Reset Form

Colorado Special Districts Property and Liability Pool

Workers' Compensation Coverage Application
Board Member Only (BMO) Coverage

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: _____

Total annual board stipend budgeted: _____

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).

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:

Application completed by:

Print Name _____ Signature _____ Date Signed _____

Quote needed by: _____
Date

Return signed application to csdpool@mcgriff.com.