# Applicant Cover Sheet

**Carrier Information**

Carrier legal entity name (per Oregon Certificate of Authority):

Carrier Assumed Business Name in Oregon (if different):

Form of legal entity (business corporation, nonprofit corporation, etc.):

Oregon Certificate of Authority number as □ health care service contractor, or □ health insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAIC Company Code Number:

State of domicile:

Primary Contact Person: Title:

Address:

City, State, Zip:

Telephone: Fax:

E-mail Address:

Name and title of the person(s) authorized to represent the Carrier and sign any Contract that may result:

Name: Title:

By signing this page and submitting an Application, the Authorized Representative certifies that the following statements are true and will remain true throughout the RFA process and contractual period:

1. Carrier certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Applicant Cover Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty. Carrier accepts as a condition of the Contract, the obligation to comply with applicable state and federal requirements, policies, standards, and regulations. No attempt has been made or will be made by the Carrier to induce any other person or organization to submit or not submit an Application.
2. Carrier does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, gender, sex, disability, sexual orientation or national origin. When awarding subcontracts, Carrier does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business.
3. Information included in this Application shall remain valid until a Contract is approved.
4. The undersigned recognizes that this is a public document and will become open to public inspection
5. Carrier confirms that it has followed the instructions provided and has identified any deviations from specifications within its response. Carrier affirms that it had the opportunity to ask questions about the RFA and to seek clarification when it deemed clarification was necessary.
6. Carrier acknowledges receipt of any and all addenda issued under this RFA.
7. If Carrier is awarded a Contract as a result of this RFA, Carrier is expected to sign and will be bound by the Contract described in this RFA. Carrier agrees to the statement of work, except to the extent Carrier has timely requested a change or clarification or filed a protest in accordance with the RFA.

Signature: Title: Date: