

## Workers' Compensation Coverage Application

### District Information

District Legal Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Is your district currently a member of the Special District Association of Colorado? Yes  No

Physical Address: \_\_\_\_\_

### Contact Information

Workers' Compensation Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Workers' Compensation Claim Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does your district have a Management Company?

*If yes, please provide the information below:* Yes  No

Management Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Does your district have an Insurance Agent?

*If yes, please provide the information below:* Yes  No

Insurance Agency: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Board Information

Number of board members: \_\_\_\_\_

*Colorado law requires workers' compensation coverage for board members unless granted an exclusion pursuant to C.R.S. section 8-40-202(1)(a)(I)(B).*

Total annual board stipend budgeted: \_\_\_\_\_

Does any board member perform non-clerical functions? Yes  No

*If yes, please provide a detailed job description and the estimated monthly hours of service:*

### Supplemental Information

Does the district participate in Colorado's Premium Cost Containment Program? Yes  No

*If yes, attach a copy of the district's Cost Containment Certificate.*

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**Supplemental Information (cont.)**

Does the district want an optional claim deductible quote? Yes  No

*If yes, choose one or more of the following deductible amounts for the quote(s):*

\$500    \$1,000    \$1,500    \$2,000    \$2,500    \$5,000

Has NCCI calculated an experience modifier for the district for the current policy year? Yes  No

*If yes, attach a copy of the most recent experience rating worksheet.*

Provide a description of the nature of the district's business operations:

**Employee Information**

Please enter information for all district employees and volunteers. Under Job Scope, group employees by the type of work that they perform for the district, e.g., clerical office, firefighter, board member.

Job Scope	Number of Employees		*No. of Volunteers	Estimated Annual Payroll
	<i>full-time</i>	<i>part-time</i>		

Estimated total annual hours of work: \_\_\_\_\_

\*Only include those volunteers for whom the district intends to provide Workers' Compensation Coverage.

*Application completed by:*

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

Quote needed by: \_\_\_\_\_

Date

Return signed application to [csdpool@mcgriff.com](mailto:csdpool@mcgriff.com).



# Workers' Compensation Coverage Application Concentration of Risk Form

District Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

LOCATION NAME	PHYSICAL ADDRESS	CITY	COUNTY	ZIP	NO. OF FTE*	NO. OF STORIES

\*FTE stands for full-time equivalent, which is the total number of hours worked annually by all employees divided by 2,080. For example, a mixture of full-time and part-time employees at one location work a total of 8,320 hours in a year; this is equivalent to four (4) full-time employees, i.e., 8,320 hours worked divided by 2,080 equals four (4).

## Workers' Compensation Coverage Application Best Practices Survey

Members of the Colorado Special Districts Property and Liability Pool can use the Best Practices Survey to evaluate their level of implementation of best practices for managing workers' compensation risk.

Please complete this survey to help us understand the district's safety and loss prevention management. We may reduce your contribution costs based on whether the district maintains satisfactory risk management procedures.

*1 = not implemented  
5 = fully implemented\**

<b>LOSS CONTROL</b>		1	2	3	4	5
<b>1.</b>	Job Safety Analysis (all tasks, all employees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Personal Protective Equipment Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Safety Awareness and Loss Prevention Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Hazard Communications and Safety Data Sheets are updated regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Safety Policy Manual is updated regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CLAIMS</b>		1	2	3	4	5
<b>6.</b>	Claims Management and Accident Investigation Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Drug and Alcohol Testing Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Designation of Four Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Early Return to Work Program (for employees and volunteers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>OTHER</b>		1	2	3	4	5
<b>10.</b>	Compliance with the Americans with Disabilities Act (ADA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Employment Related Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	Handling Workplace Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	All premises are free of hazards to visitors and employees (duty to inspect and correct)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	Claims, incidents, and near-misses are investigated and reviewed to prevent recurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	Safety Committee meets regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	Volunteer Policy (only if the district has covered volunteers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b>	Safety Rules are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	Required State Notices are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Full implementation means that the district maintains a written policy and procedure manual that is available to the district's directors and employees and that has been approved by legal counsel.*

*Application completed by:*

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

## Workers' Compensation Coverage Application General Information Questionnaire

District Legal Name: \_\_\_\_\_

*If you answer "yes" to any of the following questions, please provide a detailed explanation via email.*

**DISTRICT INFORMATION**

		YES	NO
<b>1.</b>	Has any prior coverage been declined, cancelled, or non-renewed within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Is the district engaged in any other type of business beyond its primary operation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Do the district's operations involve storing, treating, discharging, applying, disposing of, or transporting hazardous materials, e.g., landfills, waste, fuel tanks, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Does the district provide any group transportation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Does the district own, operate, or lease aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Does the district own, operate, or lease watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Does the district hire subcontractors? If yes, has the district obtained Certificates of Insurance from each subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Does the district or any employee of the district participate in training exercises with SWAT or a similar tactical-type program?	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYEE INFORMATION**

		YES	NO
<b>9.</b>	Does the district use any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Does the district lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is there an interchange of labor with any other business entity or subsidiary?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Do any district employees predominantly work from home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	Do any district employees travel outside of Colorado on official district business? If yes, under what circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	Do any district employees perform work on barges, vessels, docks, or overwater bridges?	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	Do any district employees perform work underground or 15 feet or higher above the ground?	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	Does the district hire employees under age 18?	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	Does the district sponsor sporting events for its employees?	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b>	Does the district allow any employees to carry a weapon of any kind, including firearms?	<input type="checkbox"/>	<input type="checkbox"/>

*Application completed by:*

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

## Workers' Compensation Coverage Application Supplemental Vehicle Application

District Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. How many vehicles does the district own? \_\_\_\_\_

<b>Ambulances</b>		<b>Fire trucks</b>	
<b>Passenger vehicles</b>		<b>Tractors</b>	
<b>Van and trucks</b>		<b>Maintenance-type vehicles (e.g., lawnmowers)</b>	
<b>Buses</b>		<b>Other vehicles</b>	

2. How many drivers does the district employ? \_\_\_\_\_ 3. How many vehicles does the district lease? \_\_\_\_\_

4. Does the district provide transportation of employees to or from the workplace? Yes  No

5. Describe the district's use of the vehicles listed:

6. Do district employees drive only within Colorado while working? Yes  No

*If no, provide the reason(s) for driving outside Colorado and list the other states where district employees drive:*

7. Does the district transport hazardous materials? Yes  No

*If yes, provide an explanation of the district's transportation of hazardous materials:*

8. Does the district haul for others? Yes  No

*If yes, provide the frequency of trips and the type(s) of items hauled:*

If yes, does the district hold Colorado and/or interstate licenses to haul for others? Yes  No

9. Does the district have written procedures for: *(check all that apply) (Note: We may request to review these written procedures.)*

- Driver training    DOT certification    MVR checks    Disciplinary policy

10. Please provide the following information:

- a. Average number of miles driven per trip: \_\_\_\_\_
- b. Total number of trips driven per year: \_\_\_\_\_
- c. Approximate number of miles driven per year: \_\_\_\_\_
- d. Average number of employees per vehicle: \_\_\_\_\_



## Workers' Compensation Coverage Application Designated Medical Provider Information

District Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

Colorado law requires employers to designate four (4) occupational medical providers who can treat injured employees for workers' compensation purposes. Please complete this form with four (4) providers unless the district is located in a remote area that qualifies for an exception. The district must confirm the availability of each desired provider in the area before submitting this form. (Please note that the district is not required to provide physician names.)

**DESIGNATED MEDICAL PROVIDER**

**DESIGNATED MEDICAL PROVIDER**

<b>Provider's Name:</b>		<b>Provider's Name:</b>	
<b>Physician's Name:</b>		<b>Physician's Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, State ZIP:</b>		<b>City, State ZIP:</b>	
<b>Phone:</b>		<b>Phone:</b>	

**DESIGNATED MEDICAL PROVIDER**

**DESIGNATED MEDICAL PROVIDER**

<b>Provider's Name:</b>		<b>Provider's Name:</b>	
<b>Physician's Name:</b>		<b>Physician's Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, State ZIP:</b>		<b>City, State ZIP:</b>	
<b>Phone:</b>		<b>Phone:</b>	

For questions or assistance, please contact us at [csdpool@mcgriff.com](mailto:csdpool@mcgriff.com) or 800.318.8870.