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
   - O Sole Proprietorship
   - O General Partnership (GP)
   - O Limited Partnership (LP)
   - O Limited Liability Partnership (LLP)
   - O Limited Liability Limited Partnership (LLLP)

NOTE: Sole Proprietors and General Partnerships MUST have a <u>TRADE NAME</u> 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):

Name				Title (e.g. Sole Proprietor, General Partner, or Limited Partner
First	*Middle*	*Last*	*Suffix (Jr., Sr., III)*	

10. Number of employees of the business *<u>other</u>* 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 _____, _____.

SEAL

_____
Notary Public

In and for _____ County

and _____ State.

My commission expires _____.

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