



**COLORADO**

Department of  
Regulatory Agencies

Division of Insurance

## Health Care Professionals Financial Responsibility Submission Checklist

### Applicant Information:

Applicant Name: \_\_\_\_\_

FEIN #: \_\_\_\_\_

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

Applicant Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Contact Phone #: \_\_\_\_\_

Applicant Contact Email address: \_\_\_\_\_

### Authorized Individual:

Authorized Individual name: \_\_\_\_\_

Authorized Individual Address: \_\_\_\_\_

Authorized Individual Phone #: \_\_\_\_\_

Authorized Individual Email: \_\_\_\_\_

### Forms of Coverage

☐ Commercial professional liability insurance coverage complies with §13-64-301(1) C.R.S., §12-275-128(1) C.R.S. and Section 5 of Regulation 2-1-3. Reference the page/document in the filing that shows compliance with the applicable provisions.

☐ Surety Bond coverage complies with §13-64-301(1), C.R.S., §12-275-128(1) C.R.S. and all provisions outlined in Section 5(E) of Regulation 2-1-3. Reference the page/document in the filing that shows compliance with the applicable provisions.

☐ Cash and cash equivalents on deposit with the Commissioner that comply with §13-64-301(1), C.R.S., §12-275-128(1) C.R.S. and all provisions outlined in Section 5(F) of Regulation 2-1-3. Reference the page/document in the filing that shows compliance with the applicable provisions.

☐ A Plan of Self-Insurance complies with §13-64-301(1) C.R.S., §12-275-128(1) C.R.S, and all provisions outlined in Section 5(G) of Regulation 2-1-3. 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.