

Application Supplement

Name of Applicant _____

Application ID _____ Fax # _____

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. _____

List all proprietors, partners or corporate officers. For Limited Liability Companies list all members.

Name	SSN (Last 4 digits)
_____	_____
_____	_____
_____	_____
_____	_____

(If additional space is necessary please attach a separate sheet of paper.)

Designated Medical Provider I _____

Designated Medical Provider II _____

Designated Medical Provider III _____

Designated Medical Provider IV _____

Primary Language Spoken by Policyholder English Spanish Other _____

Primary Language Spoken by Workforce English Spanish Other _____

Important Information

Applicant Agrees:

- 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.
- 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 they are exempt from such coverage.
- 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.
- To authorize Pinnacol Assurance to charge and recover interest at a rate of 18% per annum on all premiums and other charges not paid within 30 days of the date billed.
- To authorize Pinnacol Assurance to charge and recover all attorneys' fees and costs incurred in the collection of any amount owed to Pinnacol Assurance by Applicant.
- 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.
- 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.
- 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.
- 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. Pinnacol Assurance is not required to pay any claims not otherwise covered under Applicant's Policy.

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, \$5,000, \$10,000, or \$13,500. 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.

Acknowledgment

On behalf of the Applicant, I certify as its authorized agent that I have read and fully understand everything in this Application Supplement 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 Supplement and the Acord 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 10-1-127(7)(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 the Application Supplement. I (we) also certify acknowledgement of availability of the Designated Medical Provider Discount and the Cost Containment Discount.

I have reviewed this Application and certify that all information contained in this Application is true, accurate and complete.

Date _____

Applicant	By	Title
_____	_____	_____
E-Mail		
_____	_____	_____
Applicant	By	Title
_____	_____	_____
E-Mail		
_____	_____	_____

Continuing Individual Guarantee of Payment on All Policies Related to this Application

Pinnacol Assurance requires individual guarantees of the payment of all charges and premiums to be due and owing to Pinnacol Assurance, which Applicant has accepted according to the application. As a condition of the issuance of an insurance policy to Applicant, I (we) jointly and severally guarantee payment unconditionally and promise to pay all amounts owed and to be owed by Applicant to Pinnacol Assurance, including, but not limited to, all charges for premiums, attorneys' fees, costs, and interest accruing at 18% per annum. Further, I hereby consent to modification of any terms and conditions between Applicant and Pinnacol Assurance which are accepted by Applicant, including, but not limited to, modification of premium charges and extensions of time granted for payment of any charges. I understand that Pinnacol Assurance may adjust payrolls to meet underwriting requirements. I also understand that this policy may renew for additional policy periods and I agree to guarantee all amounts due and owing to Pinnacol from Applicant from the original and from subsequent policy periods.

Signature of Guarantor Date

Name Typed or printed

Home Address - Street

City, State, ZIP

Telephone

Signature of Guarantor Date

Name Typed or printed

Home Address - Street

City, State, ZIP

Telephone

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