



**COLORADO**

Department of  
Regulatory Agencies

Division of Insurance

**Public Entity Self Insurance Pools  
Annual Fee Form  
Due March 30**

Date: \_\_\_\_\_ Amount: \$ 1,520 Check #: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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

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

**Fee Schedule:**

Fees paid by Public Entity Self Insurance Pools: §24-31-104.5, C.R.S. and Regulation 2-2-1(17)(B)

Type of Fee	Amount
Fraud Fee	\$520
Annual Examination Fee:	\$ 1,000
<b>Total amount due:</b>	<b>\$ 1,520</b>

Make check payable to **Colorado Division of Insurance** and mail along with this form to the following address:

Colorado Division of Insurance  
Attn: Cash Management  
1560 Broadway, Suite 850  
Denver, Colorado 80202

Email inquiries to: [DORA\\_INS\\_CORPORATEAFFAIRS@STATE.CO.US](mailto:DORA_INS_CORPORATEAFFAIRS@STATE.CO.US)

