- ◆ To maintain a current membership in good standing in North Coast Builders Exchange, Inc., and to assume liability for any charges incurred in said membership during the time it is a participant in a program provided through the WCT.
- ◆ To abide by group participation requirements of the WCT and insurance companies.
- ◆ To notify the WCT of any changes in company ownership, or other companies owned that might come under this plan or changes of address or business location.
- ◆ To pay premiums upon written demand by the Group's Insurance Carriers providing coverage, when due, and to furnish the Trustees with any statements or reports required by the WCT. Employer agrees to cover all eligible, legal employees and that no cash payments will be made.
- ◆ To satisfy the safety participation criteria established by the WCT (see page 2).
- ◆ To hold harmless the Trustees for any action taken or omitted by them in good faith.
- ◆ To maintain an up-to-date Injury Illness and Prevention Program
- ◆ To participate in the insurance programs and to be bound by and entitled to all rights as set forth in the Trust Agreement. The Trustees reserve the right to make group plan changes or add programs at any time without notice to the undersigned.
- ◆ Changes in selection of group programs, plans and coverages only at such times as designated by the WCT.

The above criteria affects all group programs offered by the WCT.

Employer acknowledges that its application to be beneficiary of WCT is subject to the affirmative vote of 2/3 of the Trustees of the WCT and approval of the underwriters.

 Name of Firm NCBE Member # Beginning Policy Year

By _____ _____
 Signature of Owner or Officer Dated

Contractors License Number: _____
 (If applicable)