

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                      **NOTE: Sole Proprietors and General Partnerships MUST have a TRADE NAME registered with the Colorado Secretary of State.**  
 General Partnership (GP)  
 Limited Partnership (LP)  
 Limited Liability Partnership (LLP)  
 Limited Liability Limited Partnership (LLLP)

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

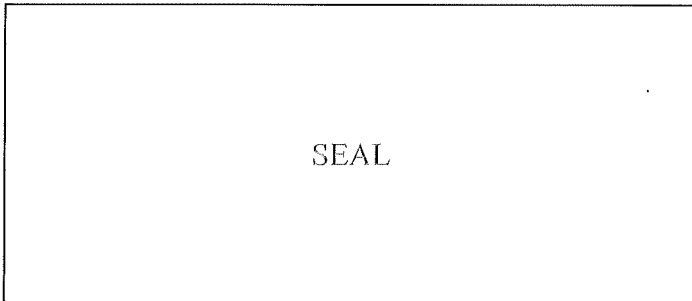
I hereby elect to reject workers' compensation insurance coverage based on C.R.S. § 8-41-404.  
By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act and that if you are hurt on the job, C.R.S. § 8-41-401(3) may limit your recovery to \$15,000. 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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