

## Health Care Institutions Financial Responsibility Submission Checklist

applicant Information:
pplicant Name:
EIN #:
pplicant Address:
pplicant Contact Name:
itle:
pplicant Contact Phone #:
pplicant Contact Email address:
authorized Individual:
uthorized Individual name:
uthorized Individual Address:
uthorized Individual Phone #:
uthorized Individual Email:
otal number of Colorado health care institutions/locations covered:
Attach a list with the name and address of each health care institution and each of its locations)
Forms of Coverage
☐ Commercial professional liability insurance coverage complies with \$13-64-301(b) and Section 5 of Regulation 2-1-1. Reference the page/document in the filing that shows compliance with the applicable provisions.
☐ Surety Bond coverage complies with §13-64-301(1)(c), C.R.S. and all provisions outlined in Section 5(D) of Regulation 2-1-1. Reference the page/document in the filing that shows compliance with the applicable provisions.

$\square$ Cash and cash equivalents on deposit with the Commissioner that comply with §13-64-
301(1)(d), C.R.S. and all provisions outlined Section 5(E) of Regulation 2-1-1. Reference the page/document in the filing that shows compliance with the applicable provisions.
$\square$ A Plan of Self-Insurance complies with §13-64-301(1)(e), C.R.S. and all provisions outlined
in Section 5(F) of Regulation 2-1-1. Reference the page/document in the filing that shows
compliance with the applicable provisions.

**Note:** All financial responsibility filings must be submitted at least 60 days prior to the expiration of the term as stated in the prior year's approval letter. If the filing is not made by that date, our approval of the renewal may not occur by the expiration date. Please note that all facility name and address changes are now handled by the Colorado Department of Public Health & Environment ("CDPHE"). Requests should be submitted directly to CDPHE.