

Documentation 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

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 independent contractor 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 DATE (MM/DD/YYYY) 12/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pinnacol Assurance 7501 E. Lowry Blvd. Denver, CO 80230	CONTACT NAME: _____ PHONE (Area No.): _____ FAX: _____ E-MAIL: _____ ADDRESS: _____
INSURED ABC Subcontractor Company 1234 Main St. Denver, CO 81234	INSURER(S) AFFORDING COVERAGE INSURER A: Pinnacol Assurance NAIC # 41190 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

THIS IS TO CERTIFY THAT 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.

TYPE	TYPE OF INSURANCE	DATE IN FORCE (MO/DA/YR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$
						PREMISES (EA OCCURRENCE) \$
						MED EXP (Per person) \$
						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COMP/OP AGG \$
	OTHER: _____					\$
AUTOMOBILE LIABILITY	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (EA accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB						EACH OCCURRENCE \$
EXCESS LIAB						AGGREGATE \$
DED RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/RETIREE/CLERGY? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1234567	12/01/2017	12/01/2018	E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If YES, SPECIFY DATE:					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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