

# Instructions for Completing the Surcharge Form

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Period Beginning” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

Use numbers only to fill in the fields for dollar amounts.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**SURCHARGE FORM**

**Clear Entire Form**

for the period beginning ,  and ending ,

Do Not Alter this Address                      Address Change or Correction

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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1. Total premium written on Colorado Workers' Compensation Insurance policies including excess coverage \_\_\_\_\_ \$

2. Total premiums canceled or returned \_\_\_\_\_ \$

3. Net premiums subject to surcharge \_\_\_\_\_ \$

4. Net amount of Surcharge (3.818% of net premiums) \_\_\_\_\_ \$

**"Clear Entire Form" button  
Clears all information at once**

