

DOCUMENTATION REQUIRED FOR SUBCONTRACTORS

Protect your business when you use subcontractors by ensuring that they are in compliance with the Colorado Workers' Compensation Act.

Subcontractors with Workers

Ensure that your subcontractor is in compliance by obtaining:

- Certificates of workers' compensation insurance valid during your policy period

Ensure that the certificates of insurance are valid. Refer to the sample certificate and look for the following:

- 1 Certificate comes from the producer – either the agent or the insurance company – not the subcontractor.
- 2 Name of the insured is the subcontractor you are paying. If a Professional Employers Organization (PEO) or leasing company is listed as the insured, the subcontractor's name should appear at the bottom of the certificate (2A) in the description of operation box.
- 3 Certificate shows a policy number for a workers' compensation policy and not a notation of applied for, pending, or to be determined.
- 4 Dates of policy cover the time the subcontractor works for you.
- 5 You are listed as the certificate holder.
- 6 Certificate was issued within a few days of your request.

Independent Contractors (IC)

To be considered an independent contractor, per the Colorado Workers' Compensation Act, the individual must be engaged in an independent trade, occupation, or service; must be free from control; and have no workers. Each situation is unique, and IC status can vary.

The following documentation can be used to support independent contractor status:

- General liability certificates of insurance
- Pinnacol independent contractor forms
- Signed contracts

Documentation and Audits

Documentation will be examined when your policy is audited. The audit will verify the status of each subcontractor and independent contractor. To conduct the audit of subcontractors, the auditor will need to examine records to show the names of and amounts paid to each subcontractor, including independent contractors. Records that provide this information are the profit and loss statement, general ledger, 1099 and 1096 forms, income tax returns, and/or vendor reports.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						6
PRODUCER PINNACOL ASSURANCE 7501 E Lowry Blvd Denver, CO 80230-7006						DATE (MM/DD/YYYY) 10/24/2007
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
INSURERS AFFORDING COVERAGE						
INSURER A: PINNACOL ASSURANCE NAIC# 41190						
INSURER B:						
INSURER C:						
INSURER D:						
INSURER E:						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ex Accidents) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY - EA ACC
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION: \$				EACH OCCURRENCE AGGREGATE
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PRIORITOR/PARTNERS/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, please describe under SPECIAL PROVISIONS below	123456789	04/01/2007	04/01/2008	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER TORY LIMITS E.L EACH ACCIDENT \$1,000,000 E.L DISEASE - EA EMPLOYEE \$1,000,000 E.L DISEASE - POLICY LIMIT \$1,000,000
		OTHER				
DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS If a Professional Employers Organization is listed as the insured, the subcontractors name will appear here.						2A
CERTIFICATE HOLDER Your name Your company Address City, State, Zip				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
ACORD 25(2001/08)				AUTHORIZED REPRESENTATIVE Christina Noakes Underwriter		
						ACORD CORPORATION 1988

Español otro lado

DOCUMENTACIÓN REQUERIDA PARA SUBCONTRATISTAS

Proteja su negocio cuando use subcontratistas asegurándose de que estén bajo cumplimiento de la Ley de Compensación de Trabajadores de Colorado.

Subcontratistas con empleados

Asegúrese de que su subcontratista esté bajo el cumplimiento necesario, obteniendo:

- Certificado de Seguro de Compensación de Trabajadores válido por el período de vigencia de su seguro.

Asegúrese de que el certificado de seguro es válido. Observe el certificado y verifique lo siguiente: *(certificados siempre en inglés)*

- 1 El certificado se origina del productor – ya sea el agente o la compañía de seguros – y no del propio contratista.
- 2 El certificado es a nombre del subcontratista que cobra sus pagos. Si estuviere a nombre de una organización de empleadores de cualquier profesionales o una compañía arrendataria, el nombre del subcontratista debe aparecer al final del certificado (2A), bajo el espacio “description of operation.”
- 3 El certificado contiene el número de una póliza de seguro de compensación de trabajadores, y no una anotación de “en trámite”, “pendiente” o a ser determinado.
- 4 Las fechas de la póliza cubren el período de empleo del subcontratista.
- 5 Usted debe aparecer como tenedor del certificado.
- 6 La fecha de expedición del certificado debe ser reciente.

Contratista Independiente (CI)

La Ley de Compensación de Trabajadores de Colorado determina que para ser un Contratista Independiente, éste debe: Ejercer un oficio, profesión o servicio independiente; desempeñarse sin control de nadie; y no tener empleados. Cada caso es único, y el status de CI puede variar.

La siguiente documentación puede ser utilizada para respaldar el status un contratista independiente:

- Certificado de Seguro de Responsabilidad General
- Formularios Pinnacol de Contratista Independiente
- Contratos firmados

Documentación y Auditoría

La documentación será revisada cuando se realice una auditoría de su póliza. Esta auditoría verificará el status o condición de cada subcontratista y contratista independiente. La auditoría del subcontratista requiere examinación de los pagos a cada subcontratista, incluyendo contratistas independientes. Los documentos que contienen esta información son: Estados de ganancias y pérdidas, Libro Mayor, formularios 1099 y 1096, Declaraciones de Renta, y/o reportes de proveedores.

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ABC Subcontractor Company 1234 Main Street Denver, CO 80022						INSURERS AFFORDING COVERAGE
INSURER A: PINNACOL ASSURANCE						NAIC#
INSURER B:						41190
INSURER C:						
INSURER D:						
INSURER E:						
COVERAGES						
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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS MADE DEDUCTIBLE \$ RETENTION \$				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY - EA ACCIDENT AGGREGATE
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If "Yes," please describe under SPECIAL PROVISIONS below</small>	123456789	04/01/2007	04/01/2008	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER <input type="checkbox"/> TORY LIMITS E1 EACH ACCIDENT \$1,000,000 E1 DISEASE - EA EMPLOYEE \$1,000,000 E1 DISEASE - POLICY LIMIT \$1,000,000
		OTHER				
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CERTIFICATE HOLDER						2A
Your name Your company Address City, State, Zip						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 9 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
ACORD 25(2001/08)						AUTHORIZED REPRESENTATIVE Christina Noakes Underwriter ACORD CORPORATION 1988