COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION

REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED LIABILITY COMPANY (LLC)

PART A

1.	Type of En	itity \Box Co	orporation	Limited Liabili	ty Company (LLC)					
2. I	Name of C	orporation or l	LLC							
3. I	Mailing Address									
		Street or P.O. Box, Unit/Suite								
		City		State		Zip				
4. I	Nature of E	Business								
5. I	Federal En	nployer Identif	ication Numl	per	6. Business Phone					
7. I	Organization									
9. (Corporate (Officers or LLC	C Members F	Rejecting Coverage:						
			<u>Name</u>							
	First	Middle	Last	Suffix (Jr., Sr., III)	<u>Title(s)</u>	Percent of Ownership/ Membership Interest				
-					_					
-						_				
10.	Numbe	er of employee	es of the bus	iness <u>other</u> than the offi	cers or members listed	d above:				
11/										
11E										
	a. Ins	urance carrie	r name		b. Policy Number					
	b. Eff	ective Dates	From	To						
12.	Certificati	on:								
	I,			, in my capacity as Cor	porate Secretary or LL	C Manager of				
	Name of	Corporate Secretary	of LLC Manager	_						
				, certify that the above	and attached informat	ion is correct and complete.				
	N	ame of Corporation	or LLC	_						
			Sin	nature of Corporate Secretary or L	I C Manager	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 - Corporate Officer of LLC Member Questionaire IMPORTANT: A SEPARATE Part B MUST be completed by every person listed in Part A.

 Name of Corporation or LLC 									
2. Mailing Address									
	Street or P.O. Box, Unit/Suite								
	City	,	State	Zip					
3. Officer or Member Name	ĺ			·					
o. Officer of Member Name	First	Middle	Last	Suffix (Jr. S r . , III)					
4. Corporate Officer Title		5. Bus	siness Phone						
6. Date Officer/Member Electe									
7. Duties performed for Corpo									
8. Mark ONE that applies:									
I hereby elect to reject	I hereby elect to reject workers' compensation insurance coverage based on C.R.S. 8-41-202 (Non-agricultural)								
December 461- forms									
	By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act. You are further acknowledging that you are an owner of at least 10% of the stock of								
				es, and control, supervise					
				workers' compensation					
your employment.	insurance as a corporate officer/LLC member must be completely voluntary and cannot be a condition of								
your omproyment	,								
I hereby rescind my pr	I hereby rescind my previously filed rejection of coverage.								
Corpo	rate Officer/LLC Member	Signature		Date					
Notary: If this form is being									
corporate officer or LLC me									
insurance carrier, please co	ontact your insuran	ce carrier to deteri	mine if they require t	his form to be notarized.					
Subscribed and sworn to n	ne before this	day of		,					
				B 1 11					
		Notary Public							
s	SEAL	In and	for	County					
		and		State.					
		Maria	mmission expires						
		I IVIV CC							

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