

Agent ID/Name: \_\_\_\_\_ Application ID: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PRINT OR TYPE. PLEASE COMPLETE ALL AREAS OF THE APPLICATION. WE WILL NOT PROCESS INCOMPLETE APPLICATIONS.**

**Part 1 - General Information** Federal ID #: \_\_\_\_\_ UITR #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Trade Name (if any): \_\_\_\_\_  
Physical Location of Colorado Business: \_\_\_\_\_  
Mailing Address (if Different): \_\_\_\_\_

Business Phone #:       Business Fax #:

SIC Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact Telephone #:        
If We Need Additional Information

E-mail: \_\_\_\_\_

**Part 2 - Type of Ownership**

1. Corporation     3. Individual     5. Government     7. Association     9. Limited Liability Co.  
 2. Partnership     4. Estate     6. Trust     8. Joint Venture     10. Receivership

If Corporation or Limited Liability Company, When Were Articles Filed? \_\_\_\_\_ Where? \_\_\_\_\_

Exact Registered Corporate Name \_\_\_\_\_

Enter the complete name of the Sole Proprietor, Partners, Members of Limited Liability Companies (LLC), Corporate Officers, etc. and the percentage owned by each. Account for 100% of ownership. Corporations must list all elected officers even if they are not active.

List Name of sole proprietor, all partners, corporate officers, or members of LLC.	SSN (Last 4 digits)	Percent Owned	Business Title	Gross Annual Earnings	Colorado Resident?	Individual Coverage Desired?
Duties:						
Duties:						
Duties:						
Duties:						
Duties:						
Duties:						
Duties:						
Duties:						

**Application for Endorsement to Exempt Corporate Officer from Workers' Compensation Coverage**  
Corporate officers and members of LLC actively engaged in the business are considered employees of the business and are automatically included for coverage. A "corporate officer" is the chairperson of the board, president, vice-president, secretary or treasurer. Any corporate officer or member owning at least 10 percent of the business may reject coverage by completing an officer rejection form. Each corporate officer or member of a limited liability company must individually sign the form and the secretary of the corporation or manager of the LLC must certify ownership stock on the rejection form. A copy of the articles of incorporation or organization showing the date stamped by the Secretary of State must be included. Return to Pinnacol Assurance by certified mail with this completed application.

**Part 3 - Description of Business Operations**

In order to properly classify your business and estimate premium, we need a complete and specific description of your operations. Please provide a detailed description in the space provided below, attaching a separate sheet of paper, if necessary. Failure to provide a complete description of your operations may result in the return of your application without a premium quote or offer of insurance.

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**Part 4 - Classification of Operations, Remuneration\* (Payroll) & Owners**

Operations

List the various categories of employees and their duties, or if applicable, list the various jobs performed.	Number of Employees	Estimated Total Annual Remuneration

\* Remuneration includes gross wages, commission, room and board, bonuses, and any other compensation.

**Part 5 - Prior Coverage Status and General Questions**

1. Has this Applicant or any of the managers or owners of this Applicant ever had a workers' compensation policy through Pinnacol Assurance or been a partner, owner, manager or officer in another business or entity that has carried a workers' compensation policy through Pinnacol Assurance? Yes  No   
 If yes, please provide names of entities, policy numbers, and current status of these policies in the space below.

2. Is your business a Professional Employer Organization (PEO) or employee leasing company? Yes  No   
 Do you contract your insurance needs through a Professional Employer Organization (PEO) or an employee leasing company? Yes  No   
 If yes, please provide their name and policy number. \_\_\_\_\_

3. Standard limits of employer's liability are: Bodily injury by accident - \$100,000 each accident; Bodily injury by disease - \$100,000 each employee; Bodily injury by Disease - \$500,000 policy limit. These limits can be increased for additional premium.  
 If you need higher limits of employer's liability, please indicate the limits needed. These limits apply to employer's liability coverage only, not workers' compensation insurance.  
 Bodily injury by accident ( \$100,000 minimum ): \_\_\_\_\_  
 Bodily injury by disease, each employee ( \$100,000 minimum ): \_\_\_\_\_  
 Bodily injury by disease, policy limit ( \$500,000 minimum ): \_\_\_\_\_

4. Designated Medical Provider I: \_\_\_\_\_  
 Designated Medical Provider II: \_\_\_\_\_

5. Primary Language Spoken by Policyholder: English  Spanish  Other \_\_\_\_\_  
 Primary Language Spoken by Workforce: English  Spanish  Other \_\_\_\_\_

**General Information:**

- |  |  |
|--|--|
| 1. Does applicant own, operate, or lease aircraft/watercraft? Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Any group transportation provided? Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 2. Any work performed underground or above 15 feet? Yes <input type="checkbox"/> No <input type="checkbox"/>           | 9. Any part time or seasonal employees? Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3. Is applicant engaged in any other type of business? Yes <input type="checkbox"/> No <input type="checkbox"/>        | 10. Is there any volunteer or donated labor? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 4. Are subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/>                                   | 11. Do employees travel out of state? Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 5. Any work subcontracted without certificates of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>  | 12. Has applicant, partners, owners, managers or officers of applicant ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Is a formal safety program in operation? Yes <input type="checkbox"/> No <input type="checkbox"/>                   | If yes when? _____   |
| 7. Has the business been purchased from another entity? Yes <input type="checkbox"/> No <input type="checkbox"/>       | Has the bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>   |

**Part 6 - Application and Declaration for Coverage of Sole Proprietor or Working General Partner**

NOTE TO APPLICANT: In accordance with CRS 8-40-302, the Workers Compensation Act permits a sole or working partner to be included under their own policy and become eligible for benefits. If you want workers' compensation insurance coverage on yourself, please sign below. It is understood and agreed the additional premium for this coverage will be paid upon such basis as is fixed by the rules and regulations of the Pinnacol Assurance Board of Directors and that benefits will be based on actual wages or salary.

**Application of Sole Proprietor**

\_\_\_\_\_  
Date Individual Employer Signature

**Application for working general partners**

\_\_\_\_\_  
Date General Partner Signature Date General Partner Signature

\_\_\_\_\_  
Date General Partner Signature Date General Partner Signature

**Part 7 - Colorado Premium Credits For Designation of a Medical Provider, Certified Cost Containment Programs and Deductible Plans**

Pursuant to Colorado Insurance Regulation 5-1-11 (III)(F) all workers' compensation insurers must allow a credit of 2.5% as a premium differential of the workers' compensation insurance premium if the business has selected a designated medical provider. Pinnacol Assurance strongly recommends selection of a medical provider from our SelectNet. SelectNet is a large network of medical providers that are familiar with the treatment of work related injuries. Contact Pinnacol Assurance for assistance in selecting the right provider for your employees. Implementation of a certified cost containment program in partnership with Pinnacol Assurance qualifies your business for a Cost Containment Certification discount of 0 to 10%, depending on factors specified under Colorado Insurance Regulation 5-1-11 (III)(E). Pinnacol Assurance can assist you in setting up a program to reduce losses and protect your employees as well as reducing premium costs.

**Deductible Plans:**

Deductible plans are available that allows policyholders to pay a portion of the claim cost on a per claim basis in exchange for a premium discount. The deductible levels currently available are: \$500, \$1,000, \$1,500, \$2,000, \$2,500, or \$5,000. By law, all claims must be filed with and initially paid by Pinnacol Assurance. Policies endorsed with the deductible program are then billed for reimbursement of total medical and lost wage costs until the claim is closed or the deductible is met, whichever comes first. Deductible options can only be added within 30 days of your policy renewal or effective date. The deductible plan selected will apply to the full policy period and can only be changed or removed prior to the next renewal date of your policy. To determine if a deductible plan is right for you, please contact Pinnacol Assurance.

**Part 8 - Conditions and Terms**

Applicant agrees:

1. To provide all records including but not limited to Unemployment Insurance Tax Reports (UITR's). If the records are not provided when requested, Applicant authorizes Pinnacol Assurance to estimate premiums based upon available information.
2. To authorize Pinnacol Assurance to charge premium for all contractors and subcontractors who are not independent contractors under Colorado law and for all individuals who perform services for the contractors and subcontractors, unless Applicant provides evidence of their proper coverage on another workers' compensation insurance policy or Pinnacol Assurance determines those individuals are exempt from coverage.
3. That all records maintained in Pinnacol Assurance's file concerning Applicant, and all computer software and statistical information utilized by Pinnacol Assurance in computing premium, constitute proprietary information belonging solely to Pinnacol Assurance.
4. To authorize Pinnacol Assurance to charge and recover interest at a rate of 18% per annum on all premiums and other charges not paid ~~to Pinnacol Assurance~~.
5. To authorize Pinnacol Assurance to charge and recover all attorneys' fees and costs incurred by Pinnacol Assurance in the collection of any amount owed to Pinnacol Assurance by Applicant.
6. That in the event of any legal action relating to this application or any other agreement between Applicant and Pinnacol Assurance, the parties agree to only submit such controversy or dispute to the jurisdiction of the District and/or County Courts of Denver, Colorado and the laws of Colorado shall apply.
7. That Applicant has not relied on any statement, representation, agreement, or promise which is not expressly set forth in this application and any subsequent agreement between Pinnacol Assurance and Applicant must be reduced to writing.
8. That any term or condition of this application found to be prohibited by law shall be ineffective to the extent of such prohibition without invalidating the rest of this application.
9. To authorize Pinnacol Assurance to charge premium for all workers to whom Pinnacol Assurance pays benefits resulting in a claim made against Applicant's Policy and to charge premium for all workers in similar situations. However, Pinnacol Assurance is not required to pay any claims not otherwise covered under Applicant's Policy.

**Part 9 - Acknowledgement**

On behalf of the Applicant, I certify as its authorized agent that I have read and fully understand everything in this Application and agree to all of its terms and conditions. On behalf of the Applicant, I certify that all of the information contained in this Application is true, accurate and complete. Applicant also acknowledges that Pinnacol Assurance is relying on the information in considering Applicant's request for issuance of a policy.

**Warning**

**Section 18-5-101 (3b), C.R.S.** makes it a felony to falsely complete a written instrument by adding or inserting materially false information or adding or inserting a materially false statement.

**Section 10-1-128(6)(a), C.R.S.** states that it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

I certify that I have been expressly authorized by the Applicant to execute this Application. I (we) also certify acknowledgement of the availability of the Designated Medical Provider Discount and the Cost Containment Discount.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant By Title

\_\_\_\_\_  
Applicant By Title