
EVERGREEN AREA CHAMBER OF COMMERCE.
Member Enrollment and Assignment Form

Policyholder Name

Pinnacol Assurance Policy #

Street Address

City

State

Zip

Recitals:

1. The **Policyholder** is insured for workers' compensation by Pinnacol Assurance, is a member of the Chamber, and wants to be a member of the Group Dividend Plan established by Pinnacol Assurance and the Chamber in the Chamber Agreement.
2. The **Policyholder** meets all requirements for being a member of the plan, and the Chamber has approved the **Policyholder** to be a member of the plan.
3. As a member of the plan, the **Policyholder** may become entitled to share in any dividend payable by Pinnacol Assurance to all members of the plan. The **Policyholder's** share of that dividend is called its "member" dividend.
4. The **Policyholder** agrees to abide by the terms and conditions of the Chamber agreement.
5. The **Policyholder** assigns a portion of its member dividend to the Chamber (bonus portion), and the **Policyholder** directs Pinnacol Assurance to pay the bonus portion to the Chamber.
6. The bonus portion shall be determined by the Chamber and shall not exceed 10% of the **Policyholder's** member dividend.
7. The Chamber is authorized to obtain premium and loss information from Pinnacol Assurance about the **Policyholder** and the Chamber shall have authority to determine the eligibility of the member to participate in the plan or to continue membership in the plan.
8. If the **Policyholder's** policy is canceled, this assignment shall become void and the **Policyholder** will not be eligible for the Group Dividend Plan, unless the policy was canceled because the business closed.
9. Dividends payable to the **Policyholder** as a member of the plan shall be credited by Pinnacol Assurance against the amount of any unpaid premium of the **Policyholder** before any portion of the member's dividend is paid to the **Policyholder**.
10. This assignment shall remain in effect unless it is canceled by the Chamber or the **Policyholder** within 90 days prior to the beginning of a new policy period, or by a mutual agreement to cancel on any other date, signed by the **Policyholder** and the Chamber and filed with Pinnacol Assurance.
11. The **Policyholder** authorizes Pinnacol Assurance to adjust the policy period without penalty to coincide with the policy period as indicated in paragraph 2.1 of the Agreement between Pinnacol Assurance and the Chamber.
12. **The Policyholder may be entitled to an individual dividend but may forfeit it for failure to: designate a medical provider within 90 days of enrollment and send all injured employees there for treatment; designate a safety coordinator or committee within 90 days of enrollment; attend a workers' compensation or safety seminar every program year; or implement loss control measures as outlined in this plan.**
13. If a **Policyholder's** Chamber membership ceases prior to the end of the program year, the **Policyholder's** dividend will be forfeited and the premium and losses will be included in the dividend calculation.
14. No individual dividends shall be paid to any **Policyholder** pursuant to the Group Dividend Plan unless the Chamber satisfies all of its obligations set forth in the Chamber Agreement for the Group Dividend Plan.
15. Please check your choice of Qualified Agent of Record:
 - Association Insurance Marketing, Inc., Mr. Stan Castner 303- 674-8685 Fax: 303-674-8819
 - Colorado BW Insurance Agency, Mr. Bill Dixon 303- 674 -5501 Fax: 303-674-3571
 - HUB International Southwest, Ms. Kathy Cook 720- 207- 4232 Fax: 303-524-1090

Name of Owner, Partner, or Corporate Officer (print/type)

Title

Signature of Above

Telephone Number

Date