

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**Surcharge Form**

for the period beginning **January 1, 2019** and ending **June 30, 2019**

Do Not Alter this Address

Address Change or Correction

- |   |   |          |
|---|---|----------|
| 1 | Total premium written on Colorado Workers' Compensation Insurance policies with deductibles less than \$17,000, including excess coverage ..... | \$ _____ |
| 2 | Plus premium on deductible policies over \$17,000, reported on a \$17,000 deductible basis .....  | \$ _____ |
| 3 | Less total canceled or returned premiums .....  | \$ _____ |
| 4 | Net premiums subject to surcharge .....   | \$ _____ |
| 5 | Net amount of Surcharge (1.45% of net premiums) .....   | \$ _____ |

**(The assessment of 1.45% is the combined total of three separate surcharges: the Major Medical and Subsequent Injury Funds at 0.10%; the Cash Fund at 1.35%; and the Premium Cost Containment Fund at 0.0 %.)**

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made, being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

Notary Seal

Corporate Seal

\_\_\_\_\_  
President or Chief Officer

\_\_\_\_\_  
Secretary or Chief Agent

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person (print)

(     )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
FEIN

\_\_\_\_\_  
Block #

\_\_\_\_\_  
NAIC #

Mail to:  
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