

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

**REJECTION OF COVERAGE BY PARTNERS AND SOLE PROPRIETORS PERFORMING
CONSTRUCTION WORK ON CONSTRUCTION SITES**

PART A

1. Type of Entity ☐ Sole Proprietorship
 ☐ General Partnership (GP)
 ☐ Limited Partnership (LP)
 ☐ Limited Liability Partnership (LLP)
 ☐ Limited Liability Limited Partnership (LLLP)

NOTE: Sole Proprietors and General Partnerships MUST have a TRADE NAME registered with the Colorado Secretary of State.

2. True Name of Business _____

3. Registered Trade Name (if applicable) _____

4. Mailing Address _____

Street or P.O. Box, Unit/Suite

City

State

Zip

5. Federal Employer Identification Number _____ 6. Business Phone _____

7. Date of Registration of Trade Name or Partnership _____

8. Nature of Work Performed on Construction Sites _____

9. Sole Proprietor or Partner(s) Rejecting Coverage (attach a separate sheet if necessary):

<u>Name</u>	<u>Title (e.g. Sole Proprietor, General Partner, or Limited Partner)</u>
<i>First</i> <i>Middle</i> <i>Last</i> <i>Suffix (Jr., Sr., III)</i>	
_____	_____
_____	_____
_____	_____
_____	_____

10. Number of employees of the business other than the sole proprietor or partners listed above: _____

11. Submitted By:

_____	_____	_____
Name	Title	Date

C.R.S. Section 10-1-128(6)(a) states: "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."

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PART B - Sole Proprietor or Partner Questionnaire

IMPORTANT: A separate Part B MUST be completed by every person listed in Part A.

1. Sole Proprietor/Partner Name: _____
First Middle Last Suffix

2. Title (e.g. Sole Proprietor, General Partner, or Limited Partner) _____ 3. Business Phone _____

4A. If Sole Proprietor: Date Business Started: _____

4B. If Partner: Date Became Partner: _____

5. True Name of Business _____

6. Trade Name (if applicable) _____

7. Mailing Address _____
Street or P.O. Box, Unit/Suite

City State Zip

8. Mark ONE that Applies

☐ I hereby elect to reject workers' compensation insurance coverage based on C.R.S. § 8-41-404.
By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act and that if you are hurt on the job, C.R.S. § 8-41-401(3) may limit your recovery to \$15,000. The election to reject workers' compensation insurance as a sole proprietor/ partner must be voluntary and cannot be a condition of your employment.

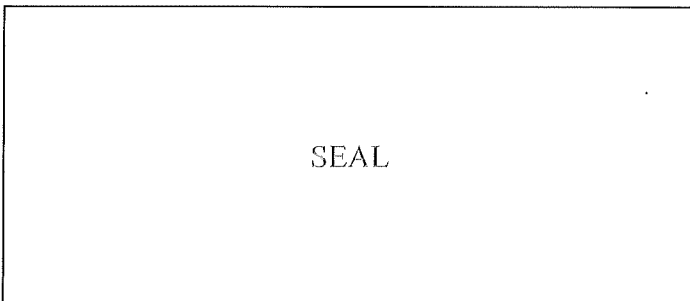
☐ I hereby rescind my previously filed rejection of coverage.

Sole Proprietor/Partner Signature

Date

9. Notary

Subscribed and sworn before me this _____ day of _____, _____.



Notary Public

In and for _____ County
and _____ State.

My commission expires _____.

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