

**First Regular Session  
Sixty-seventh General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 09-0515.01 Christy Chase

**HOUSE BILL 09-1226**

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**HOUSE SPONSORSHIP**

**McGihon,** Green, Casso, Labuda, Levy, Middleton, Miklosi, Pace, Ryden, Schafer S.,  
Soper, Todd

**SENATE SPONSORSHIP**

**Carroll M.,**

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**House Committees**

Business Affairs and Labor

**Senate Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING CREATION OF THE "COLORADO NO-FAULT MOTOR**  
102     **VEHICLE INSURANCE ACT".**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

Creates the "Colorado No-fault Motor Vehicle Insurance Act" (act), which requires owners and operators of motor vehicles to maintain a complying policy of motor vehicle insurance containing at least the following basic coverages:

- !     Legal liability coverage, containing a minimum of \$25,000 per person per accident, up to \$50,000 for any one accident, for bodily injury or death arising out of the use of a motor

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

vehicle, and \$15,000 for property damage;

- ! Personal injury protection (PIP) coverage, providing benefits regardless of fault as follows: Up to \$25,000 per person per accident for 90% of all expenses for medical care services; up to \$20,000 per person per accident for 90% of expenses for rehabilitation services; up to \$15,000 for loss of gross income and essential services; and \$5,000 in death benefits.

Requires insurers to pay PIP benefits for accident-related, evidence-based medical care and rehabilitation services that are lawfully:

- ! Provided, supervised, ordered, or prescribed by a licensed physician, dentist, podiatrist, chiropractor, or optometrist; or
- ! Provided by a licensed or certified hospital; a licensed ambulatory surgical center; a person or entity that provides emergency transport and treatment; an entity wholly owned by a licensed physician, dentist, podiatrist, chiropractor, or optometrist, or wholly owned directly or indirectly by a licensed or certified hospital or hospitals; or certain health care clinics or facilities either accredited by a national organization, commission, or association or licensed by the state department of public health and environment.

Exempts motorcycles, motorscooters, and similar motorized bicycles or off-road vehicles from the required coverage for PIP benefits.

Allows insurers to offer PIP benefits for medical care and rehabilitation services through an optional managed care arrangement, and requires insurers to make deductible and coinsurance options available to insureds.

Specifies when and to whom PIP benefits are payable, and requires the benefits to be paid promptly within 30 days after receipt of proof of the claim. Subjects an insurer to interest and penalties for failure to promptly and timely pay claims, and affords the claimant an action in contract to enforce the payment of PIP benefits. Makes it an unfair or deceptive act or practice for an insurer to fail to pay valid claims for PIP benefits with such frequency as to indicate a general business practice.

Allows an insured to assign the right to payment of covered benefits to a provider that provided services to the insured, and requires the insurer to honor the assignment. Requires providers to timely notify insurers of a potential PIP claim and to charge only a reasonable amount for services rendered. Allows the insurer to limit reimbursement of charges for medical care and rehabilitation services to 90% of the amounts allowed pursuant to a fee schedule of maximum charges.

Specifies that the required coverages are minimum and that insurers are to offer enhanced benefits that the insured may select at his or her option.

Limits tort recovery for economic and noneconomic damages resulting from an automobile accident as follows:

- ! No tort recovery against the person legally responsible for damages for which PIP benefits are required to be paid;
- ! No tort recovery for noneconomic damages, including pain and suffering, inconvenience, emotional stress, and other nonpecuniary damages, unless the accident results in: Death, dismemberment, permanent disability, or permanent disfigurement; actual expenses for medical care or rehabilitation services in excess of \$5,000; or loss of earnings and earning capacity extending beyond 52 weeks.

Requires insurers to file with the commissioner of insurance a schedule of rates for the minimum motor vehicle insurance coverages.

Makes the act effective July 1, 2009, and applicable to motor vehicle accidents occurring and insurance policies issued or renewed on or after January 1, 2010. Repeals the act on December 31, 2019.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** Article 4 of title 10, Colorado Revised Statutes, is  
3 amended BY THE ADDITION OF A NEW PART to read:

4 PART 15

5 COLORADO NO-FAULT

6 MOTOR VEHICLE INSURANCE ACT

7 **10-4-1501. Short title.** THIS PART 15 SHALL BE KNOWN AND MAY  
8 BE CITED AS THE "COLORADO NO-FAULT MOTOR VEHICLE INSURANCE  
9 ACT".

10 **10-4-1502. Definitions.** AS USED IN THIS PART 15, UNLESS THE  
11 CONTEXT OTHERWISE REQUIRES:

12 (1) "BASIC BENEFITS" OR "BASIC COVERAGES" MEANS THE  
13 MINIMUM INSURANCE COVERAGES DESCRIBED IN SECTION 10-4-1504 THAT  
14 ARE REQUIRED FOR COMPLIANCE WITH THIS PART 15.

15 (2) "COMMISSIONER" MEANS THE COMMISSIONER OF INSURANCE.

16 (3) "COMPLYING POLICY" MEANS A POLICY OR CONTRACT OF

1 INSURANCE OR AN ENDORSEMENT OR OTHER DOCUMENT AFFECTING THE  
2 POLICY OR CONTRACT THAT:

3 (a) PROVIDES THE COVERAGES AND IS SUBJECT TO THE TERMS AND  
4 CONDITIONS REQUIRED BY THIS PART 15; AND

5 (b) IS CERTIFIED BY THE INSURER, AND FOR WHICH THE INSURER  
6 HAS FILED A CERTIFICATION WITH THE COMMISSIONER, THAT THE POLICY,  
7 CONTRACT, OR ENDORSEMENT CONFORMS TO COLORADO LAW AND ANY  
8 RULES PROMULGATED BY THE COMMISSIONER.

9 (4) "CONVERTER" MEANS A PERSON OTHER THAN A NAMED  
10 INSURED OR RESIDENT RELATIVE WHO OPERATES OR USES A MOTOR  
11 VEHICLE IN A MANNER THAT A REASONABLE PERSON WOULD DETERMINE  
12 WAS UNAUTHORIZED OR BEYOND THE SCOPE OF PERMISSION GIVEN BY A  
13 NAMED INSURED OR RESIDENT RELATIVE. IN DETERMINING WHETHER A  
14 PERSON IS A CONVERTER, THE FOLLOWING FACTORS SHOULD BE  
15 CONSIDERED:

16 (a) THE DURATION OF THE PERSON'S CONTROL OVER THE MOTOR  
17 VEHICLE;

18 (b) THE CIRCUMSTANCES SURROUNDING THE CONDUCT OF THE  
19 PERSON OPERATING OR USING THE MOTOR VEHICLE; AND

20 (c) THE PERSON'S GOOD FAITH.

21 (5) "DESCRIBED MOTOR VEHICLE" MEANS THE MOTOR VEHICLE  
22 DESCRIBED IN A COMPLYING POLICY.

23 (6) "ECONOMIC DAMAGES" MEANS EXPENSES FOR WHICH PIP  
24 BENEFITS ARE PAYABLE PURSUANT TO SECTION 10-4-1504 (1) (b) AND  
25 INCLUDES EXPENSES FOR MEDICAL CARE AND REHABILITATION SERVICES,  
26 LOSS OF GROSS INCOME, LOSS OF ESSENTIAL SERVICES, AND EXPENSES  
27 RELATED TO THE DEATH OF THE PERSON INJURED IN A MOTOR VEHICLE

1 ACCIDENT.

2 (7) "EVIDENCE-BASED", WHEN USED IN CONNECTION WITH  
3 MEDICAL CARE AND REHABILITATION SERVICES, MEANS THOSE SERVICES  
4 THAT THE HEALTH CARE PROVIDER HAS DETERMINED, BY INTEGRATING  
5 INDIVIDUAL CLINICAL EXPERTISE WITH THE BEST AVAILABLE EXTERNAL  
6 CLINICAL EVIDENCE FROM SYSTEMATIC RESEARCH, ARE MEDICALLY  
7 NECESSARY FOR THE INJURED PERSON.

8 (8) "INSURED" MEANS THE NAMED INSURED, RESIDENT RELATIVES,  
9 AND ANY PERSON USING THE DESCRIBED MOTOR VEHICLE WITH THE  
10 PERMISSION OF THE NAMED INSURED.

11 (9) "LICENSED AIR AMBULANCE" MEANS AN AIR AMBULANCE, AS  
12 DEFINED IN SECTION 25-3.5-103, C.R.S., THAT IS LICENSED BY THE  
13 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO  
14 SECTION 25-3.5-307, C.R.S.

15 (10) "LICENSED AMBULANCE" MEANS AN AMBULANCE, AS DEFINED  
16 IN SECTION 25-3.5-103, C.R.S., THAT IS LICENSED BY THE DEPARTMENT OF  
17 PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-3.5-301,  
18 C.R.S.

19 (11) "MEDICAL CARE SERVICES" MEANS ACCIDENT-RELATED,  
20 EVIDENCE-BASED MEDICAL, CHIROPRACTIC, OPTOMETRIC, PODIATRIC,  
21 HOSPITAL, NURSING, X-RAY, DENTAL, SURGICAL, AMBULANCE, AND  
22 PROSTHETIC SERVICES. THE TERM INCLUDES THE EVIDENCE-BASED  
23 TREATMENT OF ACCIDENT-RELATED: NEUROLOGIC INJURIES, ALSO KNOWN  
24 AS CLOSED-HEAD INJURIES AND THEIR SEQUELAE; TEMPOROMANDIBULAR  
25 JOINT DISORDER; CRANIOMANDIBULAR DISORDER; VESTIBULAR, AUDITORY,  
26 OR VISUAL DISORDERS; PSYCHOLOGICAL DISORDERS; AND COGNITIVE  
27 DISORDERS.

1           (12) (a) "MOTOR VEHICLE" MEANS ANY VEHICLE OF A TYPE  
2           REQUIRED TO BE REGISTERED AND LICENSED UNDER THE LAWS OF THIS  
3           STATE AND THAT IS DESIGNED TO BE PROPELLED BY AN ENGINE OR MOTOR.

4           (b) "MOTOR VEHICLE" DOES NOT INCLUDE A MOTORCYCLE,  
5           MOTORSCOOTER, MOTORBICYCLE, MOTORIZED BICYCLE, OR TOY VEHICLE,  
6           AS DEFINED IN SECTION 42-1-102, C.R.S., A SNOWMOBILE, AS DEFINED IN  
7           SECTION 33-14-101, C.R.S., OR ANY VEHICLE DESIGNED PRIMARILY FOR  
8           USE OFF THE ROAD OR ON RAILS.

9           (13) "NONECONOMIC DAMAGES" MEANS NONPECUNIARY HARM,  
10          INCLUDING PAIN AND SUFFERING, INCONVENIENCE, EMOTIONAL STRESS,  
11          IMPAIRMENT OF QUALITY OF LIFE, AND OTHER NONPECUNIARY DAMAGES  
12          RECOVERABLE UNDER THE TORT LAWS OF THIS STATE.

13          (14) "OWNER" MEANS A PERSON WHO HOLDS THE LEGAL TITLE TO  
14          A MOTOR VEHICLE; EXCEPT THAT, IF THE VEHICLE IS THE SUBJECT OF AN  
15          AGREEMENT FOR THE CONDITIONAL SALE OR LEASE THEREOF WITH THE  
16          RIGHT OF PURCHASE UPON PERFORMANCE OF THE CONDITIONS STATED IN  
17          THE AGREEMENT AND WITH AN IMMEDIATE RIGHT OF POSSESSION VESTED  
18          IN THE CONDITIONAL VENDEE OR LESSEE, OR IF A MORTGAGOR OF THE  
19          VEHICLE IS ENTITLED TO POSSESSION, THEN SUCH CONDITIONAL VENDEE,  
20          LESSEE, OR MORTGAGOR SHALL BE DEEMED THE OWNER FOR THE PURPOSE  
21          OF THIS PART 15.

22          (15) "PEDESTRIAN" MEANS ANY PERSON NOT OCCUPYING OR  
23          RIDING IN OR UPON A MOTOR VEHICLE OR MACHINE OPERATED BY MOTOR  
24          OR ENGINE.

25          (16) "PERSON" MEANS EVERY NATURAL PERSON, FIRM,  
26          PARTNERSHIP, ASSOCIATION, OR CORPORATION.

27          (17) "PERSONAL INJURY PROTECTION BENEFITS" OR "PIP

1 BENEFITS" MEANS AND IS SYNONYMOUS WITH DIRECT BENEFITS, NO-FAULT  
2 BENEFIT COVERAGE, OR PERSONAL INJURY PROTECTION COVERAGE, AS  
3 SPECIFIED IN SECTION 10-4-1504 (1) (b) AND INCLUDES, AS APPLICABLE,  
4 PIP BENEFITS AS DESCRIBED IN SECTION 10-4-1504 (2).

5 (18) "PIP BENEFITS FOR MEDICAL CARE AND REHABILITATION  
6 SERVICES" MEANS THOSE BENEFITS DESCRIBED IN SECTION 10-4-1504 (1)  
7 (b) (I) AND (1) (b) (II) FOR SERVICES DESCRIBED IN SECTION 10-4-1504 (2),  
8 AND INCLUDES, AS APPLICABLE, BENEFITS AS AGREED TO PURSUANT TO  
9 SECTION 10-4-1504 (3).

10 (19) "PRIVATE PASSENGER MOTOR VEHICLE" MEANS A MOTOR  
11 VEHICLE OF THE PRIVATE PASSENGER, STATION WAGON, OR CAMPER TYPE  
12 NOT USED AS A PUBLIC OR LIVERY CONVEYANCE, UNLESS SUCH PUBLIC OR  
13 LIVERY CONVEYANCE IS REGULATED BY THE PUBLIC UTILITIES  
14 COMMISSION PURSUANT TO ARTICLE 10 OF TITLE 40, C.R.S., AND IS  
15 INSURED UNDER A CERTIFICATE OF SELF-INSURANCE PURSUANT TO  
16 SECTION 10-4-1522, OR A MOTOR VEHICLE OF THE PANEL DELIVERY OR  
17 TRUCK TYPE WITH A RATED LOAD CAPACITY OF ONE THOUSAND FIVE  
18 HUNDRED POUNDS OR LESS.

19 (20) (a) "REHABILITATION SERVICES" MEANS ACCIDENT-RELATED,  
20 EVIDENCE-BASED REHABILITATION PROCEDURES OR TREATMENT AND  
21 REHABILITATIVE OCCUPATIONAL TRAINING THAT ARE REASONABLY  
22 EXPECTED TO RESULT IN FUNCTIONAL GAINS TO THE INJURED PERSON.

23 (b) "REHABILITATION SERVICES" INCLUDES THE TREATMENT OF  
24 THE FOLLOWING CONDITIONS ARISING OUT OF THE USE OR OPERATION OF  
25 A MOTOR VEHICLE, IF THE TREATMENT IS REASONABLY EXPECTED TO  
26 RESULT IN FUNCTIONAL GAINS TO THE INJURED PERSON:

27 (I) NEUROLOGIC INJURIES, ALSO KNOWN AS CLOSED-HEAD INJURIES

1 AND THEIR SEQUELAE;

2 (II) TEMPOROMANDIBULAR JOINT DISORDER;

3 (III) CRANIOMANDIBULAR DISORDER;

4 (IV) VESTIBULAR, AUDITORY, OR VISUAL DISORDERS;

5 (V) PSYCHOLOGICAL DISORDERS; AND

6 (VI) COGNITIVE DISORDERS.

7 (c) "REHABILITATION SERVICES" INCLUDES ONLY THOSE  
8 REHABILITATION SERVICES THAT MEET THE FOLLOWING STANDARDS:

9 (I) A HEALING ART PROCEDURE OR TREATMENT SHALL INCLUDE  
10 ANY SYSTEM, TREATMENT, OPERATION, DIAGNOSIS, PRESCRIPTION, OR  
11 PRACTICE FOR THE PREVENTION, ASCERTAINMENT, CURE, RELIEF,  
12 PALLIATION, ADJUSTMENT, OR CORRECTION OF ANY HUMAN DISEASE,  
13 AILMENT, DEFORMITY, INJURY, OR UNHEALTHY OR ABNORMAL PHYSICAL  
14 OR MENTAL CONDITION.

15 (II) A COURSE OF OCCUPATIONAL TRAINING SHALL BE REASONABLE  
16 AND APPROPRIATE FOR THE PARTICULAR CASE.

17 (III) A PROCEDURE, TREATMENT, OR TRAINING SHALL CONTRIBUTE  
18 TO FUNCTIONAL GAINS TO THE INJURED PERSON, AS DETERMINED BY THE  
19 TREATING PHYSICIAN, AND, IF AFTER SIX WEEKS OF PROCEDURES OR  
20 TREATMENTS, THE INJURED PERSON SHOWS NO EVIDENCE OF FUNCTIONAL  
21 GAINS, THE PROCEDURES OR TREATMENTS SHALL BE DISCONTINUED, AND  
22 THE INSURER SHALL NOT BE OBLIGATED TO REIMBURSE THE COSTS OF  
23 THOSE PROCEDURES OR TREATMENTS ABSENT A SHOWING THAT THE  
24 PROCEDURES OR TREATMENTS ARE REASONABLY EXPECTED TO RESULT IN  
25 FUNCTIONAL GAINS TO THE INJURED PERSON.

26 (IV) THE COST OF A PROCEDURE, TREATMENT, OR TRAINING SHALL  
27 BE REASONABLE IN RELATION TO ITS PROBABLE REHABILITATIVE EFFECTS.

1 (21) "RESIDENT RELATIVE" MEANS A PERSON WHO, AT THE TIME OF  
2 A MOTOR VEHICLE ACCIDENT, IS:

3 (a) RELATED BY BLOOD, MARRIAGE, OR ADOPTION TO THE NAMED  
4 INSURED OR RESIDENT SPOUSE AND RESIDES IN THE NAMED INSURED'S  
5 HOUSEHOLD, EVEN IF TEMPORARILY LIVING ELSEWHERE; OR

6 (b) A WARD OR FOSTER CHILD OF THE NAMED INSURED OR  
7 RESIDENT SPOUSE WHO USUALLY RESIDES WITH THE NAMED INSURED,  
8 EVEN IF TEMPORARILY LIVING ELSEWHERE.

9 (22) (a) "RIDESHARING ARRANGEMENT" MEANS THE VEHICULAR  
10 TRANSPORTATION OF PASSENGERS TRAVELING TOGETHER PRIMARILY TO  
11 AND FROM THE PASSENGERS' PLACES OF BUSINESS OR WORK, OR  
12 TRAVELING TOGETHER ON A REGULARLY SCHEDULED BASIS WITH A  
13 COMMONALITY OF PURPOSE TO AND FROM SHOPPING, HEALTH,  
14 EDUCATIONAL, RELIGIOUS, ATHLETIC, OR SPORTS FACILITIES, IF:

15 (I) THE MOTOR VEHICLE USED IN SUCH TRANSPORTATION IS NOT  
16 OPERATED FOR PROFIT BY AN ENTITY PRIMARILY ENGAGED IN THE  
17 TRANSPORTATION BUSINESS; AND

18 (II) NO CHARGE IS MADE FOR SUCH TRANSPORTATION, OTHER  
19 THAN A CHARGE REASONABLY CALCULATED TO RECOVER THE DIRECT AND  
20 INDIRECT COSTS OF THE RIDESHARING ARRANGEMENT, INCLUDING, BUT  
21 NOT LIMITED TO, A REASONABLE INCENTIVE TO MAXIMIZE OCCUPANCY OF  
22 THE MOTOR VEHICLE.

23 (b) "RIDESHARING ARRANGEMENT" INCLUDES:

24 (I) AN ARRANGEMENT BY AN EMPLOYER ENGAGED IN THE  
25 TRANSPORTATION BUSINESS WHO PROVIDES RIDESHARING ARRANGEMENTS  
26 FOR ITS EMPLOYEES; AND

27 (II) ARRANGEMENTS COMMONLY KNOWN AS CARPOOLS AND

1 VANPOOLS.

2 (c) "RIDESHARING ARRANGEMENT" DOES NOT INCLUDE SCHOOL  
3 TRANSPORTATION VEHICLES OPERATED BY ELEMENTARY AND SECONDARY  
4 SCHOOLS WHEN THEY ARE OPERATED FOR THE TRANSPORTATION OF  
5 CHILDREN TO OR FROM SCHOOL OR TO SCHOOL-RELATED EVENTS.

6 (23) "TRAUMA CENTER" MEANS AN EMERGENCY DEPARTMENT IN  
7 A LICENSED OR CERTIFIED HOSPITAL OR A HEALTH CARE FACILITY THAT IS  
8 DESIGNATED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
9 AS A LEVEL I, II, III, IV, OR V FACILITY OR AS A REGIONAL PEDIATRIC  
10 TRAUMA CENTER.

11 (24) "TRAUMA PHYSICIAN" MEANS A TRAUMA SURGEON,  
12 ORTHOPEDIC SURGEON, NEUROSURGEON, INTENSIVE CARE UNIT PHYSICIAN,  
13 ANESTHESIOLOGIST, OR PHYSICIAN, LICENSED PURSUANT TO ARTICLE 36  
14 OF TITLE 12, C.R.S., WHO PROVIDES EMERGENCY CARE OR TREATMENT IN  
15 A TRAUMA CENTER TO A PERSON INJURED IN A MOTOR VEHICLE ACCIDENT.

16 **10-4-1503. Compulsory coverage.** (1) EVERY OWNER OF A  
17 MOTOR VEHICLE WHO OPERATES THE MOTOR VEHICLE ON THE PUBLIC  
18 HIGHWAYS OF THIS STATE OR WHO KNOWINGLY PERMITS THE OPERATION  
19 OF THE MOTOR VEHICLE ON THE PUBLIC HIGHWAYS OF THIS STATE SHALL  
20 HAVE IN FULL FORCE AND EFFECT A COMPLYING POLICY UNDER THE TERMS  
21 OF THIS PART 15 COVERING THE MOTOR VEHICLE. AN OWNER WHO FAILS  
22 TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION SHALL BE SUBJECT  
23 TO THE SANCTIONS PROVIDED UNDER SECTION 42-4-1409, C.R.S., AND  
24 SECTION 42-7-301, C.R.S., OF THE "MOTOR VEHICLE FINANCIAL  
25 RESPONSIBILITY ACT".

26 (2) AN OWNER OF A MOTOR VEHICLE WHO OPERATES THE MOTOR  
27 VEHICLE ON THE PUBLIC HIGHWAYS OF THIS STATE OR WHO KNOWINGLY

1 PERMITS THE OPERATION OF THE MOTOR VEHICLE ON THE PUBLIC  
2 HIGHWAYS OF THIS STATE AND WHO FAILS TO HAVE IN FULL FORCE AND  
3 EFFECT A COMPLYING POLICY COVERING THE MOTOR VEHICLE AT THE TIME  
4 OF ANY ACCIDENT, ON ACCOUNT OF WHICH PIP BENEFITS WOULD BE  
5 PAYABLE, SHALL BE PERSONALLY LIABLE FOR THE PAYMENT OF SUCH PIP  
6 BENEFITS UNDER THE TERMS OF SECTION 10-4-1506 TO THE PERSON FOR  
7 WHOM SUCH PAYMENT WOULD HAVE BEEN REQUIRED IF SUCH COVERAGE  
8 HAD BEEN IN EFFECT. THE OWNER SHALL HAVE ALL OF THE RIGHTS AND  
9 OBLIGATIONS OF AN INSURER UNDER THIS PART 15.

10 (3) FOR THE PURPOSE OF SUBSECTION (1) OF THIS SECTION AND  
11 SECTION 10-4-1504 (1) (a), THE DEFINITION OF "MOTOR VEHICLE" ALSO  
12 INCLUDES "MOTORCYCLE" AND "MOTORSCOOTER", AS SUCH TERMS ARE  
13 DEFINED IN SECTION 42-1-102, C.R.S.; EXCEPT THAT THE COMPLYING  
14 POLICY SHALL BE LIMITED TO THE LEGAL LIABILITY COVERAGE REQUIRED  
15 BY SECTION 10-4-1504 (1) (a).

16 **10-4-1504. Required coverages - complying policies - legal**  
17 **liability coverage - PIP coverage - optional coverage arrangements -**  
18 **rules. (1) Basic benefits.** SUBJECT TO THE LIMITATIONS AND  
19 EXCLUSIONS AUTHORIZED BY THIS PART 15, THE BASIC MINIMUM  
20 COVERAGES REQUIRED FOR COMPLIANCE WITH THIS PART 15, WHICH SHALL  
21 BE KNOWN AS THE "BASIC BENEFITS", ARE AS FOLLOWS:

22 (a) **Legal liability coverage.** LEGAL LIABILITY COVERAGE FOR  
23 THE FOLLOWING:

24 (I) **Bodily injury or death.** BODILY INJURY OR DEATH ARISING  
25 OUT OF THE USE OF THE MOTOR VEHICLE TO A LIMIT, EXCLUSIVE OF  
26 INTEREST AND COSTS, OF TWENTY-FIVE THOUSAND DOLLARS TO ANY ONE  
27 PERSON IN ANY ONE ACCIDENT AND FIFTY THOUSAND DOLLARS TO ALL

1 PERSONS IN ANY ONE ACCIDENT; AND

2 (II) **Property damage.** PROPERTY DAMAGE ARISING OUT OF THE  
3 USE OF THE MOTOR VEHICLE TO A LIMIT, EXCLUSIVE OF INTEREST AND  
4 COSTS, OF FIFTEEN THOUSAND DOLLARS IN ANY ONE ACCIDENT;

5 (b) **PIP coverage.** PERSONAL INJURY PROTECTION COVERAGE TO  
6 PROVIDE COMPENSATION WITHOUT REGARD TO FAULT AS FOLLOWS:

7 (I) **Medical care services.** (A) UP TO A LIMIT OF TWENTY-FIVE  
8 THOUSAND DOLLARS PER PERSON FOR ANY ONE ACCIDENT FOR THE  
9 PAYMENT OF NINETY PERCENT OF ALL EXPENSES FOR MEDICAL CARE  
10 SERVICES PERFORMED WITHIN FIVE YEARS AFTER THE ACCIDENT FOR  
11 BODILY INJURY ARISING OUT OF THE USE OR OPERATION OF A MOTOR  
12 VEHICLE; EXCEPT THAT, IF THE INJURED PERSON WHO IS ELIGIBLE FOR  
13 BENEFITS PURSUANT TO THIS SUBPARAGRAPH (I) IS LESS THAN THIRTEEN  
14 YEARS OF AGE AT THE TIME OF THE MOTOR VEHICLE ACCIDENT THAT  
15 CAUSED THE BODILY INJURY, THE INJURED PERSON SHALL BE ENTITLED TO  
16 BENEFITS UNDER THIS SUBPARAGRAPH (I) FOR MEDICAL CARE SERVICES  
17 PROVIDED UNTIL THE INJURED PERSON ATTAINS NINETEEN YEARS OF AGE,  
18 SUBJECT TO THE MONETARY LIMIT ON THE AMOUNT OF BENEFITS.

19 (B) TO THE EXTENT THAT THE BENEFITS PROVIDED PURSUANT TO  
20 SUBPARAGRAPH (II) OF THIS PARAGRAPH (b) HAVE NOT BEEN EXHAUSTED,  
21 THE REMAINING VALUE OF THOSE BENEFITS SHALL BE AVAILABLE TO THE  
22 INSURED OR INJURED PERSON ENTITLED TO BENEFITS FOR MEDICAL CARE  
23 SERVICES PURSUANT TO THIS SUBPARAGRAPH (I).

24 (II) **Rehabilitation services.** UP TO A LIMIT OF TWENTY  
25 THOUSAND DOLLARS PER PERSON FOR ANY ONE ACCIDENT FOR THE  
26 PAYMENT OF NINETY PERCENT OF THE COST OF REHABILITATION SERVICES;

27 (III) **Lost income and essential services benefits.** UP TO A LIMIT

1 OF FIFTEEN THOUSAND DOLLARS PER PERSON FOR ANY ONE ACCIDENT FOR  
2 THE PAYMENT OF LOST INCOME AND ESSENTIAL SERVICES AS FOLLOWS:

3 (A) **Loss of gross income.** PAYMENT OF BENEFITS EQUIVALENT  
4 TO SEVENTY PERCENT OF THE ACTUAL LOSS OF GROSS INCOME PER WEEK,  
5 NOT TO EXCEED FIVE HUNDRED DOLLARS PER WEEK, FROM WORK THE  
6 INJURED PERSON WOULD HAVE PERFORMED HAD THE PERSON NOT BEEN  
7 INJURED, PAYABLE FOR THE PERIOD COMMENCING THE DAY AFTER THE  
8 DATE OF THE ACCIDENT AND FOR UP TO AN ADDITIONAL FIFTY-TWO WEEKS.  
9 BENEFITS FOR LOSS OF GROSS INCOME SPECIFIED IN THIS  
10 SUB-SUBPARAGRAPH (A) SHALL NOT ACCRUE FOLLOWING THE DEATH OF  
11 THE INJURED PERSON. NOTWITHSTANDING THE REQUIREMENTS OF THIS  
12 SUBSECTION (1), THE LOSS OF GROSS INCOME BENEFITS SET FORTH IN THIS  
13 SUB-SUBPARAGRAPH (A) MAY BE WAIVED AT THE OPTION OF THE INSURED.  
14 HOWEVER, IF THE INSURED WAIVES LOSS OF GROSS INCOME BENEFITS, THE  
15 WAIVER SHALL APPLY ONLY TO SUCH NAMED INSURED, THE INSURED'S  
16 RESIDENT SPOUSE, AND ANY RESIDENT RELATIVE. ALL OTHER PERSONS  
17 ELIGIBLE FOR PIP BENEFITS UNDER THE INSURED'S POLICY SHALL BE  
18 ENTITLED TO THE COVERAGE AS SET FORTH IN THIS SUB-SUBPARAGRAPH  
19 (A). FOR PURPOSES OF AN APPLICATION FOR A NEW POLICY AND UPON THE  
20 FIRST RENEWAL OF A POLICY EXISTING ON THE EFFECTIVE DATE OF THIS  
21 SECTION, IN ORDER TO WAIVE THE LOSS OF GROSS INCOME BENEFITS, THE  
22 NAMED INSURED SHALL SIGN A WRITTEN WAIVER THAT DESCRIBES THE  
23 BENEFITS BEING WAIVED, PROVIDES THE ESTIMATED COST OF THE BENEFITS  
24 BEING WAIVED, AND INDICATES THAT SUCH BENEFITS ARE BEING  
25 VOLUNTARILY WAIVED BY THE INSURED. THE NAMED INSURED MAY  
26 OBTAIN OR WAIVE LOSS OF GROSS INCOME BENEFITS AT ANY TIME UPON  
27 REQUEST TO THE INSURER.

1           **(B) Essential services benefit.** PAYMENT OF UP TO FIFTY  
2 DOLLARS PER DAY FOR SERVICES ACTUALLY RENDERED OR EXPENSES  
3 REASONABLY INCURRED FOR ESSENTIAL SERVICES THAT, BUT FOR THE  
4 INJURY, THE INJURED PERSON WOULD HAVE PERFORMED FOR THE INJURED  
5 PERSON'S HOUSEHOLD, PAYABLE FOR THE PERIOD COMMENCING THE DAY  
6 AFTER THE DATE OF THE ACCIDENT AND FOR UP TO AN ADDITIONAL  
7 FIFTY-TWO WEEKS;

8           **(IV) Death benefit.** A TOTAL AMOUNT OF FIVE THOUSAND  
9 DOLLARS FOR PAYMENT OF BENEFITS ON ACCOUNT OF THE DEATH OF A  
10 PERSON FOR WHOM PIP BENEFITS ARE PROVIDED UNDER THIS SECTION,  
11 PAYABLE TO THE ESTATE OF THE DECEASED.

12           **(2) Reimbursement of medical care and rehabilitation**  
13 **services.** PIP BENEFITS FOR MEDICAL CARE AND REHABILITATION  
14 SERVICES SHALL PROVIDE REIMBURSEMENT ONLY FOR SERVICES AND CARE  
15 THAT ARE LAWFULLY:

16           (a) PROVIDED, SUPERVISED, ORDERED, OR PRESCRIBED BY A  
17 PHYSICIAN LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12, C.R.S., A  
18 DENTIST LICENSED PURSUANT TO ARTICLE 35 OF TITLE 12, C.R.S., A  
19 PODIATRIST LICENSED PURSUANT TO ARTICLE 32 OF TITLE 12, C.R.S., A  
20 CHIROPRACTOR LICENSED PURSUANT TO ARTICLE 33 OF TITLE 12, C.R.S.,  
21 OR AN OPTOMETRIST LICENSED PURSUANT TO ARTICLE 40 OF TITLE 12,  
22 C.R.S.; OR

23           (b) PROVIDED BY ANY OF THE FOLLOWING PERSONS OR ENTITIES:

24           **(I)** A LICENSED OR CERTIFIED HOSPITAL OR LICENSED  
25 AMBULATORY SURGICAL CENTER;

26           **(II)** A PERSON OR ENTITY THAT PROVIDES EMERGENCY TRANSPORT  
27 OR TREATMENT, INCLUDING A LICENSED AMBULANCE, LICENSED AIR

1 AMBULANCE, TRAUMA PHYSICIAN, OR TRAUMA CENTER;

2 (III) AN ENTITY WHOLLY OWNED BY A LICENSED PHYSICIAN,  
3 LICENSED DENTIST, LICENSED PODIATRIST, LICENSED CHIROPRACTOR, OR  
4 LICENSED OPTOMETRIST;

5 (IV) AN ENTITY WHOLLY OWNED, DIRECTLY OR INDIRECTLY, BY A  
6 LICENSED OR CERTIFIED HOSPITAL OR HOSPITALS;

7 (V) A HEALTH CARE CLINIC OR FACILITY THAT IS ACCREDITED BY  
8 THE JOINT COMMISSION, THE AMERICAN OSTEOPATHIC ASSOCIATION, THE  
9 COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES, OR THE  
10 ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE,  
11 INCORPORATED, OR A SUCCESSOR COMMISSION, ORGANIZATION, OR  
12 ASSOCIATION; OR

13 (VI) A HEALTH CARE CLINIC OR FACILITY LICENSED BY THE  
14 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT.

15 (3) **Managed care arrangements.** (a) (I) AN INSURER MAY  
16 OFFER IN WRITING OR BY THE SAME MEDIUM AS THAT IN WHICH THE  
17 INSURANCE APPLICATION WAS TAKEN, AND PROVIDE AT THE OPTION OF  
18 THE NAMED INSURED, THE PIP BENEFITS FOR MEDICAL CARE AND  
19 REHABILITATION SERVICES THROUGH MANAGED CARE ARRANGEMENTS  
20 SUCH AS A HEALTH MAINTENANCE ORGANIZATION OR A PREFERRED  
21 PROVIDER ORGANIZATION. INSURERS SHALL MAKE DEDUCTIBLES AND  
22 COINSURANCE OPTIONS AVAILABLE IN SUCH POLICY AND MAY MAKE  
23 OTHER CONDITIONS AND LIMITATIONS TO COVERAGE AVAILABLE AS LONG  
24 AS THE CONDITIONS AND LIMITATIONS ARE NOT INCONSISTENT WITH THE  
25 REQUIREMENTS OF THIS PART 15.

26 (II) WHEN A PERSON MAKES AN INITIAL APPLICATION FOR  
27 INSURANCE COVERAGE UNDER THIS PART 15, IN ADDITION TO ANY OTHER

1 REQUIREMENTS ESTABLISHED BY LAW, THE INSURER SHALL DISCLOSE IN  
2 THE SAME MEDIUM AS THAT IN WHICH THE APPLICATION WAS TAKEN, OR  
3 IN WRITTEN FORM, THE FOLLOWING INFORMATION REGARDING MANAGED  
4 CARE ARRANGEMENTS:

5 (A) THAT MOTOR VEHICLE INSURANCE POLICIES IN COLORADO  
6 MAY INCLUDE OPTIONAL MANAGED CARE ARRANGEMENTS, INCLUDING,  
7 BUT NOT LIMITED TO, HEALTH MAINTENANCE ORGANIZATIONS AND  
8 PREFERRED PROVIDER ORGANIZATIONS;

9 (B) WHAT MANAGED CARE IS AND HOW IT AFFECTS THE  
10 CONSUMER; AND

11 (C) WHAT THE APPROXIMATE COST SAVINGS WILL BE IF THE  
12 MANAGED CARE ARRANGEMENT IS ACCEPTED, EXPRESSED EITHER AS A  
13 DOLLAR SAVINGS OF THE PERSONAL INJURY PROTECTION POLICY TERM  
14 PREMIUM OR AS A PERCENTAGE OF SUCH PREMIUM.

15 (b) WITH RESPECT TO THE PIP BENEFITS FOR MEDICAL CARE AND  
16 REHABILITATION SERVICES, AN INSURER SHALL MAKE AVAILABLE, AND  
17 PROVIDE AT THE OPTION OF THE NAMED INSURED, DEDUCTIBLE AND  
18 COINSURANCE ARRANGEMENTS WHEREBY THE RECIPIENT OF THE MEDICAL  
19 CARE AND REHABILITATION SERVICES SHARES IN THE PAYMENT  
20 OBLIGATION FOR SUCH SERVICES.

21 (c) NO DEDUCTIBLE OR COINSURANCE UNDER A POLICY COVERED  
22 UNDER PARAGRAPH (a) OR (b) OF THIS SUBSECTION (3) SHALL BE APPLIED  
23 WITH RESPECT TO CARE, TREATMENT, SERVICES, PRODUCTS, OR  
24 ACCOMMODATION PROVIDED OR EXPENSES INCURRED BY AN INSURED  
25 DURING THE FIRST TWENTY-FOUR HOURS AFTER THE ACCIDENT WHEN  
26 EMERGENCY TREATMENT HAS BEEN PROVIDED OR UNTIL THE INSURED  
27 PATIENT'S EMERGENCY MEDICAL CONDITION IS STABILIZED, WHICHEVER

1 IS LONGER, OR UNTIL THE INSURED PATIENT IS TRANSFERRED TO A  
2 MANAGED CARE PROVIDER IN ACCORDANCE WITH APPLICABLE LAW.

3 (d) THE OPTIONAL COVERAGE DESCRIBED IN PARAGRAPHS (a) AND  
4 (b) OF THIS SUBSECTION (3) SHALL APPLY ONLY TO THE NAMED INSURED,  
5 RESIDENT SPOUSE, RESIDENT RELATIVE, AND ANY PERSON OPERATING THE  
6 DESCRIBED MOTOR VEHICLE WITH THE PERMISSION OF THE NAMED  
7 INSURED OR RESIDENT SPOUSE.

8 (e) AN AGREEMENT MADE UNDER THIS SUBSECTION (3) SHALL BE  
9 A VOLUNTARY AGREEMENT BETWEEN THE INSURED AND THE INSURER, AND  
10 NO INSURER SHALL REQUIRE AN INSURED TO AGREE TO SUCH POLICY  
11 PROVISIONS AS A CONDITION OF PROVIDING INSURANCE COVERAGE.  
12 REQUIRING SUCH AGREEMENT AS A PRECONDITION TO THE PROVISION OF  
13 INSURANCE SHALL CONSTITUTE AN UNFAIR INSURANCE PRACTICE AND  
14 SHALL BE SUBJECT TO THE PROVISIONS, REMEDIES, AND PENALTIES  
15 PROVIDED IN PART 11 OF ARTICLE 3 OF THIS TITLE.

16 (f) (I) AN INSURER OFFERING THE COVERAGES AUTHORIZED IN  
17 PARAGRAPHS (a) AND (b) OF THIS SUBSECTION (3) SHALL DEMONSTRATE,  
18 IN RATE FILINGS SUBMITTED TO THE COMMISSIONER, THE SAVINGS TO THE  
19 INSURED TO BE REALIZED UNDER THE PLAN. THE INSURER SHALL FURTHER  
20 CERTIFY TO THE COMMISSIONER PURSUANT TO SECTION 10-4-1532 ANY  
21 DISCLOSURE FORM TO BE USED TO RECORD AN INSURED'S ELECTION FOR  
22 ANY COVERAGE AUTHORIZED IN PARAGRAPHS (a) AND (b) OF THIS  
23 SUBSECTION (3). A DISCLOSURE FORM FOR A MANAGED CARE  
24 ARRANGEMENT SHALL INCLUDE THE FOLLOWING INFORMATION:

25 (A) THAT A POLICY CONTAINING A MANAGED CARE ARRANGEMENT  
26 MAY BE ACCEPTED OR REJECTED BY THE NAMED INSURED AT ANY TIME  
27 UPON NOTICE TO THE INSURER OR ITS PRODUCER; EXCEPT THAT A CHANGE

1 IN COVERAGE SHALL NOT AFFECT ANY CLAIM ARISING OUT OF AN  
2 ACCIDENT THAT OCCURRED PRIOR TO THE DATE OF THE NOTICE;

3 (B) THAT OBTAINING OR RENEWING THE INSURANCE POLICY IS NOT  
4 DEPENDENT UPON ACCEPTING A MANAGED CARE ARRANGEMENT; AND

5 (C) WHAT THE APPROXIMATE COST SAVINGS WILL BE IF THE  
6 MANAGED CARE ARRANGEMENT IS ACCEPTED.

7 (II) THE MANAGED CARE FORM SHALL INCLUDE, IN ADDITION TO  
8 THE REQUIREMENTS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH (f), AN  
9 ACKNOWLEDGMENT, TO BE SIGNED BY THE INSURED, INDICATING THAT THE  
10 INSURED ACCEPTS THE MANAGED CARE ARRANGEMENTS AS OPTIONAL  
11 COVERAGE AND UNDERSTANDS THAT THE DISCOUNT FOR THE MANAGED  
12 CARE ARRANGEMENT APPLIES ONLY TO THE PIP PORTION OF THE INSURED'S  
13 PREMIUM AND NOT TO THE TOTAL OF THE INSURED'S PREMIUM. THIS  
14 ACKNOWLEDGMENT SHALL APPEAR IN THE FORM IN TYPE THAT IS EITHER  
15 ALL CAPITAL LETTERS OR UNDERLINED.

16 (g) WITHIN A COUNTY OR CITY AND COUNTY HAVING A  
17 POPULATION IN EXCESS OF ONE HUNDRED THOUSAND PEOPLE, ACCORDING  
18 TO THE MOST RECENT FEDERAL CENSUS, NO INSURED OR INJURED PERSON  
19 ENTITLED TO BENEFITS WHO IS REQUIRED BY A CONTRACT WITH AN  
20 INSURER TO RECEIVE PIP BENEFITS FOR MEDICAL CARE AND  
21 REHABILITATION SERVICES THROUGH MANAGED CARE ARRANGEMENTS  
22 SHALL BE REQUIRED TO TRAVEL MORE THAN THIRTY MILES FROM THAT  
23 PERSON'S RESIDENCE TO ANY NETWORK PROVIDER OF CARE FOR SERVICES  
24 WITHOUT HIS OR HER CONSENT. THE INSURER SHALL PAY THE  
25 REASONABLE AND NECESSARY COST OF TRANSPORTING THE INSURED OR  
26 INJURED PERSON ENTITLED TO BENEFITS.

27 (h) ANY HEALTH CARE PROFESSIONAL WHO REFERS AN INSURED OR

1 INJURED PERSON ENTITLED TO BENEFITS FOR DIAGNOSIS OR TREATMENT TO  
2 A FACILITY IN WHICH THE PROFESSIONAL HAS A FINANCIAL INTEREST AS AN  
3 OWNER, PARTNER, OR EMPLOYEE SHALL INFORM THE INSURED OR INJURED  
4 PERSON ENTITLED TO BENEFITS, THE INSURER, AND, IF APPLICABLE, THE  
5 MANAGED CARE ORGANIZATION OF THE FINANCIAL INTEREST. THE  
6 HEALTH CARE PROFESSIONAL SHALL DISCLOSE THE FINANCIAL INTEREST  
7 IN WRITING AT THE TIME OF THE REFERRAL.

8 (i) (I) AN INSURER PROVIDING BENEFITS PURSUANT TO THIS  
9 SECTION SHALL FILE WITH THE COMMISSIONER THE INTERNAL GRIEVANCE  
10 AND REVIEW PROCEDURES UTILIZED BY THE INSURER'S MANAGED CARE  
11 ARRANGEMENT. THE COMMISSIONER SHALL MAKE SUCH FILING  
12 AVAILABLE FOR PUBLIC INSPECTION.

13 (II) A MANAGED CARE ARRANGEMENT'S INTERNAL GRIEVANCE  
14 AND REVIEW PROCEDURES DESCRIBED IN SUBPARAGRAPH (I) OF THIS  
15 PARAGRAPH (i) MAY USE AS A GUIDELINE THE STANDARD ESTABLISHED BY  
16 ONE OF THE FOLLOWING NATIONALLY RECOGNIZED ACCREDITATION  
17 STANDARDS ORGANIZATIONS OR THEIR SUCCESSORS:

18 (A) THE AMERICAN ACCREDITATION HEALTHCARE  
19 COMMISSION/URAC;

20 (B) THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE; OR

21 (C) THE JOINT COMMISSION.

22 (4) **Medical devices or equipment.** ALL MEDICAL DEVICES OR  
23 MEDICAL EQUIPMENT PROVIDED TO AN INSURED OR INJURED PERSON  
24 ENTITLED TO BENEFITS, AS PART OF THE PERSON'S PIP BENEFITS FOR  
25 MEDICAL CARE AND REHABILITATION SERVICES, SHALL BE THE PROPERTY  
26 OF THE INSURED, AND THE INSURER SHALL NOT REQUIRE THE INSURED TO  
27 SURRENDER A MEDICAL DEVICE OR MEDICAL EQUIPMENT TO THE INSURER

1 UNLESS:

2 (a) THE MEDICAL DEVICE OR MEDICAL EQUIPMENT WAS RENTED OR  
3 LEASED BY THE INSURER; OR

4 (b) THE MEDICAL DEVICE OR MEDICAL EQUIPMENT IS OF A TYPE  
5 COMMONLY FOUND AT A HEALTH, EXERCISE, OR ATHLETIC FACILITY.

6 (5) **Rules.** THE COMMISSIONER MAY PROMULGATE RULES  
7 NECESSARY TO IMPLEMENT THE REQUIREMENTS OF THIS SECTION.

8 **10-4-1505. Operator's policy of insurance.** (1) EXCEPT AS  
9 OTHERWISE PROVIDED IN SUBSECTION (8) OF THIS SECTION, ANY NATURAL  
10 PERSON MAY SATISFY THE REQUIREMENTS OF SECTION 10-4-1503 BY  
11 OBTAINING, IN LIEU OF AN OWNER'S POLICY OF INSURANCE, AN OPERATOR'S  
12 POLICY OF LIABILITY INSURANCE THAT MEETS THE REQUIREMENTS OF THIS  
13 SECTION, THIS PART 15, AND PART 6 OF THIS ARTICLE.

14 (2) AN OPERATOR'S POLICY OF LIABILITY INSURANCE SHALL  
15 PROVIDE COVERAGE, INCLUDING PIP BENEFITS, IN THE AMOUNTS  
16 REQUIRED PURSUANT TO SECTION 10-4-1504 (1), AND SHALL STATE, IN  
17 CONSPICUOUS TYPE FACE AND FONT ON THE FACE OF THE POLICY, THAT:

18 (a) THE INSURER IS LIABLE UNDER THE POLICY ONLY FOR LIABILITY  
19 OR DAMAGES INCURRED BY THE INSURED WHILE THE NAMED INSURED IS  
20 THE OPERATOR OF THE DESCRIBED MOTOR VEHICLE OR WHILE A MOTOR  
21 VEHICLE OWNED BY THE INSURED IS NOT BEING OPERATED BY ANY  
22 PERSON;

23 (b) THE POLICY DOES NOT PROVIDE COVERAGE FOR ANY VICARIOUS  
24 LIABILITY IMPOSED ON THE OWNER OF THE DESCRIBED MOTOR VEHICLE  
25 THAT IS INSURED UNDER AN OPERATOR'S POLICY OF LIABILITY INSURANCE  
26 AS A RESULT OF THE OPERATION OF THE MOTOR VEHICLE BY ANOTHER  
27 PERSON; AND

1           (c) THE COVERAGE PROVIDED BY THE POLICY MAY NOT MEET THE  
2           REQUIREMENTS OF THE MANDATORY MOTOR VEHICLE INSURANCE OR  
3           FINANCIAL RESPONSIBILITY LAWS OF ANOTHER STATE.

4           (3) NO OPERATOR'S POLICY OF LIABILITY INSURANCE ISSUED  
5           PURSUANT TO THIS SECTION MAY BE DELIVERED OR ISSUED FOR DELIVERY  
6           IN THIS STATE UNLESS THE INSURED HAS SIGNED A STATEMENT THAT  
7           APPEARS ON THE CONTRACT INDICATING THAT THE INSURED HAS READ  
8           AND UNDERSTANDS THE POLICY AND ITS LIMITATIONS.

9           (4) AN OWNER OF A MOTOR VEHICLE THAT IS REGISTERED OR  
10          REQUIRED TO BE REGISTERED IN COLORADO AND WHO HOLDS AN  
11          OPERATOR'S POLICY OF LIABILITY INSURANCE SHALL NOT PERMIT ANOTHER  
12          PERSON TO OPERATE THE DESCRIBED MOTOR VEHICLE IF THE OWNER  
13          KNOWS OR SHOULD KNOW THAT THE PERSON DOES NOT HAVE INSURANCE  
14          TO COVER THE OTHER PERSON'S OPERATION OF THE OWNER'S MOTOR  
15          VEHICLE. IF A MOTOR VEHICLE INSURED UNDER AN OPERATOR'S POLICY OF  
16          LIABILITY INSURANCE IS DRIVEN BY A PERSON WHO DOES NOT HAVE IN  
17          EFFECT A COMPLYING POLICY AS REQUIRED BY SECTION 10-4-1503, AND  
18          THE PERSON IS INVOLVED IN AN ACCIDENT, THE OWNER OF THE MOTOR  
19          VEHICLE AND THE DRIVER SHALL BE JOINTLY AND SEVERALLY LIABLE FOR  
20          ANY LIABILITY OR DAMAGES ARISING OUT OF THE PERSON'S USE OF THE  
21          MOTOR VEHICLE.

22          (5) AN OPERATOR'S POLICY OF LIABILITY INSURANCE SHALL NOT  
23          PROVIDE COVERAGE FOR DAMAGES INCURRED WHILE A PERSON OTHER  
24          THAN THE NAMED INSURED IS OPERATING THE DESCRIBED MOTOR VEHICLE.

25          (6) AN OPERATOR'S POLICY OF LIABILITY INSURANCE MAY PROVIDE  
26          COVERAGE THAT APPLIES IN OTHER JURISDICTIONS IF THE COVERAGE  
27          AVAILABLE PURSUANT TO THIS SECTION DOES NOT MEET THE MANDATORY

1 AUTOMOBILE INSURANCE REQUIREMENTS OF OTHER JURISDICTIONS.

2 (7) AN OPERATOR'S POLICY OF LIABILITY INSURANCE SHALL  
3 PROVIDE COVERAGE FOR LIABILITY INCURRED BY THE INSURED WHILE A  
4 MOTOR VEHICLE OWNED BY THE INSURED IS NOT BEING OPERATED BY ANY  
5 PERSON.

6 (8) THIS SECTION DOES NOT APPLY TO A LESSOR, DEALER,  
7 MANUFACTURER, REBUILDER, OR DISTRIBUTOR OF A MOTOR VEHICLE; AN  
8 OWNER OF A FLEET; A COMMON, CONTRACT, OR PRIVATE MOTOR CARRIER;  
9 OR ANY OTHER NATURAL PERSON WHO OWNS A MOTOR VEHICLE FOR USE  
10 IN THE NATURAL PERSON'S BUSINESS.

11 (9) AN INSURER WRITING POLICIES OF INSURANCE PURSUANT TO  
12 THIS PART 15 OR PART 6 OF THIS ARTICLE MAY OFFER AN OPERATOR'S  
13 POLICY OF INSURANCE THAT MEETS THE REQUIREMENTS OF THIS SECTION.

14 **10-4-1506. Benefits - how payable - reserve requirement.**

15 (1) PIP BENEFITS SHALL BE APPLICABLE TO THE FOLLOWING:

16 (a) ACCIDENTAL BODILY INJURY SUSTAINED BY THE NAMED  
17 INSURED WHEN INJURED IN AN ACCIDENT INVOLVING ANY MOTOR VEHICLE,  
18 REGARDLESS OF WHETHER THE ACCIDENT OCCURS IN THIS STATE OR IN  
19 ANY OTHER JURISDICTION, EXCEPT WHERE THE INJURY IS THE RESULT OF  
20 THE USE OR OPERATION OF THE NAMED INSURED'S OWN MOTOR VEHICLE  
21 NOT ACTUALLY COVERED UNDER THE TERMS OF THIS PART 15;

22 (b) ACCIDENTAL BODILY INJURY SUSTAINED BY A RESIDENT  
23 RELATIVE OF THE NAMED INSURED UNDER THE CIRCUMSTANCES  
24 DESCRIBED IN PARAGRAPH (a) OF THIS SUBSECTION (1), EXCEPT WHERE  
25 THE RESIDENT RELATIVE IS INJURED AS A RESULT OF THE USE OR  
26 OPERATION OF HIS OR HER OWN MOTOR VEHICLE NOT ACTUALLY COVERED  
27 UNDER THE TERMS OF THIS PART 15; AND

1           (c) ACCIDENTAL BODILY INJURY ARISING OUT OF AN ACCIDENT  
2 OCCURRING WITHIN THIS STATE SUSTAINED BY ANY OTHER PERSON WHILE  
3 OCCUPYING THE DESCRIBED MOTOR VEHICLE WITH THE CONSENT OF THE  
4 INSURED OR WHILE A PEDESTRIAN IF INJURED IN AN ACCIDENT INVOLVING  
5 THE DESCRIBED MOTOR VEHICLE.

6           (2) FOR PURPOSES OF PARAGRAPHS (a) AND (b) OF SUBSECTION (1)  
7 OF THIS SECTION, THE DEFINITION OF "MOTOR VEHICLE" SET FORTH IN  
8 SECTION 10-4-1502 DOES NOT APPLY, AND THE TERM "MOTOR VEHICLE"  
9 SHALL INSTEAD APPLY TO ANY MOTOR VEHICLE REQUIRED TO BE  
10 REGISTERED AND LICENSED FOR OPERATION ON THE PUBLIC HIGHWAYS OF  
11 THIS STATE OR ANY OTHER JURISDICTION.

12           (3) EXCEPT AS PROVIDED IN SUBSECTION (4) OF THIS SECTION,  
13 WHEN A PERSON INJURED IS ALSO AN INSURED UNDER A COMPLYING  
14 POLICY OTHER THAN THE COMPLYING POLICY INSURING THE MOTOR  
15 VEHICLE INVOLVED IN THE ACCIDENT, PRIMARY COVERAGE SHALL BE  
16 AFFORDED BY THE POLICY INSURING THE MOTOR VEHICLE INVOLVED IN  
17 THE ACCIDENT UNDER SECTION 10-4-1504. IF TWO OR MORE INSURERS  
18 HAVE OBLIGATIONS UNDER COMPLYING POLICIES TO PAY BENEFITS TO THE  
19 SAME PERSON, THE LIMITS OF COVERAGE AVAILABLE AS BENEFITS TO SUCH  
20 PERSON SHALL BE THE LIMITS OF A SINGLE COMPLYING POLICY EXCEPT TO  
21 THE EXTENT THAT OPTIONAL COVERAGES PURCHASED FOR ADDITIONAL  
22 PREMIUMS ON A VOLUNTARY BASIS ARE APPLICABLE. IF TWO OR MORE  
23 INSURERS ARE LIABLE TO PAY BENEFITS ON THE SAME BASIS, AN INSURER  
24 PAYING BENEFITS SHALL BE ENTITLED TO AN EQUITABLE PRO RATA  
25 CONTRIBUTION FROM THE OTHER INSURER.

26           (4) EXCEPT AS PROVIDED IN SUBSECTION (6) OF THIS SECTION,  
27 WHEN AN ACCIDENT INVOLVES THE OPERATION OF A MOTOR VEHICLE BY

1 A PERSON WHO IS NEITHER THE OWNER OF THE MOTOR VEHICLE INVOLVED  
2 IN THE ACCIDENT NOR AN EMPLOYEE OF THE OWNER ACTING WITHIN THE  
3 COURSE AND SCOPE OF EMPLOYMENT AT THE TIME OF THE ACCIDENT, AND  
4 THE OPERATOR OF THE MOTOR VEHICLE IS AN INSURED UNDER A  
5 COMPLYING POLICY OTHER THAN THE COMPLYING POLICY INSURING THE  
6 MOTOR VEHICLE INVOLVED IN THE ACCIDENT, PRIMARY COVERAGE AS TO  
7 ALL COVERAGES PROVIDED IN THE POLICY UNDER WHICH THE OPERATOR  
8 IS AN INSURED SHALL BE AFFORDED BY THE POLICY INSURING THE  
9 OPERATOR, AND ANY POLICY UNDER WHICH THE OWNER IS AN INSURED  
10 SHALL AFFORD EXCESS COVERAGE. WHEN AN ACCIDENT INVOLVES THE  
11 OPERATION OF A MOTOR VEHICLE REGULATED UNDER ARTICLE 10 OR 11 OF  
12 TITLE 40, C.R.S., SUBSECTION (3) OF THIS SECTION SHALL APPLY.

13 (5) WHEN A PERSON INJURED IS A PERSON FOR WHOM BENEFITS  
14 ARE REQUIRED TO BE PAID UNDER THE "WORKERS' COMPENSATION ACT  
15 OF COLORADO", ARTICLES 40 TO 47 OF TITLE 8, C.R.S., THE PIP BENEFITS  
16 SHALL BE REDUCED TO THE EXTENT THAT BENEFITS ARE ACTUALLY  
17 AVAILABLE AND COVERED UNDER SAID ACT WITHIN THE TIME PERIOD FOR  
18 PAYMENT OF BENEFITS UNDER THIS PART 15 PRESCRIBED BY SECTION  
19 10-4-1508.

20 (6) WHEN AN ACCIDENT INVOLVES THE OPERATION OF A MOTOR  
21 VEHICLE DESIGNED TO SEAT TWELVE OR MORE PASSENGERS THAT IS  
22 OWNED BY, AND BEING OPERATED ON BEHALF OF, A NONPROFIT RELIGIOUS,  
23 CHARITABLE, OR EDUCATIONAL ORGANIZATION ENTITLED TO TAX  
24 EXEMPTION UNDER SECTION 501 (c) (3) OF THE FEDERAL "INTERNAL  
25 REVENUE CODE OF 1986", AS AMENDED, OR AN EQUIVALENT SUCCESSOR  
26 STATUTORY PROVISION, WITH THE EXCEPTION OF SUCH VEHICLES OWNED  
27 OR BEING OPERATED ON BEHALF OF A PUBLIC SCHOOL DISTRICT, THE

1 POLICY COVERING THE MOTOR VEHICLE SHALL BE SECONDARY AND EXCESS  
2 TO ANY MOTOR VEHICLE POLICY COVERING ANY PERSON OCCUPYING THE  
3 MOTOR VEHICLE TO THE EXTENT OF SUCH OTHER POLICY COVERAGES;  
4 EXCEPT THAT THE COVERAGE OF THE OPERATOR OR ASSISTANT OPERATOR  
5 OF THE MOTOR VEHICLE, WHETHER OR NOT HE OR SHE IS BEING PAID TO  
6 OPERATE THE VEHICLE, SHALL BE GOVERNED BY SUBSECTION (3) OF THIS  
7 SECTION. NOTHING IN THIS SUBSECTION (6) SHALL SUPERSEDE  
8 SUBSECTION (5) OF THIS SECTION.

9 (7) AN INSURER SHALL NOT REFUSE TO PROVIDE BENEFITS TO AN  
10 INSURED ON THE BASIS THAT THE INSURED IS A VOLUNTEER FOR A FIRE  
11 DEPARTMENT AND IS INJURED IN A MOTOR VEHICLE WHILE RESPONDING TO  
12 AN EMERGENCY.

13 (8) (a) UPON RECEIVING NOTICE, EITHER FROM A HEALTH CARE  
14 PROVIDER OR THE INSURED, OF AN ACCIDENT THAT MAY BE COVERED BY  
15 PIP BENEFITS, THE INSURER SHALL RESERVE FIVE THOUSAND DOLLARS OF  
16 THE PIP BENEFITS AVAILABLE UNDER THE APPLICABLE COMPLYING POLICY  
17 FOR THE PAYMENT OF HEALTH CARE PROVIDERS WHO PROVIDE  
18 EMERGENCY CARE AND SERVICES OR HOSPITAL INPATIENT CARE. THE  
19 RESERVE AMOUNT SHALL BE HELD AND USED TO PAY CLAIMS FROM SUCH  
20 PROVIDERS FOR NO MORE THAN THIRTY DAYS AFTER RECEIPT OF THE  
21 ACCIDENT NOTICE. AFTER THE THIRTY-DAY PERIOD, ANY AMOUNT OF THE  
22 RESERVE FOR WHICH THE INSURER HAS NOT RECEIVED A CLAIM FOR  
23 REIMBURSEMENT FROM A PROVIDER OF EMERGENCY SERVICES AND CARE  
24 OR INPATIENT HOSPITAL CARE MAY BE USED TO PAY ANY OTHER CLAIMS  
25 FOR REIMBURSEMENT SUBMITTED BY OTHER PROVIDERS.

26 (b) THE PERIODS SPECIFIED IN SECTION 10-4-1508 FOR THE  
27 PAYMENT OF PIP BENEFITS SHALL BE TOLLED FOR THE PERIOD THAT AN

1 INSURER IS REQUIRED UNDER THIS SUBSECTION (8) TO HOLD PAYMENT OF  
2 A CLAIM FROM A PROVIDER THAT DID NOT PROVIDE EMERGENCY CARE AND  
3 SERVICES OR INPATIENT HOSPITAL CARE, BUT ONLY TO THE EXTENT THE  
4 PIP BENEFITS NOT HELD IN RESERVE ARE INSUFFICIENT TO PAY THE CLAIM.

5 **10-4-1507. Ridesharing arrangements - benefits payable -**  
6 **required coverage.** (1) IF AN ACCIDENT INVOLVES THE OPERATION OF A  
7 MOTOR VEHICLE BEING USED IN A RIDESHARING ARRANGEMENT, EACH  
8 PERSON INJURED IN THE ACCIDENT SHALL BE AFFORDED PRIMARY  
9 COVERAGES AS TO ALL COVERAGES PROVIDED IN ANY COMPLYING POLICY  
10 UNDER WHICH THE PERSON IS ALSO AN INSURED, OTHER THAN THE  
11 COMPLYING POLICY INSURING THE MOTOR VEHICLE INVOLVED IN THE  
12 ACCIDENT OR INSURING THE OPERATOR OF SUCH VEHICLE.

13 (2) IF TWO OR MORE INSURERS HAVE OBLIGATIONS UNDER  
14 COMPLYING POLICIES TO PAY BENEFITS TO THE SAME PERSON, THE LIMITS  
15 OF COVERAGE AVAILABLE AS BENEFITS TO THE PERSON SHALL BE THE  
16 LIMITS OF A SINGLE COMPLYING POLICY, EXCEPT TO THE EXTENT THAT  
17 OPTIONAL COVERAGES PURCHASED FOR ADDITIONAL PREMIUMS ON A  
18 VOLUNTARY BASIS ARE APPLICABLE.

19 (3) IF TWO OR MORE INSURERS ARE LIABLE TO PAY BENEFITS  
20 PURSUANT TO THIS SECTION ON THE SAME BASIS, AN INSURER PAYING  
21 BENEFITS SHALL BE ENTITLED TO AN EQUITABLE PRORATA CONTRIBUTION  
22 FROM SUCH OTHER INSURER.

23 **10-4-1508. Prompt payment of PIP benefits - consistent failure**  
24 **to timely pay an unfair or deceptive practice - rules - retroactive**  
25 **adjustment of claims limited - uniform claim form.** (1) (a) PAYMENT  
26 OF PIP BENEFITS SHALL BE MADE ON A MONTHLY BASIS BY THE LAST DAY  
27 OF THE MONTH. BENEFITS FOR ANY PERIOD ARE OVERDUE IF NOT PAID

1        WITHIN THIRTY DAYS AFTER THE INSURER RECEIVES PROOF OF THE FACT  
2        AND AMOUNT OF EXPENSES INCURRED DURING THAT PERIOD. NOTHING IN  
3        THIS SECTION SHALL PRECLUDE AN INSURER FROM ACCUMULATING CLAIMS  
4        FOR PERIODS NOT EXCEEDING ONE MONTH, AND IF AN INSURER  
5        ACCUMULATES CLAIMS IN THIS MANNER, BENEFITS ARE NOT OVERDUE IF  
6        PAID WITHIN FIFTEEN DAYS AFTER THE PERIOD OF ACCUMULATION.

7            (b) IF PROOF IS NOT SUPPLIED AS TO THE ENTIRE CLAIM, THE  
8        AMOUNT OF THE CLAIM SUPPORTED BY PROOF IS OVERDUE IF NOT PAID  
9        WITHIN THIRTY DAYS AFTER SUCH PROOF IS RECEIVED BY THE INSURER.  
10       ANY PART OR ALL OF THE REMAINDER OF THE CLAIM THAT IS LATER  
11       SUPPORTED BY PROOF IS OVERDUE IF NOT PAID WITHIN THIRTY DAYS AFTER  
12       SUCH PROOF IS RECEIVED BY THE INSURER.

13           (c) IF PIP BENEFITS BECOME OVERDUE, THE PERSON CLAIMING THE  
14       BENEFITS SHALL SEND A DEMAND LETTER TO THE INSURER, BY CERTIFIED  
15       MAIL, NOTIFYING THE INSURER OF THE OVERDUE AMOUNTS AND  
16       DEMANDING PAYMENT WITHIN TWENTY-ONE DAYS. IF THE INSURER PAYS  
17       THE OVERDUE AMOUNTS AND APPLICABLE INTEREST AND PENALTIES, AS  
18       DETERMINED BY THE COMMISSIONER BY RULE, WITHIN TWENTY-ONE DAYS  
19       AFTER RECEIPT OF THE DEMAND LETTER, NO ACTION MAY BE BROUGHT  
20       AGAINST THE INSURER. IF THE INSURER FAILS TO PAY THE OVERDUE  
21       AMOUNTS AND ANY APPLICABLE INTEREST AND PENALTIES WITHIN  
22       TWENTY-ONE DAYS AFTER RECEIPT OF THE DEMAND LETTER, THE PERSON  
23       ENTITLED TO THE BENEFITS MAY BRING AN ACTION IN CONTRACT TO  
24       RECOVER THE AMOUNTS DUE, INCLUDING INTEREST AND PENALTIES.

25           (2) IF AN INSURER FAILS TO PAY VALID CLAIMS FOR PIP BENEFITS  
26       WITH SUCH FREQUENCY SO AS TO INDICATE A GENERAL BUSINESS PRACTICE  
27       OF UNFAIR CLAIMS SETTLEMENT, THE INSURER SHALL BE DEEMED TO HAVE

1 ENGAGED IN AN UNFAIR OR DECEPTIVE ACT OR PRACTICE PROHIBITED BY  
2 SECTION 10-3-1104 (1) (h) AND SHALL BE SUBJECT TO THE PENALTIES  
3 PROVIDED IN SECTIONS 10-3-1108 AND 10-3-1109. FOR PURPOSES OF THIS  
4 SUBSECTION (2), AN INSURER ENGAGES IN A GENERAL BUSINESS PRACTICE  
5 OF UNFAIR CLAIMS SETTLEMENT IF THE INSURER FAILS TO PAY FIVE VALID  
6 CLAIMS FOR PIP BENEFITS IN ANY TWELVE-MONTH PERIOD.

7 (3) IN ANY CIVIL ACTION TO RECOVER PIP BENEFITS BROUGHT BY  
8 A CLAIMANT AGAINST AN INSURER PURSUANT TO THIS SECTION, ALL  
9 CLAIMS RELATED TO THE SAME HEALTH CARE PROVIDER FOR THE SAME  
10 INJURED PERSON SHALL BE BROUGHT IN ONE ACTION, UNLESS GOOD CAUSE  
11 IS SHOWN WHY SUCH CLAIMS SHOULD BE BROUGHT SEPARATELY. IF THE  
12 COURT DETERMINES THAT A CIVIL ACTION IS FILED FOR A CLAIM THAT  
13 SHOULD HAVE BEEN BROUGHT IN A PRIOR CIVIL ACTION, THE COURT SHALL  
14 NOT AWARD ATTORNEY FEES TO THE CLAIMANT.

15 (4) (a) THE COMMISSIONER SHALL PROMULGATE RULES TO  
16 ESTABLISH GUIDELINES FOR THE TIMELY PAYMENT OF PIP BENEFITS,  
17 INCLUDING THE PENALTIES FOR FAILURE TO TIMELY PAY SUCH BENEFITS OR  
18 TO OTHERWISE COMPLY WITH THE RULES. THE GUIDELINES FOR TIMELY  
19 PAYMENT ESTABLISHED BY RULES SHALL INCLUDE, AT A MINIMUM:

20 (I) A LIST OF THE ITEMS NECESSARY, IN ADDITION TO THE  
21 REQUIREMENTS SET FORTH IN SECTION 10-4-1504, TO ESTABLISH PROOF OF  
22 THE FACT AND AMOUNT OF EXPENSES INCURRED;

23 (II) THE NOTICE REQUIREMENTS OF SECTION 10-4-1511;

24 (III) THE PROVIDER OBLIGATIONS IN SECTION 10-4-1512; AND

25 (IV) INTEREST AND PENALTIES FOR FAILURE TO TIMELY PAY  
26 BENEFITS.

27 (b) THE GUIDELINES SHALL ALSO PROVIDE FOR THE

1 COMMENCEMENT OF INVESTIGATIONS BY INSURERS AFTER RECEIPT OF THE  
2 ITEMS LISTED IF PAYMENT OF THE EXPENSES IS NOT MADE WITHIN THIRTY  
3 DAYS AFTER THE ITEMS' RECEIPT, TOGETHER WITH WRITTEN NOTICE TO THE  
4 INSURED AND PROVIDER OF THE REASONS THE CLAIM HAS NOT BEEN PAID.

5 (5) PIP BENEFITS MAY BE PAID BY THE INSURER DIRECTLY TO ANY  
6 PERSON SUPPLYING NECESSARY CARE, TREATMENT, PRODUCTS, SERVICES,  
7 OR ACCOMMODATIONS TO THE PERSON FOR WHOM PIP BENEFITS ARE  
8 REQUIRED.

9 (6) AN INSURER SHALL NOT RETROACTIVELY ADJUST THE AMOUNT  
10 OF A CLAIM FOR PIP BENEFITS TWELVE MONTHS OR MORE AFTER THE DATE  
11 THE CLAIM IS PAID. HOWEVER, THIS SUBSECTION (6) SHALL NOT APPLY IN  
12 CASES WHERE THE INSURER HAS REPORTED SUSPECTED OR ACTUAL FRAUD  
13 OR ABUSE, PURSUANT TO SECTION 10-1-128 (5) (a) (IV), COMMITTED BY  
14 A HEALTH CARE PROVIDER.

15 (7) (a) THE COMMISSIONER MAY PROMULGATE RULES FOR AN  
16 INSURER TO ACCEPT CLAIM FORMS FOR PIP BENEFITS FROM HEALTH CARE  
17 PROVIDERS IN ELECTRONIC FORM. AN INSURER SHALL NOT PROHIBIT THE  
18 SUBMISSION OF A PIP BENEFIT CLAIM IN HARD COPY FORM, NOR SHALL AN  
19 INSURER BE PROHIBITED FROM REQUIRING THAT A CLAIM BE SUBMITTED IN  
20 HARD COPY FORM.

21 (b) THE COMMISSIONER MAY, IN CONSULTATION WITH HEALTH  
22 CARE PROVIDERS AND OTHER INTERESTED PARTIES, ADOPT A UNIFORM  
23 APPLICATION FORM FOR PIP BENEFITS, A UNIFORM CLAIM FORM FOR PIP  
24 BENEFITS, OR BOTH A UNIFORM APPLICATION FORM AND UNIFORM CLAIM  
25 FORM. FOR A UNIFORM CLAIM FORM OR A UNIFORM APPLICATION FORM  
26 HAVING ELEMENTS PROVIDED BY A HEALTH CARE PROVIDER, THE  
27 COMMISSIONER SHALL CONSIDER THE UNIFORM CLAIM FORMS AND

1 ELEMENTS ADOPTED FOR HEALTH INSURANCE PURSUANT TO SECTION  
2 10-16-106.3. IF THE COMMISSIONER DETERMINES THAT NEW ELEMENTS  
3 ARE REQUIRED TO ESTABLISH THAT AN INJURY OR BENEFIT REQUESTED IS  
4 THE RESULT OF A MOTOR VEHICLE ACCIDENT, THE NEW ELEMENTS MAY BE  
5 LISTED IN A SEPARATE UNIFORM APPLICATION FORM. AN INSURER SHALL  
6 NOT REQUIRE SUBMISSION OF A PIP BENEFIT CLAIM FORM OTHER THAN THE  
7 FORMS DEVELOPED PURSUANT TO THIS PARAGRAPH (b).

8 **10-4-1509. Disputes regarding payment of benefits -**  
9 **arbitration - rules.** (1) IF A DISPUTE ARISES WITH REGARD TO THE  
10 PROMPT PAYMENT OF BENEFITS PURSUANT TO SECTION 10-4-1508, THE  
11 INSURED OR THE INJURED PERSON ENTITLED TO BENEFITS AND THE  
12 INSURER MAY AGREE TO RESOLVE THE DISPUTE THROUGH BINDING  
13 ARBITRATION. IN THE ABSENCE OF ANOTHER AGREEMENT BY THE PARTIES,  
14 ARBITRATION SHALL BE CONDUCTED IN ACCORDANCE WITH SUBSECTION  
15 (6) OF THIS SECTION AND RULES ADOPTED BY THE COMMISSIONER. IF  
16 THERE IS NO AGREEMENT CONCERNING BINDING ARBITRATION, THE  
17 INSURED, THE INJURED PERSON ENTITLED TO BENEFITS, OR THE INSURER  
18 MAY BRING AN ACTION IN CONTRACT IN THE APPROPRIATE COURT TO  
19 RESOLVE THE DISPUTE. ANY ARBITRATION PURSUANT TO THIS SUBSECTION  
20 (1) SHALL PROCEED PURSUANT TO THE FOLLOWING PROVISIONS:

21 (a) EACH PARTY OR, IF THERE ARE MORE THAN TWO PARTIES, EACH  
22 SIDE SHALL SELECT A COMPETENT ARBITRATOR. THE TWO ARBITRATORS  
23 SHALL SELECT A THIRD ARBITRATOR. IF THE TWO ARBITRATORS ARE  
24 UNABLE TO AGREE ON THE THIRD ARBITRATOR, ANY PARTY MAY REQUEST  
25 THAT THE COMMISSIONER APPOINT THE THIRD ARBITRATOR IN THE  
26 MANNER SPECIFIED IN PARAGRAPH (c) OF THIS SUBSECTION (1).

27 (b) THE PARTIES MAY AGREE TO ARBITRATION BEFORE A SINGLE

1 ARBITRATOR. IF THE PARTIES ARE UNABLE TO AGREE ON THE PERSON TO  
2 SERVE AS THE SINGLE ARBITRATOR, ANY PARTY MAY REQUEST THAT THE  
3 COMMISSIONER APPOINT THE ARBITRATOR IN THE MANNER SPECIFIED IN  
4 PARAGRAPH (c) OF THIS SUBSECTION (1).

5 (c) IN THE ABSENCE OF AGREEMENT BY THE ARBITRATORS OR THE  
6 PARTIES, THE ARBITRATOR OR ARBITRATORS SHALL BE APPOINTED BY THE  
7 COMMISSIONER. THE ARBITRATORS NEED NOT BE ATTORNEYS. NO  
8 ARBITRATOR SHALL BE APPOINTED BY THE COMMISSIONER UNLESS HE OR  
9 SHE HAS FILED WITH THE COMMISSIONER A CONSENT TO ACT AS  
10 ARBITRATOR.

11 (2) ALL COSTS, EXPENSES, AND FEES OF THE ARBITRATION SHALL  
12 BE PAID BY THE PARTIES, AND THE COSTS MAY BE ALLOCATED AMONG THE  
13 PARTIES AS THE ARBITRATOR OR COURT DEEMS JUST.

14 (3) (a) AT LEAST TWENTY DAYS PRIOR TO THE COMMENCEMENT OF  
15 THE ARBITRATION OR COURT PROCEEDING, THE PARTY CLAIMING THE  
16 BENEFITS SHALL SET FORTH THE AMOUNT CLAIMED AND IN CONTROVERSY  
17 IN A SEPARATE DOCUMENT ENTITLED "NOTICE TO INSURER OF AMOUNT  
18 CLAIMED". THE NOTICE SHALL INCLUDE NO MORE THAN THOSE AMOUNTS  
19 THE INSURED CLAIMS WERE DENIED OR NOT TIMELY PAID BY THE INSURER.  
20 THE NOTICE SHALL ALSO SPECIFY THE AMOUNT, IF ANY, CLAIMED FOR  
21 ATTORNEY FEES. THE PARTY CLAIMING THE BENEFITS SHALL SERVE THE  
22 NOTICE ON ALL PARTIES NO LATER THAN TWENTY DAYS PRIOR TO THE  
23 COMMENCEMENT OF THE ARBITRATION HEARING OR TRIAL IN THE MANNER  
24 SET FORTH IN RULES PROMULGATED BY THE COMMISSIONER. IF THE  
25 NOTICE IS NOT TIMELY SERVED, THE ARBITRATOR OR COURT SHALL NOT  
26 AWARD ATTORNEY FEES TO THE PERSON CLAIMING BENEFITS UNLESS THE  
27 ARBITRATOR OR COURT DETERMINES THAT THE FAILURE WAS THE RESULT

1 OF EXCUSABLE NEGLIGENCE. IF THE FAILURE TO TIMELY SERVE NOTICE IS  
2 DETERMINED TO BE THE RESULT OF EXCUSABLE NEGLIGENCE, THE  
3 ARBITRATION OR TRIAL SHALL BE CONTINUED TO A DATE AT LEAST  
4 TWENTY DAYS AFTER THE PARTY CLAIMING BENEFITS SERVES THE NOTICE.

5 (b) IF THE INSURER MAKES A PAYMENT PRIOR TO TRIAL OR  
6 ARBITRATION THAT DOES NOT RESOLVE ALL ISSUES IN DISPUTE, THE  
7 PAYMENT SHALL NOT BE BINDING ON THE PARTIES. IF A PAYMENT BY THE  
8 INSURER IS NOT AGREED UPON BY ALL PARTIES AS RESOLVING ALL ISSUES  
9 IN DISPUTE, THE ARBITRATION OR TRIAL SHALL PROCEED ON ALL  
10 UNRESOLVED ISSUES.

11 (c) IN DETERMINING THE AMOUNT OF ATTORNEY FEES, IF ANY, TO  
12 BE AWARDED TO THE INSURED, THE ARBITRATOR OR COURT SHALL  
13 CONSIDER THE FOLLOWING:

14 (I) THE AWARD OF ATTORNEY FEES TO THE INSURED SHALL BE IN  
15 DIRECT PROPORTION TO THE DEGREE TO WHICH THE INSURED WAS  
16 SUCCESSFUL IN THE PROCEEDING. THE DETERMINATION OF THE DEGREE  
17 OF THE INSURED'S SUCCESS SHALL BE BASED UPON A COMPARISON OF THE  
18 AMOUNT OF BENEFITS SET FORTH IN THE NOTICE OF AMOUNT OF BENEFITS  
19 CLAIMED AND THE AMOUNT OF BENEFITS RECOVERED IN THE PROCEEDING.  
20 THE PERCENTAGE RESULTING FROM THIS COMPARISON SHALL BE THE  
21 DEGREE TO WHICH THE INSURED WAS SUCCESSFUL.

22 (II) THE ARBITRATOR OR COURT MAY MODIFY THE AWARD OF  
23 ATTORNEY FEES AS SET FORTH IN SUBPARAGRAPH (I) OF THIS PARAGRAPH

24 (c) AFTER CONSIDERING THE AMOUNT AND TIMING OF ANY WRITTEN  
25 SETTLEMENT OFFERS MADE BY ANY PARTY AS COMPARED WITH THE  
26 AMOUNT AS SET FORTH IN THE NOTICE OF AMOUNT OF BENEFITS CLAIMED.  
27 A SETTLEMENT OFFER SHALL NOT BE SHOWN TO THE ARBITRATOR OR

1 COURT UNTIL AFTER THE FINDER OF FACT HAS DETERMINED THE AMOUNT  
2 OF BENEFITS PAYABLE, IF ANY.

3 (III) IN NO EVENT SHALL THE ARBITRATOR OR COURT ENTER AN  
4 AWARD OF ATTORNEY FEES THAT EXCEEDS ACTUAL REASONABLE  
5 ATTORNEY FEES.

6 (IV) THE ARBITRATOR OR COURT MAY AWARD REASONABLE  
7 ATTORNEY FEES TO THE INSURER IF THE ARBITRATOR OR COURT FINDS THE  
8 ACTION WAS PROSECUTED WITHOUT SUBSTANTIAL JUSTIFICATION.

9 (4) THE INSURER SHALL PAY INTEREST TO THE INSURED ON THE  
10 BENEFITS RECOVERED AT A RATE OF TWENTY-TWO PERCENT PER ANNUM,  
11 WITH INTEREST COMMENCING FROM THE DATE THE BENEFITS RECOVERED  
12 WERE DUE. IN THE EVENT OF WILLFUL AND WANTON FAILURE OF THE  
13 INSURER TO PAY SUCH BENEFITS WHEN DUE, THE INSURER SHALL PAY TO  
14 THE INSURED AN AMOUNT EQUAL TO THREE TIMES THE AMOUNT OF UNPAID  
15 BENEFITS RECOVERED IN THE PROCEEDING, WHICH AMOUNT SHALL BE IN  
16 ADDITION TO ANY OTHER AMOUNTS DUE TO THE INSURED UNDER THIS  
17 SUBSECTION (4).

18 (5) BY JULY 1 OF EACH YEAR, THE COMMISSIONER SHALL ADOPT  
19 A RULE TO ESTABLISH FEE GUIDELINES FOR THE PAYMENT OF  
20 ARBITRATORS.

21 (6) UNLESS THE PARTIES AGREE OTHERWISE, ARBITRATIONS UNDER  
22 THIS SECTION SHALL BE CONDUCTED IN ACCORDANCE WITH THE  
23 FOLLOWING REQUIREMENTS:

24 (a) HEARINGS SHALL BE AT A TIME AND PLACE SET BY THE  
25 ARBITRATOR OR ARBITRATORS WITH THE MUTUAL CONSENT OF THE  
26 PARTIES. THE ARBITRATION HEARING SHALL BE HELD WITHIN SIXTY DAYS  
27 AFTER THE DATE OF THE CERTIFICATE OF MAILING TO THE COMMISSIONER

1 AND THE OTHER PARTY OR PARTIES OF A REQUEST FOR HEARING IN THE  
2 FORM PRESCRIBED BY THE COMMISSIONER.

3 (b) THE PROCEDURE AT HEARINGS SHALL BE INFORMAL, AND  
4 STRICT RULES OF EVIDENCE SHALL NOT BE APPLIED, EXCEPT AS  
5 NECESSITATED IN THE OPINION OF THE ARBITRATORS BY THE  
6 REQUIREMENTS OF JUSTICE. ALL HEALTH CARE PROVIDER RECORDS AND  
7 REPORTS, ALL INSURANCE COMPANY RECORDS, AND ALL VOCATIONAL  
8 REPORTS SHALL BE ADMISSIBLE AS EVIDENCE AND MAY BE FILED WITH THE  
9 ARBITRATOR AS EVIDENCE WITHOUT FORMAL IDENTIFICATION, IF  
10 RELEVANT TO ANY ISSUE. IN THE INTERESTS OF JUSTICE AND ECONOMY,  
11 THE PARTIES SHALL BE ENCOURAGED TO OBTAIN TESTIMONY BY  
12 AFFIDAVIT, REPORT, OR DEPOSITION AND TO COOPERATE WITH THE  
13 ARBITRATORS IN EXPEDITING THE HEARING.

14 (c) AN ARBITRATOR MAY ISSUE OR CAUSE TO BE ISSUED  
15 SUBPOENAS FOR THE ATTENDANCE OF WITNESSES AND FOR THE  
16 PRODUCTION OF BOOKS, RECORDS, DOCUMENTS, AND OTHER EVIDENCE  
17 AND SHALL HAVE THE POWER TO ADMINISTER OATHS. SUBPOENAS ISSUED  
18 BY THE ARBITRATOR SHALL BE SERVED AND, UPON APPLICATION TO THE  
19 COMMISSIONER BY A PARTY OR ARBITRATOR, ENFORCED IN THE MANNER  
20 PROVIDED BY LAW FOR THE SERVICE AND ENFORCEMENT OF SUBPOENAS IN  
21 CIVIL ACTIONS.

22 (d) A PARTY SHALL BE ENTITLED TO ATTEND, PERSONALLY OR  
23 WITH COUNSEL, AND PARTICIPATE IN THE PROCEEDINGS. PARTICIPATION  
24 MAY INCLUDE THE FILING OF BRIEFS AND AFFIDAVITS. UPON AGREEMENT  
25 OF THE PARTIES, THE PROCEEDINGS MAY BE CONFIDENTIAL AND CLOSED TO  
26 THE PUBLIC.

27 (e) NO RECORD OF THE PROCEEDINGS IS REQUIRED.

1 (f) FEES FOR ATTENDANCE AS A WITNESS SHALL BE THE SAME AS  
2 FOR A WITNESS IN A DISTRICT COURT.

3 (g) AN ARBITRATOR SHALL FILE HIS OR HER DECISION AND ORDER  
4 WITH THE COMMISSIONER WITHIN TEN DAYS AFTER THE HEARING, AND THE  
5 COMMISSIONER SHALL MAIL OR DELIVER A COPY OF THE DECISION AND  
6 ORDER TO EACH PARTY OR EACH PARTY'S ATTORNEY. THE DECISION  
7 SHALL BE FINAL BUT MAY BE MODIFIED, CORRECTED, OR VACATED  
8 PURSUANT TO PART 2 OF ARTICLE 22 OF TITLE 13, C.R.S.

9 (7) THE COMMISSIONER SHALL PROMULGATE RULES FOR THE  
10 IMPLEMENTATION OF THIS SECTION NO LATER THAN DECEMBER 1, 2009,  
11 AND THE RULES SHALL BE APPLICABLE TO DISPUTES ARISING ON OR AFTER  
12 JANUARY 1, 2010.

13 **10-4-1510. Assignment of payment for covered benefits.**

14 (1) (a) A POLICY OF MOTOR VEHICLE INSURANCE THAT PROVIDES  
15 COVERAGE PURSUANT TO THIS PART 15 SHALL ALLOW, BUT NOT REQUIRE,  
16 AN INSURED UNDER THE POLICY TO ASSIGN, IN WRITING, PAYMENTS DUE  
17 UNDER THE POLICY TO A LICENSED HOSPITAL OR OTHER LICENSED HEALTH  
18 CARE PROVIDER FOR SERVICES PROVIDED TO THE INSURED THAT ARE  
19 COVERED UNDER THE POLICY.

20 (b) THE INSURED MAY REVOKE THE ASSIGNMENT, WITH OR  
21 WITHOUT THE AGREEMENT OF THE LICENSED HOSPITAL OR OTHER  
22 LICENSED HEALTH CARE PROVIDER. THE REVOCATION SHALL BE IN  
23 WRITING AND SHALL BE SENT TO THE INSURER BY CERTIFIED MAIL, RETURN  
24 RECEIPT REQUESTED. THE INSURER SHALL THEN SEND A COPY OF THE  
25 REVOCATION TO THE PROVIDER WHO IS THE SUBJECT OF THE REVOCATION  
26 BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. THE REVOCATION  
27 SHALL BE EFFECTIVE WHEN IT HAS BEEN RECEIVED BY BOTH THE INSURER

1 AND THE PROVIDER AND SHALL AFFECT ONLY THOSE CHARGES INCURRED  
2 AFTER RECEIPT OF THE REVOCATION BY BOTH THE INSURER AND THE  
3 PROVIDER.

4 (2) (a) WHEN A LICENSED HOSPITAL OR OTHER LICENSED HEALTH  
5 CARE PROVIDER RECEIVES AN ASSIGNMENT FROM AN INSURED, THE  
6 PROVIDER IS RESPONSIBLE FOR BILLING THE INSURER AND NOTIFYING THE  
7 INSURER THAT THE PROVIDER HOLDS AN ASSIGNMENT ON FILE. THE  
8 INSURER SHALL HONOR THE ASSIGNMENT THE SAME AS IF A COPY OF THE  
9 ASSIGNMENT HAD BEEN RECEIVED BY THE INSURER. THE HOSPITAL OR  
10 HEALTH CARE PROVIDER SHALL BE REQUIRED TO PROVIDE A COPY OF THE  
11 ASSIGNMENT ONLY UPON REQUEST OF THE INSURER. THE PROVIDER SHALL  
12 ALSO PROVIDE A COPY OF THE BILL TO THE INSURED, STATING ON THE COPY  
13 THAT IT IS FOR INFORMATIONAL PURPOSES ONLY AND THAT THE INSURER  
14 HAS BEEN BILLED FOR COVERED BENEFITS. THE PROVIDER SHALL ALSO  
15 FURNISH TO THE INSURER A CURRENT TAXPAYER IDENTIFICATION NUMBER  
16 AS PART OF THE INITIAL BILL AND EACH SUBSEQUENT BILLING.  
17 SUBSEQUENT BILLINGS TO AN INSURER NEED NOT INCLUDE A COPY OF THE  
18 ASSIGNMENT, UNLESS REQUIRED BY THE INSURER, IF IT IS CLEARLY NOTED  
19 ON EACH SUBSEQUENT BILLING THAT THE BENEFITS HAVE BEEN ASSIGNED.

20 (b) THE INSURER SHALL HONOR THE ASSIGNMENT AND MAKE  
21 PAYMENT OF COVERED BENEFITS DIRECTLY TO THE LICENSED HOSPITAL OR  
22 OTHER LICENSED HEALTH CARE PROVIDER. IF THE INSURER FAILS TO  
23 HONOR THE ASSIGNMENT BY MAKING PAYMENT TO THE INSURED AND THE  
24 INSURED, UPON RECEIPT OF THE PAYMENT, FAILS TO TIMELY PAY AN  
25 AMOUNT EQUIVALENT TO THE PAYMENT TO THE PROVIDER, THE INSURER  
26 SHALL BE LIABLE FOR THE PAYMENT DIRECTLY TO THE PROVIDER.

27 (c) THE LICENSED HOSPITAL OR OTHER LICENSED HEALTH CARE

1 PROVIDER IS RESPONSIBLE FOR NOTIFYING THE INSURER IF TIMELY  
2 PAYMENT HAS NOT BEEN RECEIVED. IN SUCH CASE, THE INSURER SHALL  
3 MAKE PAYMENT OF COVERED BENEFITS WITHIN THIRTY DAYS AFTER  
4 RECEIPT OF SUCH NOTIFICATION.

5 (3) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PREVENT  
6 AN INSURER FROM LIMITING COVERED BENEFITS, CONSISTENT WITH  
7 SECTION 10-4-1504 (3), TO MANAGED CARE ARRANGEMENTS OR TO  
8 SERVICES PROVIDED BY PROVIDERS WHO HAVE CONTRACTED WITH THE  
9 INSURER, OR FROM PROVIDING DIFFERENT LEVELS OF BENEFITS DEPENDING  
10 ON WHETHER THE PROVIDER HAS OR HAS NOT CONTRACTED WITH THE  
11 INSURER.

12 **10-4-1511. Timely notification of insurer.** (1) WHEN AN  
13 INSURED ENTITLED TO BENEFITS UNDER A COMPLYING POLICY IS INJURED  
14 OR BELIEVES HE OR SHE HAS BEEN INJURED IN AN ACCIDENT AND IS  
15 EXAMINED OR TREATED BY A PHYSICIAN OR HEALTH CARE PROVIDER, THE  
16 PHYSICIAN OR HEALTH CARE PROVIDER SHALL NOTIFY THE INSURER  
17 WITHIN THIRTY CALENDAR DAYS AFTER THE INSURED'S INITIAL VISIT. THE  
18 NOTICE SHALL INCLUDE, EITHER THROUGH A BILLING STATEMENT FOR THE  
19 PROCEDURE OR TREATMENT PROVIDED UP TO THE DATE OF THE NOTICE OR  
20 BY A SEPARATE STATEMENT, THE NAME AND ADDRESS OF THE TREATING  
21 PHYSICIAN OR HEALTH CARE PROVIDER, THE EVALUATION OR DIAGNOSIS,  
22 AND THE MEDICAL PROCEDURE PERFORMED OR THE MEDICAL TREATMENT  
23 PROVIDED.

24 (2) THE INSURER SHALL NOTIFY THE TREATING PHYSICIAN OR  
25 HEALTH CARE PROVIDER IF THE INSURER IS NOT THE INSURER OBLIGATED  
26 TO PROVIDE PIP BENEFITS. IF THE TREATING PHYSICIAN OR HEALTH CARE  
27 PROVIDER DOES NOT SUBMIT THE REQUIRED NOTICE WITHIN THE SPECIFIED

1 TIME, NEITHER THE INSURER NOR THE INJURED PERSON SHALL BE  
2 RESPONSIBLE FOR THE EXPENSE INCURRED FOR THE MEDICAL PROCEDURE  
3 OR TREATMENT RENDERED PRIOR TO THE LATE NOTIFICATION, UNLESS THE  
4 LATE NOTIFICATION IS THE RESULT OF EXCUSABLE NEGLIGENCE.

5 **10-4-1512. Obligations of persons providing services -**  
6 **penalties - fees for services - availability and maintenance of records.**

7 (1) (a) EXCEPT AS PROVIDED IN SECTION 10-4-1513, A HEALTH CARE  
8 PROVIDER RENDERING MEDICAL CARE OR REHABILITATION SERVICES TO AN  
9 INJURED PERSON FOR WHOM PIP BENEFITS ARE AVAILABLE SHALL CHARGE  
10 THE INSURER A REASONABLE AMOUNT FOR THE SERVICES RENDERED. IN  
11 NO EVENT SHALL A CHARGE EXCEED THE AMOUNT THE PROVIDER  
12 CUSTOMARILY CHARGES FOR THE SAME OR SIMILAR SERVICES. IN  
13 DETERMINING WHETHER A CHARGE IS REASONABLE, CONSIDERATION MAY  
14 BE GIVEN TO EVIDENCE OF USUAL AND CUSTOMARY CHARGES AND  
15 PAYMENTS ACCEPTED BY THE PROVIDER, REIMBURSEMENT LEVELS IN THE  
16 COMMUNITY, VARIOUS FEDERAL AND STATE MEDICAL FEE SCHEDULES  
17 APPLICABLE TO AUTOMOBILE AND OTHER INSURANCE COVERAGES, AND  
18 OTHER INFORMATION RELEVANT TO THE REASONABLENESS OF THE  
19 CHARGES FOR THE SERVICES.

20 (b) IT IS UNLAWFUL FOR ANY HEALTH CARE PROVIDER, PROVIDER  
21 OF BENEFITS, ORGANIZATION, OR ANY OTHER PERSON TO TAKE ANY OF THE  
22 FOLLOWING ACTIONS:

23 (I) SUBMIT OR CAUSE TO BE SUBMITTED BILLS OR REQUESTS FOR  
24 PAYMENT CONTAINING CHARGES OR COSTS THAT SUBSTANTIALLY EXCEED  
25 THE CUSTOMARY CHARGES OR COSTS FOR THE ITEMS OR SERVICES  
26 PROVIDED OR CONTAINING ITEMIZED OR DELINEATED FEES FOR WHAT  
27 WOULD CUSTOMARILY BE CONSIDERED A SINGLE PROCEDURE OR SERVICE;

1 (II) FURNISH OR CAUSE TO BE FURNISHED ITEMS OR SERVICES TO  
2 PATIENTS THAT SUBSTANTIALLY EXCEED THE NEEDS OF THE PATIENTS OR  
3 ARE OF A QUALITY THAT FAILS TO MEET PROFESSIONALLY RECOGNIZED  
4 STANDARDS OF HEALTH CARE;

5 (III) MAKE, USE, OR CAUSE TO BE MADE OR USED A FALSE RECORD  
6 OR STATEMENT TO GET A FALSE OR FRAUDULENT CLAIM PAID OR  
7 APPROVED UNDER A COMPLYING POLICY; OR

8 (IV) CONSPIRE TO DEFRAUD AN INSURER BY GETTING A FALSE OR  
9 FRAUDULENT CLAIM ALLOWED OR PAID UNDER A COMPLYING POLICY.

10 (c) ANY PERSON, PROVIDER, HEALTH CARE PRACTITIONER, HEALTH  
11 CARE PRACTITIONER ORGANIZATION, OR OTHER PROVIDER OF SERVICES  
12 FOR WHICH PIP BENEFITS ARE AVAILABLE THAT VIOLATES PARAGRAPH (a)  
13 OR (b) OF THIS SUBSECTION (1) SHALL BE SUBJECT TO DISCIPLINARY  
14 ACTION BY THE APPROPRIATE LICENSING AUTHORITY.

15 (2) (a) IF THE CUSTODIAN OF PATIENT RECORDS FAILS TO MAKE  
16 PATIENT RECORDS AVAILABLE DURING BUSINESS HOURS WITHIN TEN  
17 BUSINESS DAYS AFTER THE PRESENTATION OF THE WRITTEN  
18 AUTHORIZATION FOR THE RECORDS, TOGETHER WITH AN OFFER TO PAY THE  
19 REASONABLE COPYING COSTS, THE CUSTODIAN OF THE RECORDS SHALL BE  
20 SUBJECT TO LIABILITY FOR ALL REASONABLE EXPENSES, INCLUDING  
21 REASONABLE ATTORNEY FEES, INCURRED IN ANY PROCEEDING TO ENFORCE  
22 THIS SECTION IF A DETERMINATION IS MADE IN ANY SUCH PROCEEDING  
23 THAT THE FAILURE TO MAKE THE RECORDS AVAILABLE AS REQUIRED BY  
24 THIS SUBSECTION (2) WAS NOT IN GOOD FAITH RELIANCE UPON A LEGALLY  
25 RECOGNIZED PRIVILEGE.

26 (b) ANY PERSON PROVIDING SERVICES FOR WHICH PIP BENEFITS  
27 ARE PROVIDED UNDER SECTION 10-4-1504 (1) (b) OR (2) SHALL MAINTAIN

1 THE ORIGINALS OR COPIES OF PATIENT RECORDS JUSTIFYING AND RELATING  
2 TO SERVICES PROVIDED UNDER SUCH SECTION FOR A PERIOD OF FIVE YEARS  
3 AFTER THE LAST DATE OF EXAMINATION OR TREATMENT OF THE PATIENT.

4 (3) ANY TREATMENT OR PROCEDURE FOR WHICH PIP BENEFITS ARE  
5 PROVIDED THAT IS RECOMMENDED BY A MEMBER OF A MANAGED CARE  
6 PROVIDER NETWORK SHALL BE APPROVED OR DENIED WITHIN TWENTY  
7 BUSINESS DAYS AFTER RECEIPT OF ALL INFORMATION DEEMED NECESSARY  
8 BY THE MANAGED CARE ORGANIZATION TO APPROVE OR DENY THE  
9 REQUESTED TREATMENT OR PROCEDURE.

10 **10-4-1513. Charges for treatment of injured persons - fee**  
11 **schedules.** (1) NOTWITHSTANDING SECTION 10-4-1514 (1), AN INSURER  
12 MAY LIMIT REIMBURSEMENT OF CHARGES FOR MEDICAL CARE AND  
13 REHABILITATION SERVICES PROVIDED TO THE INSURED UNDER A  
14 COMPLYING POLICY TO NINETY PERCENT OF THE FOLLOWING SCHEDULE OF  
15 MAXIMUM CHARGES:

16 (a) FOR EMERGENCY TRANSPORT AND EMERGENCY MEDICAL  
17 TREATMENT PROVIDED DURING THE FIRST TWENTY-FOUR HOURS AFTER  
18 THE ACCIDENT OR INJURY OR UNTIL THE INSURED'S EMERGENCY MEDICAL  
19 CONDITION IS STABILIZED, WHICHEVER IS LONGER, TWO HUNDRED  
20 PERCENT OF THE APPLICABLE MEDICARE FEE SCHEDULE;

21 (b) FOR EMERGENCY SERVICES AND CARE PROVIDED BY A  
22 LICENSED OR CERTIFIED HOSPITAL, SEVENTY-FIVE PERCENT OF THE  
23 HOSPITAL'S USUAL AND CUSTOMARY CHARGES FOR SUCH SERVICES;

24 (c) FOR EMERGENCY SERVICES AND CARE PROVIDED IN A LICENSED  
25 OR CERTIFIED HOSPITAL RENDERED BY A PHYSICIAN OR DENTIST, AND  
26 RELATED HOSPITAL INPATIENT SERVICES RENDERED BY A PHYSICIAN OR  
27 DENTIST, THE USUAL AND CUSTOMARY CHARGES IN THE COMMUNITY;

1 (d) FOR HOSPITAL INPATIENT SERVICES, OTHER THAN EMERGENCY  
2 SERVICES AND CARE, TWO HUNDRED PERCENT OF THE APPLICABLE  
3 MEDICARE FEE SCHEDULE FOR THE SPECIFIC HOSPITAL PROVIDING THE  
4 INPATIENT SERVICES;

5 (e) FOR HOSPITAL OUTPATIENT SERVICES, OTHER THAN  
6 EMERGENCY SERVICES AND CARE, TWO HUNDRED PERCENT OF THE  
7 APPLICABLE MEDICARE FEE SCHEDULE FOR THE SPECIFIC HOSPITAL  
8 PROVIDING THE OUTPATIENT SERVICES; AND

9 (f) (I) FOR ALL OTHER MEDICAL SERVICES, SUPPLIES, AND CARE,  
10 TWO HUNDRED PERCENT OF THE APPLICABLE MEDICARE FEE SCHEDULE.

11 (II) IF OTHER MEDICAL SERVICES, SUPPLIES, OR CARE RENDERED TO  
12 THE INSURED ARE NOT REIMBURSABLE UNDER MEDICARE, THE INSURER  
13 MAY LIMIT REIMBURSEMENT TO NINETY PERCENT OF THE USUAL AND  
14 CUSTOMARY CHARGES FOR SUCH SERVICES, SUPPLIES, OR CARE IN THE  
15 COMMUNITY.

16 (2) FOR PURPOSES OF THIS SECTION, THE "APPLICABLE MEDICARE  
17 FEE SCHEDULE" IS THE FEE SCHEDULE OR PAYMENT LIMITATION IN EFFECT  
18 AT THE TIME THE SERVICES, SUPPLIES, OR CARE WERE RENDERED AND FOR  
19 THE AREA IN WHICH SUCH SERVICES WERE RENDERED; EXCEPT THAT THE  
20 REIMBURSEMENT SHALL NOT BE LESS THAN THE 2006 MEDICARE  
21 RESOURCE-BASED RELATIVE VALUE SCALE FEE SCHEDULE, ADJUSTED BY  
22 THE GEOGRAPHICAL PRACTICE COST INDEX.

23 (3) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO ALLOW  
24 THE INSURER TO APPLY ANY LIMITATION ON THE NUMBER OF TREATMENTS  
25 OR OTHER UTILIZATION LIMITS THAT OTHERWISE WOULD APPLY UNDER  
26 MEDICARE OR WORKERS' COMPENSATION. AN INSURER THAT APPLIES THE  
27 PAYMENT LIMITATIONS ALLOWED UNDER THIS SECTION SHALL REIMBURSE

1 A PROVIDER WHO LAWFULLY PROVIDED CARE OR TREATMENT UNDER THE  
2 SCOPE OF HIS OR HER LICENSE, REGARDLESS OF WHETHER THE PROVIDER  
3 WOULD BE ENTITLED TO REIMBURSEMENT UNDER MEDICARE DUE TO  
4 RESTRICTIONS OR LIMITATIONS ON THE TYPES OR DISCIPLINES OF HEALTH  
5 CARE PROVIDERS WHO MAY BE REIMBURSED FOR PARTICULAR  
6 PROCEDURES OR PROCEDURE CODES.

7 (4) IF AN INSURER LIMITS PAYMENT AS AUTHORIZED IN THIS  
8 SECTION, THE PERSON PROVIDING THE SERVICES, SUPPLIES, OR CARE MAY  
9 NOT BILL OR ATTEMPT TO COLLECT FROM THE INSURED ANY AMOUNT IN  
10 EXCESS OF THE LIMITS, EXCEPT FOR AMOUNTS THAT ARE NOT COVERED BY  
11 THE INSURED'S PIP BENEFITS DUE TO A COINSURANCE AMOUNT,  
12 DEDUCTIBLE, OR OTHER APPLICABLE LIMITATION UNDER THE POLICY.

13 **10-4-1514. Coordination of benefits.** (1) TO AVOID  
14 DUPLICATION OF BENEFITS AVAILABLE THROUGH OTHER INSURANCE OR  
15 CONTRACT RIGHTS, PROVIDERS OF OTHER BENEFITS UNDER ARTICLE 16 OF  
16 THIS TITLE SHALL COORDINATE SUCH BENEFITS WITH PIP BENEFITS. ALL  
17 PROVIDERS OF OTHER BENEFITS ARE EXPRESSLY AUTHORIZED TO  
18 COORDINATE SUCH BENEFITS WITH COVERAGES REQUIRED UNDER THIS  
19 PART 15. THE COORDINATION OF BENEFITS PROVIDED IN THIS SUBSECTION  
20 (1) SHALL APPLY TO AGREEMENTS ENTERED INTO ON OR AFTER JANUARY  
21 1, 2010.

22 (2) ANY PROVIDER OF OTHER BENEFITS THAT HAVE BEEN  
23 COORDINATED WITH COVERAGES REQUIRED UNDER THIS PART 15 SHALL  
24 FILE WITH THE COMMISSIONER EVIDENCE THAT THE COORDINATION HAS  
25 RESULTED IN AN EQUITABLE REDUCTION IN PREMIUMS OR COSTS TO  
26 BENEFICIARIES OF THE OTHER INSURANCE OR CONTRACT RIGHTS.

27 (3) PROVIDERS OF OTHER BENEFITS THAT HAVE BEEN

1 COORDINATED WITH COVERAGES REQUIRED UNDER THIS PART 15 SHALL  
2 STATE IN CLEAR AND CONSPICUOUS LANGUAGE IN THE CONTRACTS AND  
3 DESCRIPTIVE MATERIALS BY WHICH THE OTHER BENEFITS ARE CONFERRED  
4 THAT THE OTHER BENEFITS HAVE BEEN COORDINATED WITH MINIMUM  
5 COVERAGES UNDER THIS PART 15.

6 (4) FAILURE TO COMPLY WITH EITHER SUBSECTION (2) OR (3) OF  
7 THIS SECTION SHALL RENDER ANY COORDINATION OF BENEFITS BY OTHER  
8 PROVIDERS UNENFORCEABLE.

9 **10-4-1515. Required coverages are minimum.** (1) NOTHING IN  
10 THIS PART 15 SHALL BE CONSTRUED TO PROHIBIT THE ISSUANCE OF  
11 POLICIES PROVIDING COVERAGES MORE EXTENSIVE THAN THE MINIMUM  
12 COVERAGES REQUIRED UNDER THIS PART 15, NOR TO REQUIRE THE  
13 SEGREGATION OF SUCH MINIMUM COVERAGES FROM OTHER COVERAGES IN  
14 THE SAME POLICY. HOWEVER, LOSS STATISTICS AS TO BODILY INJURY  
15 LIABILITY, PROPERTY DAMAGE LIABILITY, AND PIP BENEFITS SHALL BE  
16 KEPT SEPARATELY FOR RATING PURPOSES, AND SUCH STATISTICS SHALL BE  
17 FILED WITH THE COMMISSIONER EACH YEAR.

18 (2) (a) EVERY INSURER SHALL OFFER THE FOLLOWING ENHANCED  
19 BENEFITS FOR INCLUSION IN A COMPLYING POLICY, IN ADDITION TO THE  
20 BASIC COVERAGES DESCRIBED IN SECTION 10-4-1504, AT THE OPTION OF  
21 THE NAMED INSURED:

22 (I) COMPENSATION OF ALL MEDICAL CARE EXPENSES AS DESCRIBED  
23 IN SECTION 10-4-1504 (1) (b) (I) WITHOUT DOLLAR OR TIME LIMITATION;  
24 OR

25 (II) COMPENSATION OF ALL MEDICAL CARE EXPENSES AS  
26 DESCRIBED IN SECTION 10-4-1504 (1) (b) (I) WITHOUT DOLLAR OR TIME  
27 LIMITATIONS, AND PAYMENT OF BENEFITS EQUIVALENT TO EIGHTY-FIVE

1 PERCENT OF ACTUAL LOSS OF GROSS INCOME PER WEEK FROM WORK THE  
2 INJURED PERSON WOULD HAVE PERFORMED HAD THE PERSON NOT BEEN  
3 INJURED, PAYABLE DURING THE PERIOD COMMENCING THE DAY AFTER THE  
4 DATE OF THE ACCIDENT, WITHOUT DOLLAR OR TIME LIMITATIONS.

5 (b) A COMPLYING POLICY MAY PROVIDE THAT ALL PIP BENEFITS  
6 SET FORTH IN SECTION 10-4-1504 (1) (b) AND IN THIS SECTION ARE  
7 SUBJECT TO AN AGGREGATE LIMIT OF TWO HUNDRED THOUSAND DOLLARS,  
8 PAYABLE ON ACCOUNT OF INJURY TO OR DEATH OF ANY ONE PERSON AS A  
9 RESULT OF ANY ONE ACCIDENT ARISING OUT OF THE USE OR OPERATION OF  
10 A MOTOR VEHICLE.

11 (3) ALL INSURERS SHALL OFFER COLLISION COVERAGE FOR  
12 DAMAGE TO INSURED MOTOR VEHICLES SUBJECT TO DEDUCTIBLES OF ONE  
13 HUNDRED DOLLARS AND TWO HUNDRED FIFTY DOLLARS. INSURERS MAY  
14 OFFER SUCH OTHER REASONABLE DEDUCTIBLES AS THEY DEEM  
15 APPROPRIATE. COLLISION COVERAGE SHALL PROVIDE INSURANCE  
16 WITHOUT REGARD TO FAULT AGAINST ACCIDENTAL PROPERTY DAMAGE TO  
17 THE INSURED MOTOR VEHICLE CAUSED BY CONTACT WITH ANOTHER  
18 MOTOR VEHICLE OR BY PHYSICAL CONTACT OF THE INSURED WITH  
19 ANOTHER OBJECT OR BY PHYSICAL DAMAGE TO THE INSURED MOTOR  
20 VEHICLE, IF THE ACCIDENT OCCURS WITHIN THE UNITED STATES OR ITS  
21 TERRITORIES OR POSSESSIONS, CANADA, OR MEXICO.

22 (4) NO INSURER MAY SURCHARGE, REFUSE TO WRITE, CANCEL, OR  
23 REFUSE TO RENEW A COMPLYING POLICY OF AUTOMOBILE INSURANCE  
24 BASED SOLELY ON THE METHOD OF COMPLIANCE OR LEVEL OF COVERAGE  
25 CHOSEN, AS LONG AS THE REQUIREMENTS ARE MET UNDER SECTION  
26 42-3-105 (1) (d) (I) OR (1) (f), C.R.S.

27 **10-4-1516. Disclosure requirements for automobile insurance**

1     **products offered - rules.** (1) (a) AS A CONDITION OF DOING BUSINESS IN  
2     THIS STATE, AN INSURER OR PRODUCER ISSUING AUTOMOBILE INSURANCE  
3     POLICIES SHALL HAVE ON FILE FOR PUBLIC INSPECTION AT THE DIVISION A  
4     SUMMARY DISCLOSURE FORM THAT CONTAINS AN EXPLANATION OF THE  
5     MAJOR COVERAGES AND EXCLUSIONS OF ITS POLICIES OF INSURANCE  
6     TOGETHER WITH A RECITATION OF GENERAL FACTORS CONSIDERED IN  
7     CANCELLATION, NONRENEWAL, AND INCREASE-IN-PREMIUM SITUATIONS  
8     THAT ARE CONSISTENT WITH SECTIONS 10-4-1525 TO 10-4-1528. EACH  
9     SUMMARY DISCLOSURE FORM SHALL PROVIDE NOTICE IN BOLD-FACED  
10    LETTERS THAT THE POLICYHOLDER SHOULD READ THE POLICY FOR  
11    COMPLETE DETAILS, AND THE DISCLOSURE FORM SHALL NOT BE  
12    CONSTRUED TO REPLACE ANY PROVISION OF THE POLICY ITSELF.

13           (b) EVERY INSURER AND PRODUCER SHALL UPDATE DISCLOSURE  
14    FORMS PERIODICALLY TO REFLECT CHANGES IN MAJOR COVERAGES AND  
15    EXCLUSIONS OF ITS POLICIES OF INSURANCE AND CHANGES IN FACTORS  
16    CONSIDERED IN CANCELLATION, NONRENEWAL, AND  
17    INCREASE-IN-PREMIUM SITUATIONS, CONSISTENT WITH SECTIONS  
18    10-4-1525 TO 10-4-1528.

19           (c) EVERY INSURER AND PRODUCER OR HIS OR HER DESIGNATED  
20    AGENT SHALL FURNISH THE REQUIRED DISCLOSURE FORM TO APPLICANTS  
21    FOR INSURANCE COVERAGE AT THE TIME OF THE INITIAL INSURANCE  
22    PURCHASE AND THEREAFTER ON ANY RENEWAL WHEN THERE ARE  
23    CHANGES IN MAJOR COVERAGES AND EXCLUSIONS OR CHANGES IN  
24    FACTORS CONSIDERED IN CANCELLATION, NONRENEWAL, AND  
25    INCREASE-IN-PREMIUM SITUATIONS.

26           (d) AN INSURER OR PRODUCER WHO VIOLATES THIS SECTION SHALL  
27    BE DEEMED TO HAVE ENGAGED IN UNFAIR OR DECEPTIVE ACTS OR

1 PRACTICES PROHIBITED BY SECTION 10-3-1104 (1) (a) (I) AND SHALL BE  
2 SUBJECT TO THE PENALTIES PROVIDED IN SECTIONS 10-3-1108 AND  
3 10-3-1109.

4 (2) IN ADDITION TO THE DISCLOSURE REQUIRED BY SUBSECTION (1)  
5 OF THIS SECTION, ANY INSURER OR PRODUCER OFFERING MOTOR VEHICLE  
6 COVERAGE PURSUANT TO THIS PART 15 SHALL PROVIDE A CLEAR  
7 EXPLANATION TO THE INSURED REGARDING THE PRODUCTS PURCHASED,  
8 THE AMOUNT OF COVERAGE PURCHASED, AND THE APPLICABILITY OF THE  
9 COVERAGE.

10 (3) (a) AN INSURER OR PRODUCER OFFERING MOTOR VEHICLE  
11 COVERAGE PURSUANT TO THIS PART 15 SHALL NOT AUTOMATICALLY ADD  
12 OPTIONAL OR ENHANCED COVERAGES THAT WILL RESULT IN AN INCREASED  
13 PREMIUM TO AN INSURED'S POLICY WITHOUT THE EXPRESS CONSENT OF  
14 THE INSURED. THE INSURED'S CONSENT MAY BE GIVEN IN THE SAME  
15 MEDIUM IN WHICH THE POLICY IS OFFERED. THE INSURER OR PRODUCER  
16 SHALL MAINTAIN ADEQUATE EVIDENCE OF THE INSURED'S CONSENT FOR  
17 THREE YEARS AFTER THE CONSENT WAS GIVEN, AND THE EVIDENCE SHALL  
18 BE SUBJECT TO REVIEW BY THE COMMISSIONER. THE INSURER OR  
19 PRODUCER SHALL RECORD:

20 (I) WHETHER OPTIONAL OR ENHANCED COVERAGE ADDED FOR AN  
21 INCREASED PREMIUM TO AN INSURED'S POLICY WAS REQUESTED BY THE  
22 INSURED OR WAS RECOMMENDED BY THE INSURER OR PRODUCER AND  
23 CONSENTED TO BY THE INSURED; AND

24 (II) TO THE EXTENT PRACTICABLE, AN EXPLANATION OF WHY SUCH  
25 COVERAGE WAS CHANGED.

26 (b) FOR PURPOSES OF THIS SECTION, "ADEQUATE EVIDENCE"  
27 MEANS:

1 (I) WRITTEN NOTES OR OTHER MEMORIALIZATIONS OF ANY ORAL  
2 OR WRITTEN COMMUNICATION WITH THE INSURED KEPT WITHIN THE  
3 NORMAL COURSE OF BUSINESS; OR

4 (II) A DECLARATION PAGE INDICATING WHICH COVERAGES ARE  
5 NOT MANDATORY AFTER PAYMENT OF THE PREMIUM IS MADE, UNLESS THE  
6 INSURED DISPUTES SUCH COVERAGE WITHIN A REASONABLE TIME.

7 (c) THIS SECTION SHALL NOT APPLY TO CHANGES IN COVERAGES  
8 MANDATED BY LAW OR TO AMENDED POLICY FORMS THAT ARE CHANGED  
9 AT RENEWAL.

10 (4) (a) THE COMMISSIONER MAY PROMULGATE RULES TO ADDRESS  
11 THE SUITABILITY OF COVERAGES FOR INSURED, INCLUDING, BUT NOT  
12 LIMITED TO, ADMINISTRATIVE REMEDIES AGAINST AN INSURER OR  
13 PRODUCER FOR AUTOMATICALLY ADDING OPTIONAL OR ENHANCED  
14 COVERAGES THAT INCREASE THE INSURED'S PREMIUM WITHOUT THE  
15 INSURED'S CONSENT, WHICH REMEDIES MAY INCLUDE, BUT ARE NOT  
16 LIMITED TO, REMEDIES FOR VIOLATIONS OF SECTION 10-3-1104 (1) (j).

17 (b) THE COMMISSIONER SHALL ESTABLISH, BY RULE, A UNIFORM  
18 DISCLOSURE FORM THAT REFLECTS THE REQUIREMENTS OF THIS SECTION.  
19 THE UNIFORM DISCLOSURE FORM SHALL BE USED BY INSURERS AND  
20 PRODUCERS IN THIS STATE IN ORDER TO COMPLY WITH THIS SECTION.

21 (5) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO CREATE A  
22 PRIVATE RIGHT OF ACTION FOR DAMAGES BY AN INSURED.

23 **10-4-1517. Required provision for intrastate and interstate**  
24 **operation.** (1) NOTWITHSTANDING ANY OF ITS TERMS AND CONDITIONS,  
25 EVERY COMPLYING POLICY SHALL AFFORD COVERAGES AT LEAST AS  
26 EXTENSIVE AS THE MINIMUM COVERAGES REQUIRED BY THIS PART 15.

27 (2) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO REQUIRE

1 THAT A COMPLYING POLICY PROVIDE COVERAGE WHILE THE INSURED  
2 MOTOR VEHICLE IS OPERATED IN OTHER JURISDICTIONS BY REASON OF ANY  
3 PROGRAM, STATUTE, LAW, OR ADMINISTRATIVE REGULATION IN EFFECT IN  
4 THE OTHER JURISDICTION BY WHICH COVERAGE IS AFFORDED IN THE OTHER  
5 JURISDICTION THROUGH A GOVERNMENT AGENCY OR PUBLICLY FINANCED  
6 AUTO ACCIDENT REPARATIONS PLAN SUCH AS, BY WAY OF ILLUSTRATION  
7 AND NOT LIMITATION, PLANS THAT WERE IN EFFECT IN THE PROVINCE OF  
8 SASKATCHEWAN, CANADA, AND THE COMMONWEALTH OF PUERTO RICO,  
9 U.S.A., AS OF JANUARY 1, 2010.

10 (3) NOTWITHSTANDING ANY OF ITS OTHER TERMS AND  
11 CONDITIONS, EVERY COMPLYING POLICY SHALL AFFORD COVERAGES AT  
12 LEAST AS EXTENSIVE AS THE MINIMUM COVERAGES REQUIRED BY THIS  
13 PART 15, DURING PERIODS THE INSURED MOTOR VEHICLE IS OPERATED IN  
14 OTHER JURISDICTIONS OF THE UNITED STATES OR ITS TERRITORIES OR  
15 POSSESSIONS, CANADA, AND MEXICO, AS THE STATUTES, LAWS, OR  
16 ADMINISTRATIVE REGULATIONS OF THE OTHER JURISDICTIONS REQUIRE  
17 WITH RESPECT TO LIABILITY OR FINANCIAL RESPONSIBILITY, AND DIRECT  
18 BENEFIT OR FIRST PARTY COVERAGES FOR OPERATORS, OCCUPANTS, AND  
19 PERSONS INVOLVED IN ACCIDENTS ARISING OUT OF USE OR OPERATION OF  
20 MOTOR VEHICLES WITHIN THE OTHER JURISDICTIONS.

21 (4) (a) NOTWITHSTANDING ANY OF ITS OTHER TERMS AND  
22 CONDITIONS, EVERY CONTRACT OF LIABILITY INSURANCE FOR INJURY,  
23 WHEREVER ISSUED, COVERING OWNERSHIP, MAINTENANCE, OR USE OF A  
24 MOTOR VEHICLE, SHALL PROVIDE COVERAGES AT LEAST AS EXTENSIVE AS  
25 THE MINIMUM COVERAGES REQUIRED BY THIS PART 15 AND SHALL  
26 QUALIFY AS SECURITY COVERING THE VEHICLE WHILE IT IS IN THIS STATE.

27 (b) AN INSURER AUTHORIZED TO TRANSACT OR TRANSACTING

1 BUSINESS IN THIS STATE MAY NOT EXCLUDE THE MINIMUM COVERAGES  
2 REQUIRED BY THIS PART 15 IN ANY CONTRACT OF LIABILITY INSURANCE  
3 FOR INJURY, WHEREVER ISSUED, COVERING OWNERSHIP, MAINTENANCE, OR  
4 USE OF A MOTOR VEHICLE WHILE IT IS IN THIS STATE.

5 **10-4-1518. Conditions and exclusions.** (1) THE COVERAGES  
6 DESCRIBED IN SECTION 10-4-1504 MAY BE SUBJECT TO CONDITIONS AND  
7 EXCLUSIONS, AS LONG AS THE CONDITIONS AND EXCLUSIONS ARE NOT  
8 INCONSISTENT WITH THE REQUIREMENTS OF THIS PART 15.

9 (2) THE COVERAGES DESCRIBED IN SECTION 10-4-1504 MAY ALSO  
10 BE SUBJECT TO EXCLUSIONS WHERE THE INJURED PERSON:

11 (a) SUSTAINS INJURY CAUSED BY HIS OR HER OWN INTENTIONAL  
12 ACT; OR

13 (b) IS OPERATING A MOTOR VEHICLE AS A CONVERTER WITHOUT A  
14 GOOD FAITH BELIEF THAT HE OR SHE IS LEGALLY ENTITLED TO OPERATE OR  
15 USE THE MOTOR VEHICLE.

16 (3) (a) THE COVERAGES DESCRIBED IN SECTION 10-4-1504 ARE  
17 CONDITIONED UPON THE INSURER OFFERING COVERAGES PURSUANT TO  
18 SECTION 10-4-609 (1).

19 (b) THE INSURER SHALL BE DEEMED TO HAVE COMPLIED WITH THE  
20 REQUIREMENTS OF SECTION 10-4-609 (1), AND THE EXCLUSION OF THE  
21 INSURED FROM UNINSURED MOTORIST COVERAGE SHALL BE DEEMED  
22 VALID, IF THE NAMED INSURED HAS REJECTED THE UNINSURED MOTORIST  
23 COVERAGE IN WRITING. THE EXCLUSION SHALL CONTINUE UNTIL THE  
24 INSURED REQUESTS THAT THE INSURER PROVIDE UNINSURED MOTORIST  
25 COVERAGE. THE INSURER SHALL NOT HAVE A DUTY TO OFFER UNINSURED  
26 MOTORIST COVERAGE AFTER RECEIVING THE INSURED'S WRITTEN REQUEST  
27 FOR EXCLUSION EVEN THOUGH:

1 (I) THE MOTOR VEHICLES INSURED UNDER THE POLICY HAVE  
2 CHANGED; OR

3 (II) THE POLICY IS REINSTATED, TRANSFERRED, SUBSTITUTED,  
4 AMENDED, ALTERED, MODIFIED, REPLACED, OR RENEWED.

5 (c) THE INSURER SHALL BE DEEMED TO HAVE COMPLIED WITH  
6 SECTION 10-4-609 (1), AND THE INSURED'S UNINSURED MOTORIST  
7 COVERAGE SHALL BE DEEMED VALID, IF THE INSURER HAS OFFERED  
8 COVERAGE AT AVAILABLE LEVELS AND THE INSURED HAS SELECTED  
9 COVERAGE OF A CERTAIN VALUE. THE INSURER SHALL NOT HAVE A DUTY  
10 TO OFFER CHANGES IN UNINSURED MOTORIST COVERAGE TO THE INSURED  
11 EVEN THOUGH:

12 (I) THE VEHICLES COVERED UNDER THE POLICY HAVE CHANGED;  
13 OR

14 (II) THE POLICY IS REINSTATED, TRANSFERRED, SUBSTITUTED,  
15 AMENDED, ALTERED, MODIFIED, REPLACED, OR RENEWED; EXCEPT THAT,  
16 IF THERE IS AN INCREASE IN BODILY INJURY LIABILITY LIMITS AND THE  
17 LIMITS OF THE UNINSURED MOTORIST COVERAGE WOULD BE LESS THAN  
18 SUCH LIMITS, THE INSURER SHALL OFFER NEW UNINSURED MOTORIST  
19 COVERAGE TO THE INSURED PURSUANT TO SECTION 10-4-609 (2).

20 **10-4-1519. No tort recovery for direct benefits.** (1) (a) EXCEPT  
21 AS PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (1), NEITHER A  
22 PERSON ELIGIBLE FOR PIP BENEFITS NOR ANY INSURER PROVIDING PIP  
23 BENEFITS SHALL HAVE ANY RIGHT TO RECOVER AGAINST AN OWNER, USER,  
24 OR OPERATOR OF A MOTOR VEHICLE, OR AGAINST ANY PERSON OR  
25 ORGANIZATION LEGALLY RESPONSIBLE FOR THE ACTS OR OMISSIONS OF  
26 SUCH PERSON, IN ANY ACTION FOR DAMAGES FOR WHICH PIP BENEFITS ARE  
27 REQUIRED TO BE PAID, REGARDLESS OF ANY DEDUCTIBLE OPTION, WAITING

1 PERIOD, OR PERCENTAGE LIMITATION.

2 (b) AN INSURER PAYING PIP BENEFITS TO OR FOR ANY ONE PERSON  
3 SHALL HAVE A DIRECT CAUSE OF ACTION AGAINST THE ALLEGED  
4 TORTFEASOR WHO IS NOT AN INSURED UNDER A POLICY OF AUTOMOBILE  
5 LIABILITY INSURANCE ISSUED BY AN INSURER LICENSED TO WRITE  
6 AUTOMOBILE LIABILITY INSURANCE IN THIS STATE AND WHO IS OR MAY BE  
7 LEGALLY LIABLE FOR THE INJURIES TO THE PERSON RECEIVING PIP  
8 BENEFITS. IF THE INJURED PERSON COULD RECOVER IN TORT PURSUANT TO  
9 SECTION 10-4-1520, THE DIRECT CAUSE OF ACTION SHALL BE ALLOWED TO  
10 THE EXTENT OF THE ALLEGED TORTFEASOR'S INSURANCE COVERAGE IN  
11 EXCESS OF REASONABLE COMPENSATION PAID BY THE ALLEGED  
12 TORTFEASOR'S INSURER TO THE INJURED PERSON FOR THE PERSON'S INJURY  
13 OR DAMAGE.

14 (c) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO AFFORD AN  
15 INSURER PROVIDING PIP BENEFITS A CAUSE OF ACTION OR CLAIM AGAINST  
16 A PERSON TO WHOM OR FOR WHOM PIP BENEFITS WERE PAID, EXCEPT IN  
17 CASES IN WHICH THE PIP BENEFITS WERE PAID BY REASON OF FRAUD OR  
18 MATERIAL MISREPRESENTATION OF FACT.

19 (2) (a) NOTWITHSTANDING SUBSECTION (1) OF THIS SECTION,  
20 WHERE A MOTOR VEHICLE ACCIDENT INVOLVES A PRIVATE PASSENGER  
21 MOTOR VEHICLE OR A PUBLIC SCHOOL VEHICLE DESIGNED TO TRANSPORT  
22 SEVEN OR MORE PASSENGERS AND A NONPRIVATE PASSENGER MOTOR  
23 VEHICLE, THE INSURER OF THE PRIVATE PASSENGER MOTOR VEHICLE OR  
24 VEHICLE DESIGNED TO TRANSPORT SEVEN OR MORE PASSENGERS SHALL  
25 HAVE A DIRECT CAUSE OF ACTION FOR ALL PIP BENEFITS ACTUALLY PAID  
26 BY THE INSURER AGAINST THE OWNER, USER, OR OPERATOR OF THE  
27 NONPRIVATE PASSENGER MOTOR VEHICLE OR AGAINST ANY PERSON OR

1 ORGANIZATION LEGALLY RESPONSIBLE FOR THE ACTS OR OMISSIONS OF  
2 SUCH OWNER, USER, OR OPERATOR; EXCEPT THAT, WHEN THE INJURED  
3 PERSON COULD RECOVER IN TORT PURSUANT TO SECTION 10-4-1520, THE  
4 DIRECT CAUSE OF ACTION SHALL BE ALLOWED ONLY TO THE EXTENT OF  
5 THE ALLEGED TORTFEASOR'S INSURANCE COVERAGE IN EXCESS OF  
6 REASONABLE COMPENSATION PAID BY THE ALLEGED TORTFEASOR'S  
7 INSURER TO THE INJURED PERSON FOR THE PERSON'S INJURY OR DAMAGE.

8 (b) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (a) OF  
9 THIS SUBSECTION (2), WHERE A MOTOR VEHICLE ACCIDENT INVOLVES A  
10 PRIVATE PASSENGER MOTOR VEHICLE OR A NONPRIVATE PASSENGER  
11 MOTOR VEHICLE AND A MOTOR VEHICLE OWNED OR OPERATED BY THE  
12 REGIONAL TRANSPORTATION DISTRICT CREATED BY ARTICLE 9 OF TITLE 32,  
13 C.R.S., EXCEPT MAINTENANCE OR SERVICE VEHICLES OWNED OR  
14 OPERATED BY THE DISTRICT, THE INSURER OF THE PRIVATE PASSENGER  
15 MOTOR VEHICLE OR THE NONPRIVATE PASSENGER MOTOR VEHICLE SHALL  
16 NOT HAVE ANY CAUSE OF ACTION OR RIGHT OF REIMBURSEMENT FOR ANY  
17 PIP BENEFITS ACTUALLY PAID BY THE INSURER AGAINST THE REGIONAL  
18 TRANSPORTATION DISTRICT OR AGAINST THE USER OR OPERATOR OF THE  
19 REGIONAL TRANSPORTATION DISTRICT MOTOR VEHICLE.

20 **10-4-1520. Limitation on tort actions.** (1) NO PERSON FOR  
21 WHOM PIP BENEFITS ARE REQUIRED BY THIS PART 15, OR FOR WHOM PIP  
22 BENEFITS WOULD HAVE BEEN PAYABLE BUT FOR EXERCISE OF A  
23 DEDUCTIBLE OPTION, A WAITING PERIOD, OR PERCENTAGE LIMITATION,  
24 SHALL BE ALLOWED TO RECOVER AGAINST AN OWNER, USER, OR OPERATOR  
25 OF A MOTOR VEHICLE, OR AGAINST ANY PERSON OR ORGANIZATION  
26 LEGALLY RESPONSIBLE FOR THE ACTS OR OMISSIONS OF SUCH PERSON, FOR  
27 NONECONOMIC DAMAGES FOR BODILY INJURY CAUSED BY A MOTOR

1 VEHICLE ACCIDENT, EXCEPT IN THOSE CASES IN WHICH A MOTOR VEHICLE  
2 ACCIDENT RESULTS IN:

3 (a) DEATH, DISMEMBERMENT, PERMANENT DISABILITY, OR  
4 PERMANENT DISFIGUREMENT;

5 (b) ACTUAL EXPENSES FOR MEDICAL CARE OR REHABILITATION  
6 SERVICES OF THE TYPE DESCRIBED IN SECTION 10-4-1504 (1) (b) (I) OR (1)  
7 (b) (II), IN EXCESS OF FIVE THOUSAND DOLLARS; OR

8 (c) LOSS OF EARNINGS AND LOSS OF EARNING CAPACITY  
9 EXTENDING BEYOND THE FIFTY-TWO-WEEK PERIOD PROVIDED IN SECTION  
10 10-4-1504 (1) (b) (III) AND NOT COMPENSATED BY AN APPLICABLE  
11 COMPLYING POLICY.

12 (2) NOTHING IN THIS PART 15 SHALL BE CONSTRUED TO PRECLUDE  
13 RECOVERY OF ECONOMIC DAMAGES THAT EXCEED THE MINIMUM  
14 COVERAGES REQUIRED IN SECTION 10-4-1504 (1) (b) (I) TO (1) (b) (III)  
15 FROM AN ALLEGED TORTFEASOR.

16 **10-4-1521. No limitation on tort action against noncomplying**  
17 **tortfeasors.** (1) NOTHING IN THIS PART 15 SHALL BE CONSTRUED TO  
18 LIMIT THE RIGHT TO MAINTAIN AN ACTION IN TORT BY EITHER AN INSURER  
19 PAYING PIP BENEFITS OR BY A PERSON WHO HAS BEEN INJURED OR  
20 DAMAGED AS A RESULT OF A MOTOR VEHICLE ACCIDENT AGAINST AN  
21 ALLEGED TORTFEASOR WHERE SUCH ALLEGED TORTFEASOR WAS EITHER:

22 (a) USING OR OPERATING A MOTOR VEHICLE THAT WAS NOT  
23 REQUIRED TO BE COVERED UNDER THIS PART 15, UNLESS COVERAGE  
24 EQUIVALENT TO THAT REQUIRED UNDER SECTION 10-4-1504 WAS  
25 ACTUALLY PROVIDED AT THE TIME OF OCCURRENCE OF THE ALLEGED  
26 TORTIOUS CONDUCT FOR THE BENEFIT OF PERSONS FOR WHOM BENEFITS  
27 ARE PROVIDED UNDER SECTION 10-4-1506;

1 (b) USING OR OPERATING A MOTOR VEHICLE THAT, ALTHOUGH  
2 REQUIRED TO BE COVERED UNDER THIS PART 15, WAS NOT ACTUALLY  
3 COVERED BY A COMPLYING POLICY AT THE TIME OF THE OCCURRENCE OF  
4 THE ALLEGED TORTIOUS CONDUCT;

5 (c) DELIBERATELY AND INTENTIONALLY COMMITTING A TORT; OR

6 (d) SUBJECT, AS A MANUFACTURER, DISTRIBUTOR, SUPPLIER, OR  
7 REPAIR PERSON, TO A TORT ACTION ARISING OUT OF PRODUCT LIABILITY OR  
8 PRODUCT DEFECT.

9 **10-4-1522. Self-insurers.** (1) ANY PERSON IN WHOSE NAME  
10 MORE THAN TWENTY-FIVE MOTOR VEHICLES ARE REGISTERED MAY  
11 QUALIFY AS A SELF-INSURER BY OBTAINING A CERTIFICATE OF  
12 SELF-INSURANCE ISSUED BY THE COMMISSIONER.

13 (2) (a) UPON APPLICATION, THE COMMISSIONER MAY ISSUE A  
14 CERTIFICATE OF SELF-INSURANCE WHEN THE COMMISSIONER IS SATISFIED  
15 THAT THE PERSON IS ABLE AND WILL CONTINUE TO BE ABLE TO PAY PIP  
16 BENEFITS AND TO PAY ANY JUDGMENTS THAT MAY BE OBTAINED AGAINST  
17 THE PERSON.

18 (b) UPON NOT LESS THAN FIVE DAYS' NOTICE AND A HEARING  
19 PURSUANT TO SUCH NOTICE, THE COMMISSIONER MAY CANCEL A  
20 CERTIFICATE OF SELF-INSURANCE IF THE COMMISSIONER FINDS  
21 REASONABLE GROUNDS TO CANCEL THE CERTIFICATE.

22 (c) IF A SELF-INSURER FAILS TO PAY ANY PIP BENEFITS OR FAILS TO  
23 PAY ANY JUDGMENT WITHIN THIRTY DAYS AFTER THE JUDGMENT BECOMES  
24 FINAL, SUCH FAILURE SHALL CONSTITUTE A REASONABLE GROUND FOR THE  
25 COMMISSIONER TO CANCEL A CERTIFICATE OF SELF-INSURANCE.

26 (3) FOR PURPOSES OF SUBSECTION (2) OF THIS SECTION, THE  
27 COMMISSIONER SHALL ACCEPT, AS PROOF THAT A MOTOR VEHICLE

1 CARRIER OR CONTRACT CARRIER BY MOTOR VEHICLE, AS DEFINED IN  
2 ARTICLES 10 AND 11 OF TITLE 40, C.R.S., IS ABLE AND WILL CONTINUE TO  
3 BE ABLE TO PAY ALL JUDGMENTS THAT MIGHT BE OBTAINED AGAINST THE  
4 CARRIER, A SURETY BOND IN A FORM ACCEPTABLE TO THE COMMISSIONER  
5 IN AN AMOUNT DETERMINED BY THE COMMISSIONER SUFFICIENT TO  
6 ENSURE THAT THE CARRIER HAS THE ABILITY TO PAY ALL JUDGMENTS  
7 THAT MAY BE OBTAINED AGAINST ANY SUCH CARRIER.

8 **10-4-1523. Intercompany arbitration.** (1) EVERY INSURER  
9 LICENSED TO WRITE MOTOR VEHICLE INSURANCE IN THIS STATE SHALL BE  
10 DEEMED TO HAVE AGREED, AS A CONDITION TO MAINTAINING THE LICENSE:

11 (a) THAT, WHERE ITS INSURED IS OR WOULD BE HELD LEGALLY  
12 LIABLE UNDER THE PROVISIONS OF SECTION 10-4-1519 (2) FOR THE PIP  
13 BENEFITS PAID BY ANOTHER INSURER, IT WILL REIMBURSE THE OTHER  
14 INSURER TO THE EXTENT OF THE BENEFITS, BUT NOT IN EXCESS OF THE  
15 AMOUNT OF DAMAGES RECOVERABLE FOR THE TYPE OF LOSS COVERED BY  
16 THE BENEFITS AND ONLY TO THE EXTENT OF THE ALLEGED TORTFEASOR'S  
17 INSURANCE COVERAGE IN EXCESS OF REASONABLE COMPENSATION PAID  
18 BY THE ALLEGED TORTFEASOR'S INSURER TO THE INJURED PERSON FOR THE  
19 PERSON'S INJURY OR DAMAGE; AND

20 (b) THAT THE ISSUE OF LIABILITY FOR THE REIMBURSEMENT AND  
21 THE AMOUNT OF THE REIMBURSEMENT SHALL BE DECIDED BY  
22 MANDATORY, BINDING INTERCOMPANY ARBITRATION PROCEDURES  
23 APPROVED BY THE COMMISSIONER. IF EITHER INSURER IN AN ARBITRATION  
24 PROCEEDING ALSO HAS PROVIDED COVERAGE TO THE SAME POLICYHOLDER  
25 FOR COLLISION OR INJURY ARISING OUT OF THE SAME OCCURRENCE, THE  
26 INSURER SHALL ALSO SUBMIT THE ISSUE OF RECOVERY OF ANY PAYMENTS  
27 UNDER THAT COVERAGE TO THE SAME MANDATORY AND BINDING

1 ARBITRATION AS PROVIDED IN THIS SECTION.

2 (2) THE COMMISSIONER SHALL ALSO APPROVE PROCEDURES FOR  
3 ARBITRATION OF THE ISSUE OF LIABILITY FOR AND REIMBURSEMENT OF  
4 BENEFITS PAID UNDER ADDITIONAL OR SUPPLEMENTARY COVERAGES  
5 WRITTEN PURSUANT TO SECTION 10-4-1515. THE PROCEDURES SHALL BE  
6 APPLICABLE TO DISPUTES BETWEEN INSURERS AGREEING TO JOIN IN THOSE  
7 PROCEDURES. THE AGREEMENTS SHALL BE RENEWABLE ANNUALLY AND  
8 SHALL APPLY TO MOTOR VEHICLE ACCIDENTS OCCURRING DURING THE  
9 CALENDAR YEAR.

10 (3) NOTWITHSTANDING ANY STATUTE OF LIMITATIONS TO THE  
11 CONTRARY, ANY DEMAND FOR INITIAL ARBITRATION PROCEEDINGS SHALL  
12 BE BROUGHT WITHIN ONE YEAR AFTER THE FIRST PAYMENT OF ANY PIP  
13 BENEFITS BY THE INSURER CLAIMING REIMBURSEMENT. ARBITRATION  
14 PROCEEDINGS NEED NOT AWAIT FINAL PAYMENT OF PIP BENEFITS, AND  
15 THE AWARD, IF ANY, SHALL INCLUDE PROVISIONS FOR REIMBURSEMENT OF  
16 SUBSEQUENT PIP BENEFITS. PROCEEDINGS MAY BE REOPENED TO  
17 CHALLENGE THE PROPRIETY OF PAYMENTS SUBSEQUENTLY MADE, BUT NO  
18 QUESTION OF FACT DECIDED BY A PRIOR AWARD SHALL BE RECONSIDERED  
19 IN ANY SUBSEQUENT HEARING.

20 (4) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO ALLOW AN  
21 INSURER TO CLAIM AND RECEIVE REIMBURSEMENT, WHETHER BY  
22 ARBITRATION, SUBROGATION, LITIGATION, INTRACOMPANY SETOFF, OR  
23 ANY OTHER MEANS, FROM THE LIABILITY INSURANCE OF THE TORTFEASOR  
24 IN SUCH A MANNER AS TO REDUCE THE AMOUNT OF LIABILITY INSURANCE  
25 AVAILABLE TO REASONABLY COMPENSATE AN INJURED VICTIM HAVING A  
26 CLAIM OR CAUSE OF ACTION UNDER SECTION 10-4-1520.

27 **10-4-1524. Frequency of premium payments - rules.** THE

1 COMMISSIONER SHALL ISSUE RULES ESTABLISHING MONTHLY, QUARTERLY,  
2 SEMIANNUAL, AND ANNUAL PREMIUM PAYMENTS FOR PERSONS WHO ARE  
3 REQUIRED TO PURCHASE INSURANCE UNDER THIS PART 15. AN INSURER  
4 PROVIDING A PLAN FOR PAYMENTS ON A BASIS THAT IS MORE FREQUENT  
5 THAN QUARTERLY NEED NOT ALSO PROVIDE A QUARTERLY PAYMENT PLAN.  
6 AN INSURER'S PLAN FOR PAYMENTS MAY PROVIDE FOR PAYMENTS OF AN  
7 ADVANCE DEPOSIT PREMIUM.

8 **10-4-1525. Prohibited reasons for nonrenewal or refusal to**  
9 **issue.** (1) NO INSURER AUTHORIZED TO TRANSACT OR TRANSACTING  
10 BUSINESS IN THIS STATE SHALL CANCEL, REFUSE TO WRITE, OR REFUSE TO  
11 RENEW A POLICY OF INSURANCE AFFORDING THE COVERAGES REQUIRED BY  
12 THIS PART 15 SOLELY BECAUSE OF THE AGE, RACE, CREED, COLOR,  
13 RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY,  
14 RESIDENCE, MARITAL STATUS, OR LAWFUL OCCUPATION, INCLUDING THE  
15 MILITARY SERVICE, OF ANYONE WHO IS, OR SEEKS TO BECOME, INSURED OR  
16 SOLELY BECAUSE ANOTHER INSURER HAS CANCELED A POLICY OR REFUSED  
17 TO WRITE OR RENEW SUCH POLICY. THE COMMISSIONER SHALL  
18 ADMINISTER AND ENFORCE THIS SUBSECTION (1).

19 (2) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PROHIBIT  
20 ANY INSURANCE COMPANY AUTHORIZED TO TRANSACT OR TRANSACTING  
21 BUSINESS IN THIS STATE FROM ISSUING POLICIES OF INSURANCE AFFORDING  
22 THE COVERAGES REQUIRED BY THIS PART 15 SOLELY TO A SPECIALTY  
23 MARKET AUTHORIZED BY THE COMMISSIONER.

24 **10-4-1526. Discriminatory standards - premiums - surcharges**  
25 **- proof of financial responsibility requirements.** (1) IT IS PROHIBITED  
26 FOR ANY INSURER TO:

27 (a) CANCEL, REFUSE TO RENEW, OR INCREASE THE PREMIUM OF A

1 POLICY OF INSURANCE ON A MOTOR VEHICLE USED BY RESIDENT  
2 RELATIVES SOLELY BECAUSE OF CONVICTIONS FOR TRAFFIC VIOLATIONS  
3 THAT RESULTED IN LESS THAN SEVEN POINTS BEING ASSESSED UNDER THE  
4 POINT SYSTEM SCHEDULE SET FORTH IN SECTION 42-2-127 (5), C.R.S.,  
5 RESULTING FROM VIOLATIONS WHILE IN THE COURSE OF EMPLOYMENT  
6 WHILE THE INSURED IS DRIVING A MOTOR VEHICLE USED PRIMARILY AS A  
7 PUBLIC OR LIVERY CONVEYANCE OR LICENSED AS A COMMERCIAL VEHICLE;  
8 OR

9 (b) ADD A SURCHARGE TO THE POLICY PREMIUM OF AN INSURED IN  
10 A MANNER THAT RESULTS IN AN EXCESSIVE OR UNFAIRLY DISCRIMINATORY  
11 PREMIUM PURSUANT TO SECTION 10-4-403.

12 (2) THIS SECTION SHALL NOT BE CONSTRUED TO LIMIT OR IN ANY  
13 MANNER RESTRICT AN INSURER FROM CANCELING OR REFUSING TO ISSUE  
14 OR RENEW A POLICY OF INSURANCE OR FROM INCREASING THE PREMIUM OF  
15 AN INSURED ON A MOTOR VEHICLE USED BY THE INSURED FOR  
16 COMMERCIAL PURPOSES OR FROM RECLASSIFYING AN INSURED FOR  
17 TRAFFIC VIOLATIONS RECEIVED BY THE INSURED WHILE HE OR SHE IS USING  
18 A MOTOR VEHICLE FOR COMMERCIAL PURPOSES.

19 **10-4-1527. Refusal to write, changes in, cancellation, or**  
20 **nonrenewal of policies prohibited - rules.** (1) NO INSURER SHALL  
21 CANCEL; FAIL TO RENEW; REFUSE TO WRITE; RECLASSIFY AN INSURED  
22 UNDER; REDUCE COVERAGE UNDER, UNLESS THE REDUCTION IS PART OF A  
23 GENERAL REDUCTION IN COVERAGE FILED WITH THE COMMISSIONER; OR  
24 INCREASE THE PREMIUM FOR, UNLESS THE INCREASE IS PART OF A GENERAL  
25 INCREASE IN PREMIUMS FILED WITH THE COMMISSIONER, ANY COMPLYING  
26 POLICY BECAUSE THE APPLICANT, INSURED, OR RESIDENT RELATIVE HAS:

27 (a) HAD AN ACCIDENT OR ACCIDENTS THAT ARE NOT THE FAULT OF

1 THE NAMED APPLICANT, INSURED, RESIDENT RELATIVE, OR PERMISSIVE  
2 USER; OR

3 (b) HAD A LICENSE REVOKED PURSUANT TO SECTION 42-2-125 (1)  
4 (n), C.R.S., HAD A LICENSE SUSPENDED PURSUANT TO SECTION 42-2-127.5,  
5 C.R.S., OR BEEN DENIED A LICENSE PURSUANT TO SECTION 42-2-104 (3)  
6 (f), C.R.S., BASED UPON A CONVICTION OR ADJUDICATION UNDER SECTION  
7 18-4-501 (2) OR 18-4-509 (2), C.R.S.

8 (2) (a) NO INSURER SHALL CANCEL; FAIL TO RENEW; RECLASSIFY  
9 AN INSURED UNDER; REDUCE COVERAGE UNDER, UNLESS THE REDUCTION  
10 IS PART OF A GENERAL REDUCTION IN COVERAGE FILED WITH THE  
11 COMMISSIONER; OR INCREASE THE PREMIUM FOR, UNLESS THE INCREASE  
12 IS PART OF A GENERAL INCREASE IN PREMIUMS FILED WITH THE  
13 COMMISSIONER, ANY COMPLYING POLICY SOLELY BECAUSE THE INSURED  
14 PERSON HAS BEEN CONVICTED OF AN OFFENSE RELATED TO THE FAILURE  
15 TO HAVE IN EFFECT COMPULSORY MOTOR VEHICLE INSURANCE OR SUCH  
16 PERSON HAS BEEN DENIED ISSUANCE OF A MOTOR VEHICLE REGISTRATION  
17 FOR FAILURE TO HAVE SUCH INSURANCE.

18 (b) UNLESS ACTUARIAL JUSTIFICATION IN SUPPORT OF THE  
19 INSURER'S ACTION THAT HAS BEEN FILED WITH THE COMMISSIONER  
20 DEMONSTRATES THAT THERE IS AN INCREASE IN RISK, NO INSURER SHALL  
21 REFUSE TO WRITE A POLICY FOR A NEW APPLICANT, SURCHARGE THE  
22 PREMIUM OF A NEW APPLICANT, OR PLACE A NEW APPLICANT IN A  
23 HIGHER-PRICED PROGRAM OR PLAN BASED SOLELY UPON:

24 (I) THE FACT THAT THE APPLICANT HAS HAD NO PRIOR INSURANCE;

25 (II) THE IDENTITY OF THE APPLICANT'S PRIOR INSURER; OR

26 (III) THE APPLICANT'S PRIOR TYPE OF COVERAGE, INCLUDING  
27 ASSIGNED RISK OR RESIDUAL MARKET COVERAGE OR ANY PLAN OTHER

1 THAN A PREFERRED PLAN.

2 (c) AN INSURER MAY USE INDUSTRY-WIDE DATA IN ITS ACTUARIAL  
3 JUSTIFICATION UNDER PARAGRAPH (b) OF THIS SUBSECTION (2).

4 (d) NO INSURER SHALL REFUSE TO WRITE A POLICY FOR A NEW  
5 APPLICANT, SURCHARGE THE PREMIUM OF A NEW APPLICANT, OR PLACE A  
6 NEW APPLICANT IN A HIGHER-PRICED PROGRAM OR PLAN SOLELY BECAUSE  
7 THE APPLICANT HAD NO PRIOR INSURANCE IF THE APPLICANT WAS NOT  
8 REQUIRED TO HAVE INSURANCE UNDER SECTION 10-4-1503 OR UNDER A  
9 SIMILAR LAW IN ANOTHER STATE.

10 (e) AN INSURER SHALL NOT REDUCE OR CANCEL INSURANCE  
11 COVERAGE EXCEPT FOR NONPAYMENT, REFUSE TO ISSUE OR RENEW A  
12 POLICY, OR SURCHARGE A NEWLY ISSUED OR RENEWED POLICY DUE TO A  
13 COVERED PERSON'S FAILURE TO MAINTAIN COVERAGE DURING A PERIOD IN  
14 WHICH THE COVERED PERSON WAS DEPLOYED BY OR CALLED TO ACTIVE  
15 DUTY IN THE UNITED STATES MILITARY IF THE PERSON WAS NOT REQUIRED  
16 TO MAINTAIN INSURANCE UNDER SECTION 10-4-1503 OR UNDER A SIMILAR  
17 LAW OF ANOTHER STATE.

18 (3) AN INSURED WHO BELIEVES AN INSURER HAS VIOLATED  
19 SUBSECTION (1) OR (2) OF THIS SECTION SHALL HAVE THE RIGHT TO FILE A  
20 PROTEST WITH THE COMMISSIONER PURSUANT TO SECTION 10-4-1528 (4).

21 (4) THE COMMISSIONER SHALL PROMULGATE RULES TO IMPLEMENT  
22 THIS SECTION.

23 **10-4-1528. Cancellation - renewal - reclassification.**

24 (1) EXCEPT IN ACCORDANCE WITH THIS PART 15, NO INSURER SHALL:

25 (a) CANCEL OR FAIL TO RENEW A POLICY OF INSURANCE THAT  
26 COMPLIES WITH THIS PART 15, ISSUED IN THIS STATE, AS TO ANY RESIDENT  
27 RELATIVE, FOR ANY REASON OTHER THAN NONPAYMENT OF PREMIUM;

1 (b) INCREASE A PREMIUM FOR ANY COVERAGE ON ANY COMPLYING  
2 POLICY UNLESS THE INCREASE IS PART OF A GENERAL INCREASE IN  
3 PREMIUMS FILED WITH THE COMMISSIONER AND DOES NOT RESULT FROM  
4 A RECLASSIFICATION OF THE INSURED; OR

5 (c) REDUCE THE COVERAGE UNDER A COMPLYING POLICY UNLESS  
6 THE REDUCTION IS PART OF A GENERAL REDUCTION IN COVERAGE FILED  
7 WITH THE COMMISSIONER OR TO SATISFY THE REQUIREMENTS OF OTHER  
8 SECTIONS OF THIS PART 15.

9 (2) AT LEAST THIRTY DAYS BEFORE THE PROPOSED EFFECTIVE  
10 DATE OF AN ACTION SUBJECT TO THIS SECTION, THE INSURER INTENDING  
11 TO TAKE THE ACTION SHALL SEND WRITTEN NOTICE BY FIRST-CLASS MAIL  
12 OF ITS INTENDED ACTION TO THE INSURED AT HIS OR HER LAST-KNOWN  
13 ADDRESS. THE NOTICE SHALL BE ON A FORM THAT HAS BEEN CERTIFIED BY  
14 THE INSURER, AND THE INSURER SHALL FILE A CERTIFICATION WITH THE  
15 COMMISSIONER THAT THE NOTICE FORM CONFORMS TO COLORADO LAW  
16 AND ANY RULES PROMULGATED BY THE COMMISSIONER. THE NOTICE  
17 SHALL BE IN TRIPPLICATE AND SHALL STATE IN CLEAR AND SPECIFIC TERMS:

18 (a) THE PROPOSED ACTION TO BE TAKEN, INCLUDING, IF THE  
19 ACTION IS AN INCREASE IN PREMIUM OR REDUCTION IN COVERAGE, THE  
20 AMOUNT OF INCREASE AND TYPE OF COVERAGE TO WHICH IT IS APPLICABLE  
21 OR THE TYPE OF COVERAGE REDUCED AND THE EXTENT OF THE  
22 REDUCTION;

23 (b) THE PROPOSED EFFECTIVE DATE OF THE ACTION;

24 (c) THE INSURER'S ACTUAL REASONS FOR PROPOSING TO TAKE THE  
25 ACTION. THE STATEMENT OF REASONS SHALL BE SUFFICIENTLY CLEAR  
26 AND SPECIFIC SO THAT A PERSON OF AVERAGE INTELLIGENCE CAN  
27 IDENTIFY THE BASIS FOR THE INSURER'S DECISION WITHOUT MAKING

1 FURTHER INQUIRY. GENERALIZED TERMS SUCH AS "PERSONAL HABITS",  
2 "LIVING CONDITIONS", "POOR MORALE", OR "VIOLATION OR ACCIDENT  
3 RECORD" SHALL NOT SUFFICE TO MEET THE REQUIREMENTS OF THIS  
4 SUBSECTION (2).

5 (d) IF, COUPLED WITH THE NOTICE, THE INSURER OFFERS TO  
6 CONTINUE OR RENEW THE POLICY IN ACCORDANCE WITH SECTION  
7 10-4-1529, THE NAME OF THE PERSON OR PERSONS TO BE EXCLUDED FROM  
8 COVERAGE AND THE AMOUNT THE PREMIUM WOULD BE IF THE POLICY IS  
9 CONTINUED OR RENEWED WITH SUCH PERSON OR PERSONS EXCLUDED  
10 FROM COVERAGE;

11 (e) THE RIGHT OF THE INSURED TO REPLACE THE INSURANCE  
12 THROUGH AN ASSIGNED RISK PLAN;

13 (f) THE RIGHT OF THE INSURED TO PROTEST THE PROPOSED ACTION  
14 AND REQUEST A HEARING ON THE PROPOSED ACTION BEFORE THE  
15 COMMISSIONER BY SIGNING TWO COPIES OF THE NOTICE AND SENDING  
16 THEM TO THE COMMISSIONER WITHIN TEN DAYS AFTER RECEIPT OF THE  
17 NOTICE;

18 (g) THAT, IF A PROTEST IS FILED BY THE INSURED, THE CURRENT  
19 INSURANCE WILL REMAIN IN EFFECT UNTIL A DETERMINATION IS MADE BY  
20 THE COMMISSIONER UPON PAYMENT OF ANY LAWFUL PREMIUM DUE OR  
21 BECOMING DUE PRIOR TO THE DETERMINATION; AND

22 (h) THE AUTHORITY OF THE COMMISSIONER TO AWARD  
23 REASONABLE ATTORNEY FEES TO THE INSURED FOR SERVICES RENDERED  
24 TO THE INSURED IN CONNECTION WITH A HEARING IF THE COMMISSIONER  
25 FINDS THE PROPOSED ACTION OF THE INSURER TO BE UNJUSTIFIED.

26 (3) ANY STATEMENT OF REASONS CONTAINED IN THE NOTICE  
27 GIVEN PURSUANT TO PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION

1 SHALL BE PRIVILEGED AND SHALL NOT CONSTITUTE GROUNDS FOR ANY  
2 ACTION AGAINST THE INSURER OR ITS REPRESENTATIVES OR ANY PERSON  
3 WHO IN GOOD FAITH FURNISHED TO THE INSURER THE INFORMATION UPON  
4 WHICH THE STATEMENT IS BASED.

5 (4) AN INSURED SHALL HAVE THE RIGHT TO PROTEST THE  
6 PROPOSED ACTION OF THE INSURER BY SIGNING TWO COPIES OF THE NOTICE  
7 AND SENDING THEM TO THE COMMISSIONER WITHIN TEN DAYS AFTER  
8 RECEIPT OF THE NOTICE. UPON RECEIPT OF THE PROTEST, THE  
9 COMMISSIONER SHALL NOTIFY THE INSURER OF THE FILING OF THE  
10 PROTEST.

11 (5) A PROTEST DULY FILED SHALL STAY THE PROPOSED ACTION OF  
12 THE INSURER PENDING A FINAL DETERMINATION OF THE ACTION BY THE  
13 COMMISSIONER. THE INSURER SHALL KEEP IN FULL FORCE AND EFFECT THE  
14 SAME COVERAGE AND PREMIUM THAT WERE IN EFFECT ON THE DAY THE  
15 NOTICE OF PROPOSED CHANGE WAS SENT UNTIL A FINAL DETERMINATION  
16 IS MADE, IF THE INSURED PAYS ANY LAWFUL PREMIUM DUE OR BECOMING  
17 DUE PRIOR TO THE DETERMINATION.

18 (6) (a) IF THE COMMISSIONER FINDS FROM THE NOTICE AND OTHER  
19 EVIDENCE THAT THE PROTEST IS WITH OR WITHOUT MERIT, THE  
20 COMMISSIONER MAY GRANT OR DISMISS THE PROTEST WITHOUT A HEARING  
21 AND SHALL, IN THAT EVENT, PROMPTLY NOTIFY THE INSURER AND THE  
22 INSURED IN WRITING OF THE ACTION. IF THE COMMISSIONER DISMISSES  
23 THE PROTEST WITHOUT A HEARING, THE PROPOSED ACTION OF THE  
24 INSURER SHALL BECOME EFFECTIVE ON ITS PROPOSED EFFECTIVE DATE OR  
25 FIFTEEN DAYS AFTER WRITTEN NOTICE OF THE ACTION IS GIVEN BY THE  
26 COMMISSIONER TO THE INSURED, WHICHEVER IS LATER. IF THE PROPOSED  
27 ACTION DOES NOT COMPLY WITH COLORADO LAW, THE COMMISSIONER

1 SHALL NOT ALLOW THE ACTION.

2 (b) IN ALL OTHER CASES, THE COMMISSIONER SHALL HOLD A  
3 HEARING ON THE PROTEST WITHIN THIRTY DAYS AFTER RECEIPT OF THE  
4 PROTEST AND SHALL GIVE WRITTEN NOTICE OF THE TIME AND PLACE OF  
5 THE HEARING TO THE INSURER AND THE INSURED AT LEAST TEN DAYS  
6 PRIOR TO THE SCHEDULED DATE OF THE HEARING. THE INSURER SHALL  
7 HAVE THE BURDEN OF PROVING ITS PROPOSED ACTION IS JUSTIFIED AND, IN  
8 DOING SO, MAY RELY ONLY UPON THE REASONS SET FORTH IN ITS NOTICE  
9 TO THE INSURED.

10 (c) IF THE COMMISSIONER FINDS THE PROPOSED ACTION TO BE  
11 JUSTIFIED, THE COMMISSIONER SHALL DISMISS THE PROTEST AND ALLOW  
12 THE PROPOSED ACTION TO BE TAKEN ON ITS PROPOSED EFFECTIVE DATE OR  
13 TWENTY DAYS AFTER THE DATE OF THE DETERMINATION, WHICHEVER IS  
14 LATER. IF THE COMMISSIONER FINDS THE PROPOSED ACTION TO BE  
15 UNJUSTIFIED, THE COMMISSIONER SHALL NOT ALLOW THE ACTION AND  
16 MAY ORDER THE INSURER TO PAY REASONABLE ATTORNEY FEES INCURRED  
17 BY THE INSURED FOR REPRESENTATION AT THE HEARING THAT THE  
18 COMMISSIONER DEEMS APPROPRIATE.

19 (d) THE COMMISSIONER MAY DELEGATE THE DUTIES AND POWERS  
20 CONFERRED IN THIS SECTION TO ONE OR MORE EMPLOYEES OR TO ONE OR  
21 MORE ADMINISTRATIVE LAW JUDGES APPOINTED PURSUANT TO PART 10 OF  
22 ARTICLE 30 OF TITLE 24, C.R.S., SUBJECT TO APPROPRIATIONS FOR SUCH  
23 ADMINISTRATIVE LAW JUDGES MADE TO THE DEPARTMENT OF PERSONNEL.  
24 ANY HEARING SHALL BE CONDUCTED IN ACCORDANCE WITH THE  
25 PROVISIONS OF SECTION 24-4-105, C.R.S.

26 (7) ANY FINAL DECISION OF THE COMMISSIONER SHALL BE SUBJECT  
27 TO JUDICIAL REVIEW BY THE COURT OF APPEALS PURSUANT TO SECTION

1 24-4-106 (11), C.R.S.

2 (8) THIS SECTION SHALL NOT APPLY TO ANY INSURANCE POLICY OR  
3 COVERAGE THAT HAS BEEN IN EFFECT LESS THAN SIXTY DAYS AT THE TIME  
4 NOTICE OF CANCELLATION, NONRENEWAL, OR RECLASSIFICATION IS  
5 MAILED OR DELIVERED BY THE INSURER, UNLESS IT IS A RENEWAL POLICY.

6 **10-4-1529. Exclusion of named driver.** (1) WHEN AN INSURER  
7 IS AUTHORIZED UNDER THIS PART 15 TO CANCEL, REFUSE TO ISSUE OR  
8 RENEW, OR INCREASE THE PREMIUMS ON AN AUTOMOBILE INSURANCE  
9 POLICY UNDER WHICH MORE THAN ONE PERSON IS INSURED AND THE  
10 CANCELLATION, REFUSAL, OR PREMIUM INCREASE IS BASED ON THE CLAIM  
11 EXPERIENCE OR DRIVING RECORD OF ONE OR MORE BUT LESS THAN ALL OF  
12 THE PERSONS INSURED UNDER THE POLICY, THE INSURER SHALL, IN LIEU OF  
13 CANCELLATION, REFUSAL TO ISSUE, NONRENEWAL, OR PREMIUM INCREASE,  
14 OFFER TO CONTINUE, ISSUE, OR RENEW THE INSURANCE BUT TO EXCLUDE  
15 FROM COVERAGE, BY NAME, THE PERSON WHOSE CLAIM EXPERIENCE OR  
16 DRIVING RECORD WOULD HAVE JUSTIFIED THE CANCELLATION,  
17 NONISSUANCE, NONRENEWAL, OR PREMIUM INCREASE. THE PREMIUMS  
18 CHARGED ON A POLICY EXCLUDING A NAMED DRIVER SHALL NOT REFLECT  
19 THE CLAIMS EXPERIENCE OR DRIVING RECORD OF THE EXCLUDED NAMED  
20 DRIVER.

21 (2) AN INSURER ISSUING OR RENEWING A POLICY THAT EXCLUDES  
22 A PERSON PURSUANT TO THIS SECTION SHALL INCLUDE, AS PART OF THE  
23 NEW OR RENEWAL POLICY, A WRITTEN NOTICE NAMING THE PERSON  
24 SPECIFICALLY EXCLUDED FROM COVERAGE.

25 (3) WITH RESPECT TO ANY PERSON EXCLUDED FROM COVERAGE  
26 UNDER THIS SECTION, THE POLICY MAY PROVIDE THAT THE INSURER SHALL  
27 NOT BE LIABLE FOR DAMAGES, LOSSES, OR CLAIMS ARISING OUT OF THE

1 OPERATION OR USE OF THE INSURED MOTOR VEHICLE BY THE EXCLUDED  
2 PERSON, WHETHER OR NOT SUCH OPERATION OR USE WAS WITH THE  
3 EXPRESS OR IMPLIED PERMISSION OF A PERSON INSURED UNDER THE  
4 POLICY.

5 **10-4-1530. Insurers to file rate schedule.** AN INSURER  
6 AUTHORIZED TO TRANSACT OR TRANSACTING BUSINESS IN THIS STATE  
7 SHALL FILE WITH THE COMMISSIONER A SCHEDULE OF INSURANCE RATES  
8 FOR THE MINIMUM COVERAGES REQUIRED UNDER THIS PART 15 NO LATER  
9 THAN JANUARY 1, 2010. THE COMMISSIONER SHALL MAKE THE  
10 INFORMATION REQUIRED BY THIS SECTION OPEN TO PUBLIC INSPECTION NO  
11 LATER THAN JANUARY 1, 2010.

12 **10-4-1531. Reduction in rates for drivers aged fifty-five years**  
13 **or older who complete a driver's education course - legislative**  
14 **declaration.** (1) (a) (I) THE GENERAL ASSEMBLY FINDS AND DETERMINES  
15 THAT MOTOR VEHICLE ACCIDENTS CAUSE A SUBSTANTIAL ECONOMIC  
16 IMPACT IN LOST WAGES, MEDICAL BILLS, LEGAL FEES, REHABILITATION  
17 COSTS, AND HIGHER INSURANCE RATES.

18 (II) THE GENERAL ASSEMBLY ALSO FINDS THAT THE MOTOR  
19 VEHICLE ACCIDENT RATE CREATES AN ADDITIONAL SOCIETAL BURDEN IN  
20 THE FORM OF TAXES FOR MEDICAID, FOR THE MEDICALLY INDIGENT, AND  
21 FOR OTHER HOSPITAL-RELATED COSTS.

22 (III) THE GENERAL ASSEMBLY FURTHER FINDS THAT THE NUMBER  
23 OF SUCH ACCIDENTS AND INJURIES IS POSITIVELY AFFECTED WHEN DRIVERS  
24 FIFTY-FIVE YEARS OF AGE OR OLDER TAKE DRIVER'S EDUCATION COURSES.

25 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT IT IS  
26 APPROPRIATE AND BENEFICIAL TO ALL THE PEOPLE OF COLORADO THAT  
27 DRIVERS FIFTY-FIVE YEARS OF AGE OR OLDER WITH RECENT TRAINING AND

1 GOOD DRIVING RECORDS PAY EXPERIENCE-BASED INSURANCE PREMIUMS.

2 (c) A FINANCIAL INCENTIVE IN THE FORM OF LOWER PREMIUMS  
3 WILL PROMPT DRIVERS FIFTY-FIVE YEARS OF AGE OR OLDER TO TAKE  
4 DRIVER'S EDUCATION COURSES AND WILL FURTHER THE GOAL OF THE  
5 GENERAL ASSEMBLY TO REDUCE ACCIDENT-RELATED INJURIES AND  
6 FATALITIES IN COLORADO.

7 (2) (a) ALL RATES, RATING SCHEDULES, AND RATING MANUALS FOR  
8 LIABILITY, PERSONAL INJURY PROTECTION, AND COLLISION COVERAGES OF  
9 A MOTOR VEHICLE INSURANCE POLICY SUBMITTED TO OR FILED WITH THE  
10 COMMISSIONER UNDER THIS PART 15 SHALL PROVIDE FOR AN APPROPRIATE  
11 REDUCTION IN PREMIUM CHARGES BASED ON JUSTIFIABLE DATA WHEN:

12 (I) THE VEHICLE IS A DESCRIBED MOTOR VEHICLE; AND

13 (II) THE PRINCIPAL OPERATOR:

14 (A) IS FIFTY-FIVE YEARS OF AGE OR OLDER; AND

15 (B) HAS SUCCESSFULLY COMPLETED A DRIVER'S EDUCATION  
16 COURSE TAUGHT BY A DRIVING SCHOOL REGULATED PURSUANT TO  
17 ARTICLE 15 OF TITLE 12, C.R.S., OR BY A NONPROFIT CORPORATION  
18 SUBJECT TO ARTICLES 121 TO 137 OF TITLE 7, C.R.S., IF SUCH COURSE HAS  
19 BEEN PREAPPROVED BY THE DEPARTMENT OF REVENUE.

20 (b) ANY DISCOUNT USED BY AN INSURER SHALL BE PRESUMED  
21 APPROPRIATE UNLESS CREDIBLE DATA DEMONSTRATES OTHERWISE.  
22 INSURERS SHALL PROVIDE THE COMMISSIONER WITH DATA REFLECTING  
23 THE CLAIMS EXPERIENCE OF DRIVERS WHO HAVE RECEIVED REDUCTIONS  
24 IN PREMIUM CHARGES COMPARED WITH THE CLAIMS EXPERIENCE OF  
25 DRIVERS WHO HAVE NOT RECEIVED SUCH REDUCTIONS.

26 (3) (a) EACH PERSON WHO SUCCESSFULLY COMPLETES A DRIVER'S  
27 EDUCATION COURSE TAUGHT BY A COMMERCIAL DRIVING SCHOOL

1 REGULATED PURSUANT TO ARTICLE 15 OF TITLE 12, C.R.S., SHALL BE  
2 ISSUED A CERTIFICATE BY THE COMMERCIAL DRIVING SCHOOL OFFERING  
3 THE COURSE. THE CERTIFICATE ISSUED BY THE COMMERCIAL DRIVING  
4 SCHOOL SHALL BE EVIDENCE OF QUALIFICATION FOR THE PREMIUM  
5 DISCOUNT REQUIRED BY THIS SECTION.

6 (b) EACH PERSON WHO SUCCESSFULLY COMPLETES A DRIVER'S  
7 EDUCATION COURSE TAUGHT BY A NONPROFIT CORPORATION SUBJECT TO  
8 ARTICLES 121 TO 137 OF TITLE 7, C.R.S., IF SUCH COURSE HAS BEEN  
9 PREAPPROVED BY THE DEPARTMENT OF REVENUE, SHALL BE ISSUED A  
10 CERTIFICATE BY THE NONPROFIT CORPORATION OFFERING THE COURSE.  
11 THE CERTIFICATE ISSUED BY THE NONPROFIT CORPORATION SHALL BE  
12 EVIDENCE OF QUALIFICATION FOR THE PREMIUM DISCOUNT REQUIRED BY  
13 THIS SECTION.

14 (4) THE PREMIUM REDUCTION REQUIRED BY THIS SECTION SHALL  
15 BE EFFECTIVE FOR AN INSURED FOR A THREE-YEAR PERIOD AFTER  
16 SUCCESSFUL COMPLETION OF THE APPROVED COURSE. HOWEVER, THE  
17 INSURER MAY REQUIRE, AS A CONDITION OF PROVIDING AND MAINTAINING  
18 THE DISCOUNT, THAT THE INSURED, DURING THE THREE-YEAR PERIOD  
19 AFTER COURSE COMPLETION, NOT BE INVOLVED IN AN ACCIDENT FOR  
20 WHICH THE INSURED IS HELD AT FAULT.

21 (5) AN INSURED MAY RENEW QUALIFICATION FOR THE DISCOUNT  
22 PROVIDED BY THIS SECTION BY:

23 (a) (I) RETAKING A DRIVER'S EDUCATION COURSE TAUGHT BY A  
24 COMMERCIAL DRIVING SCHOOL REGULATED PURSUANT TO ARTICLE 15 OF  
25 TITLE 12, C.R.S.; OR

26 (II) RETAKING A DRIVER'S EDUCATION COURSE TAUGHT BY A  
27 NONPROFIT CORPORATION SUBJECT TO ARTICLES 121 TO 137 OF TITLE 7,

1 C.R.S., IF SUCH COURSE HAS BEEN PREAPPROVED BY THE DEPARTMENT OF  
2 REVENUE; AND

3 (b) NOT BEING INVOLVED IN AN ACCIDENT FOR WHICH THE  
4 INSURED IS HELD AT FAULT.

5 (6) THIS SECTION SHALL NOT APPLY WHERE AN INSURED IS TAKING  
6 A DRIVER'S EDUCATION COURSE AS A RESULT OF AN ORDER OF A COURT OR  
7 OTHER GOVERNMENTAL ENTITY RESULTING FROM A MOVING TRAFFIC  
8 VIOLATION.

9 **10-4-1532. Certification of policy and notice forms.** (1) ALL  
10 INSURERS PROVIDING AUTOMOBILE INSURANCE WHO ARE AUTHORIZED BY  
11 THE COMMISSIONER TO CONDUCT BUSINESS IN COLORADO SHALL SUBMIT  
12 AN ANNUAL REPORT TO THE COMMISSIONER LISTING ANY POLICY FORMS,  
13 ENDORSEMENTS, CANCELLATION NOTICES, RENEWAL NOTICES,  
14 DISCLOSURE FORMS, NOTICES OF PROPOSED PREMIUM INCREASES, NOTICES  
15 OF PROPOSED REDUCTIONS IN COVERAGE, AND SUCH OTHER FORMS AS MAY  
16 BE REQUESTED BY THE COMMISSIONER, THAT HAVE BEEN ISSUED OR  
17 DELIVERED TO ANY POLICYHOLDER IN COLORADO. THE LISTING SHALL BE  
18 SUBMITTED NO LATER THAN JULY 1 OF EACH YEAR AND SHALL CONTAIN A  
19 CERTIFICATION BY AN OFFICER OF THE INSURER THAT, TO THE BEST OF THE  
20 OFFICER'S KNOWLEDGE, EACH POLICY FORM, ENDORSEMENT, OR NOTICE  
21 FORM IN USE COMPLIES WITH COLORADO LAW. THE COMMISSIONER SHALL  
22 DETERMINE THE NECESSARY ELEMENTS OF THE CERTIFICATION.

23 (2) ALL INSURERS PROVIDING AUTOMOBILE INSURANCE WHO ARE  
24 AUTHORIZED BY THE COMMISSIONER TO CONDUCT BUSINESS IN COLORADO  
25 SHALL ALSO SUBMIT TO THE COMMISSIONER A LIST OF ANY NEW POLICY  
26 FORM, ENDORSEMENT, CANCELLATION NOTICE, RENEWAL NOTICE,  
27 DISCLOSURE FORM, NOTICE OF PROPOSED PREMIUM INCREASE, NOTICE OF

1 PROPOSED REDUCTIONS IN COVERAGE, AND ANY OTHER FORM AS MAY BE  
2 REQUESTED BY THE COMMISSIONER, AT LEAST THIRTY-ONE DAYS BEFORE  
3 USING SUCH POLICY FORM, ENDORSEMENT, CANCELLATION NOTICE,  
4 RENEWAL NOTICE, DISCLOSURE FORM, NOTICE OF PROPOSED PREMIUM  
5 INCREASE, NOTICE OF PROPOSED REDUCTIONS IN COVERAGE, OR OTHER  
6 FORM AS REQUESTED BY THE COMMISSIONER. THE LISTING SHALL ALSO  
7 CONTAIN A CERTIFICATION BY AN OFFICER OF THE INSURER THAT, TO THE  
8 BEST OF THE OFFICER'S KNOWLEDGE, EACH NEW POLICY FORM,  
9 ENDORSEMENT, OR NOTICE FORM PROPOSED TO BE USED COMPLIES WITH  
10 COLORADO LAW. THE COMMISSIONER SHALL DETERMINE THE NECESSARY  
11 ELEMENTS OF THE CERTIFICATION.

12 (3) THE COMMISSIONER IS AUTHORIZED TO EXAMINE AND  
13 INVESTIGATE INSURERS AUTHORIZED TO CONDUCT BUSINESS IN COLORADO  
14 TO DETERMINE WHETHER AUTOMOBILE POLICY FORMS, ENDORSEMENTS,  
15 CANCELLATION NOTICES, RENEWAL NOTICES, DISCLOSURE FORMS, NOTICES  
16 OF PROPOSED PREMIUM INCREASES, NOTICES OF PROPOSED REDUCTIONS IN  
17 COVERAGE, AND SUCH OTHER FORMS AS MAY BE REQUESTED BY THE  
18 COMMISSIONER, COMPLY WITH THE CERTIFICATION OF THE ORGANIZATION  
19 AND STATUTORY MANDATES.

20 **10-4-1533. Effective date - applicability.** THIS PART 15 SHALL  
21 TAKE EFFECT JULY 1, 2009, AND SHALL APPLY TO AUTOMOBILE ACCIDENTS  
22 OCCURRING AND POLICIES OF AUTOMOBILE INSURANCE ISSUED OR  
23 RENEWED ON OR AFTER JANUARY 1, 2010.

24 **10-4-1534. Repeal of part.** THIS PART 15 IS REPEALED, EFFECTIVE  
25 DECEMBER 31, 2019.

26 **SECTION 2. Repeal.** 10-4-601 (2), (3), (4), and (13), 10-4-619,  
27 10-4-620, 10-4-621, 10-4-622, 10-4-623, 10-4-624, 10-4-625, 10-4-626,

1 10-4-627, 10-4-628, 10-4-629, 10-4-630, 10-4-631, 10-4-632, 10-4-633,  
2 10-4-634, 10-4-635, 10-4-636, 10-4-637, 10-4-638, 10-4-639, 10-4-640,  
3 10-4-641, 10-4-642, and 10-4-643, Colorado Revised Statutes, are  
4 repealed.

5 **SECTION 3.** 10-3-1104 (1) (l), (1) (u), and (1) (dd), Colorado  
6 Revised Statutes, are amended to read:

7 **10-3-1104. Unfair methods of competition and unfair or**  
8 **deceptive acts or practices.** (1) The following are defined as unfair  
9 methods of competition and unfair or deceptive acts or practices in the  
10 business of insurance:

11 (l) Violation of or noncompliance with any insurance law in ~~part~~  
12 ~~6~~ PART 15 of article 4 of this title;

13 (u) Certifying pursuant to section ~~10-4-633~~ 10-4-1532 or issuing,  
14 soliciting, or using an automobile policy form, endorsement, or notice  
15 form that does not comply with statutory mandates. Such solicitation or  
16 certification shall be subject to the sanctions described in sections  
17 10-3-1107, 10-3-1108, and 10-3-1109.

18 (dd) Failing to comply with the provisions of section ~~10-4-628 (2)~~  
19 ~~(a) (v)~~ 10-4-1527 (2) (e) or 10-16-201 (5);

20 **SECTION 4.** 10-3-1110 (2), Colorado Revised Statutes, is  
21 amended to read:

22 **10-3-1110. Rules.** (2) (a) The commissioner may, after notice  
23 and hearing, as provided in article 4 of title 24, C.R.S., promulgate rules  
24 with respect to the payment of benefits under group and individual  
25 contracts of property or casualty coverage, issued by organizations  
26 authorized to do business in this state under the provisions of article 4 of  
27 this title; except that, to the extent that a provision of this subsection (2)

1 OR A RULE ADOPTED PURSUANT TO THIS SUBSECTION (2) conflicts with  
2 ~~section 10-4-642, as enacted by senate bill 04-125, enacted at the second~~  
3 ~~regular session of the sixty-fourth general assembly~~ SECTION 10-4-1508  
4 OR PART 15 OF ARTICLE 4 OF THIS TITLE, PERTAINING TO THE PAYMENT OF  
5 BENEFITS UNDER THE "COLORADO NO-FAULT MOTOR VEHICLE  
6 INSURANCE ACT", the provisions of said section ~~10-4-642~~ 10-4-1508 OR  
7 PART 15 OF ARTICLE 4 OF THIS TITLE shall govern.

8 (b) ~~Such~~ THE rules ADOPTED PURSUANT TO THIS SUBSECTION (2)  
9 may establish a penalty payable to the claimant on benefit payments that  
10 are delayed more than sixty days after a valid and complete filing of the  
11 claim unless there is a reasonable dispute between the parties concerning  
12 ~~such~~ THE claim. ~~Such~~ THE penalty shall not exceed twenty dollars on  
13 claims of less than one hundred dollars or interest at a rate of eight  
14 percent annually on claims above one hundred dollars. In addition to  
15 ~~such~~ penalties payable to the claimant, the commissioner, after notice and  
16 hearing, may assess a civil penalty against any insurer of one hundred  
17 dollars per day for each day benefit payments are delayed more than sixty  
18 days after a valid and complete filing of the claim unless there is a  
19 reasonable dispute between the parties concerning such claim.

20 **SECTION 5.** 10-4-111 (1) and (5), Colorado Revised Statutes, are  
21 amended to read:

22 **10-4-111. Summary disclosure forms required.** (1) Every  
23 insurer issuing policies of dwelling fire insurance, homeowners  
24 insurance, or automobile insurance subject to the provisions of part 6 OR  
25 15 of this article shall, as a condition of doing business in this state, have  
26 on file for public inspection at the division a summary disclosure form  
27 that contains a simple explanation of the major coverages and exclusions

1 of such policies of insurance together with a recitation of general factors  
2 considered in cancellation, nonrenewal, and increase in premium  
3 situations. Each summary disclosure form shall provide notice in ~~bold~~  
4 ~~face~~ BOLD-FACED letters that the policyholder should read the policy for  
5 complete details, and such disclosure form shall not be construed to  
6 replace any provision of the policy itself. In the event of any conflict  
7 between the policy and the disclosure form, the provisions of the policy  
8 shall prevail.

9 (5) In addition to the disclosure requirements in this section, every  
10 insurer or producer who issues automobile insurance policies pursuant to  
11 ~~part 6~~ PART 15 of this article shall comply with the disclosure  
12 requirements in section ~~10-4-636~~ 10-4-1516.

13 **SECTION 6.** 10-4-115 (2), Colorado Revised Statutes, is  
14 amended to read:

15 **10-4-115. Private utilization review.** (2) An insurance carrier  
16 regulated pursuant to ~~the provisions of this article~~ may contract with any  
17 private utilization review organization and receive from that private  
18 utilization review organization a utilization review opinion. If the  
19 insurance carrier relies on the opinion of the private utilization review  
20 organization resulting in a decision to not pay benefits that an appropriate  
21 fact finder later determines were due and owing, then the insurance  
22 carrier shall be responsible to pay the past due benefits in addition to  
23 interest and costs AND ATTORNEY FEES, AS MAY BE REQUIRED BY SECTION  
24 10-4-1509 (3). Nothing in this subsection (2) shall be construed to affect  
25 or limit the commissioner's power to regulate under the provisions of  
26 section 10-3-1104 (1) (h), nor shall anything in this subsection (2) limit  
27 or affect the insured's remedies under ~~part 6~~ PART 15 of this article, or any

1 common law remedy.

2 **SECTION 7.** 10-4-604.5 (1), Colorado Revised Statutes, is  
3 amended to read:

4 **10-4-604.5. Issuance or renewal of insurance policies - proof**  
5 **of insurance provided by certificate, card, or other media.** (1) In  
6 addition to any other requirement, if an insurer issues or renews a policy  
7 of insurance, the insurer shall provide the insured a proof of insurance  
8 certificate or insurance identification card to accompany the insured's  
9 registration application or renewal card or provide proof of insurance in  
10 such other media as is authorized by the department of revenue under  
11 section 42-3-105 (1) (d), C.R.S. IF THE INSURED HAS AN OPERATOR'S  
12 POLICY OF INSURANCE UNDER SECTION 10-4-1505, THE INSURER SHALL  
13 PROVIDE THE INSURED THE PROOF OF INSURANCE FOR EACH MOTOR  
14 VEHICLE OWNED BY THE INSURED.

15 **SECTION 8.** 10-4-608 (1) (c), Colorado Revised Statutes, is  
16 amended to read:

17 **10-4-608. Exemptions.** (1) This part 6 shall not apply to any  
18 policy:

19 (c) Except as authorized by section ~~10-4-624~~ 10-4-1522, arising  
20 out of a motor vehicle rental agreement or any self-insurance thereof;

21 **SECTION 9.** 10-4-609 (1) (c), Colorado Revised Statutes, is  
22 amended to read:

23 **10-4-609. Insurance protection against uninsured motorists -**  
24 **applicability.** (1) (c) The coverage described in paragraph (a) of this  
25 subsection (1) shall be in addition to any legal liability coverage and shall  
26 cover the difference, if any, between the amount of the limits of any legal  
27 liability coverage and the amount of the damages sustained, excluding

1 exemplary damages, up to the maximum amount of the coverage obtained  
2 pursuant to this section. A single policy or endorsement for uninsured or  
3 underinsured motor vehicle coverage issued for a single premium  
4 covering multiple vehicles may be limited to applying once per accident.  
5 The amount of the coverage available pursuant to this section shall not be  
6 reduced by a setoff from any other coverage, including, but not limited to,  
7 legal liability insurance, ~~medical payments~~ PERSONAL INJURY PROTECTION  
8 coverage, health insurance, or other uninsured or underinsured motor  
9 vehicle insurance.

10 **SECTION 10.** The introductory portion to 10-4-615 (1) (a),  
11 Colorado Revised Statutes, is amended to read:

12 **10-4-615. Motorist insurance identification database program**  
13 **- reporting required - fine.** (1) (a) Each insurer that issues a policy  
14 pursuant to this part 6 OR PART 15 OF THIS ARTICLE shall provide to the  
15 department of revenue a record of each policy issued during the  
16 immediately preceding period. Such record shall comply with the  
17 requirements of subsections (2) and (3) of this section. This subsection  
18 (1) shall not be construed to prohibit more frequent reporting. Such  
19 policy information shall be provided to the department as follows:

20 **SECTION 11.** The introductory portion to 10-4-617 (1), Colorado  
21 Revised Statutes, is amended to read:

22 **10-4-617. Insurers - biannual fee - auto theft prevention**  
23 **authority.** (1) Each insurer that issues a policy pursuant to this part 6 or  
24 ~~part 7~~ PART 15 of this article shall biannually pay a fee to the automobile  
25 theft prevention board, created pursuant to section 42-5-112, C.R.S., for  
26 the support of the automobile theft prevention authority. Upon receiving  
27 payment, the board shall transfer the amount received to the state

1 treasurer for deposit in the Colorado auto theft prevention cash fund  
2 created in section 42-5-112 (4), C.R.S. The amount of the fee shall be  
3 equal to one dollar multiplied by the number of motor vehicles insured by  
4 the insurer as of July 1 of each year, divided by two. The insurer shall  
5 report the number of insured motor vehicles and pay the assessed  
6 biannual fee as follows:

7 **SECTION 12.** 10-16-106.5 (2.5), Colorado Revised Statutes, is  
8 amended to read:

9 **10-16-106.5. Prompt payment of claims - legislative**  
10 **declaration.** (2.5) This section shall NOT apply to claims made UNDER  
11 PART 15 OF ARTICLE 4 OF THIS TITLE as a result of injuries sustained in a  
12 motor vehicle accident, regardless of whether fault in such accident has  
13 been determined, TO THE EXTENT THAT BENEFITS DESCRIBED IN SECTION  
14 10-4-1504 (1) (b) ARE APPLICABLE TO SUCH CLAIMS.

15 **SECTION 13.** 13-80-101 (1) (j), Colorado Revised Statutes, is  
16 amended to read:

17 **13-80-101. General limitation of actions - three years.** (1) The  
18 following civil actions, regardless of the theory upon which suit is  
19 brought, or against whom suit is brought, shall be commenced within  
20 three years after the cause of action accrues, and not thereafter:

21 (j) All actions under ~~part 6~~ THE "COLORADO NO-FAULT MOTOR  
22 VEHICLE INSURANCE ACT", PART 15 of article 4 of title 10, C.R.S.;

23 **SECTION 14.** 18-1.3-603 (8) (d) (II), Colorado Revised Statutes,  
24 is amended to read:

25 **18-1.3-603. Assessment of restitution - corrective orders.**  
26 (8) (d) (II) Nothing in this paragraph (d) shall prohibit a nonowner driver  
27 or passenger in the vehicle from being awarded restitution if the driver or

1 passenger was not covered by his or her own ~~medical payments~~ PERSONAL  
2 INJURY PROTECTION coverage policy.

3 **SECTION 15.** 24-30-1512, Colorado Revised Statutes, is  
4 amended to read:

5 **24-30-1512. Risk management fund and self-insured property**  
6 **fund not subject to insurance laws.** The setting aside of reserves for  
7 self-insurance purposes in the risk management fund created in section  
8 24-30-1510, in the self-insured property fund created in section  
9 24-30-1510.5, and in the state employee workers' compensation account  
10 in the risk management fund created in section 24-30-1510.7, shall not be  
11 construed to be creating an insurance company, nor shall the risk  
12 management fund or the self-insured property fund otherwise be subject  
13 to the provisions of the laws of this state regulating insurance or  
14 insurance companies. The requirements of section ~~10-4-624~~ 10-4-1522,  
15 C.R.S., concerning motor vehicle self-insurance are not applicable to this  
16 part 15.

17 **SECTION 16.** 25-3.5-303, Colorado Revised Statutes, is  
18 amended to read:

19 **25-3.5-303. Vehicular liability insurance required.** No  
20 ambulance shall operate in this state unless it is covered by a complying  
21 policy as defined in section ~~10-4-601 (2)~~ 10-4-1502, C.R.S.

22 **SECTION 17.** 25.5-4-301 (9), Colorado Revised Statutes, is  
23 amended to read:

24 **25.5-4-301. Recoveries - overpayments - penalties - interest -**  
25 **adjustments - liens - review or audit procedures - repeal.** (9) Nothing  
26 in ~~part 6~~ PART 15 of article 4 of title 10, C.R.S., shall be construed to limit  
27 the right of the state department to recover the medical assistance

1 furnished to or on behalf of a recipient as the result of the negligence of  
2 a third party.

3 **SECTION 18.** 42-2-127.7 (2) (a), (3), (5) (a), and (8) (c) (I),  
4 Colorado Revised Statutes, are amended to read:

5 **42-2-127.7. Authority to suspend driver's license - uninsured**  
6 **motorists - legislative declaration.** (2) (a) The department may suspend  
7 the driver's license of any person upon its determination that the person  
8 drove a vehicle in this state without having in full force and effect a  
9 complying policy or certificate of self-insurance as required by sections  
10 ~~10-4-619 and 10-4-624~~ 10-4-1503 AND 10-4-1522, C.R.S., as follows:

11 (I) Upon the first determination that a person operated a motor  
12 vehicle in this state without having in full force and effect a complying  
13 policy or certificate of self-insurance as required pursuant to section  
14 ~~10-4-619 or 10-4-624~~ 10-4-1503 OR 10-4-1522, C.R.S., the department  
15 shall suspend the driver's license of a person until the person furnishes  
16 proof of financial responsibility FOR THE FUTURE, as defined in section  
17 42-7-103 (~~14~~), in the manner contemplated by section 42-7-301 (1), in the  
18 amount specified in section ~~10-4-620~~ 10-4-1504, C.R.S.

19 (II) Upon the second determination that the person operated a  
20 motor vehicle in this state without having in full force and effect a  
21 complying policy or certificate of self-insurance as required by sections  
22 ~~10-4-619 and 10-4-624~~ 10-4-1503 AND 10-4-1522, C.R.S., within five  
23 years, the department shall suspend the person's driver's license for a  
24 period of four months.

25 (III) Upon the third or subsequent determination that the person  
26 operated a motor vehicle in this state without having in full force and  
27 effect a complying policy or certificate of self-insurance as required by

1 sections ~~10-4-619 and 10-4-624~~ 10-4-1503 AND 10-4-1522, C.R.S., the  
2 department shall suspend the person's driver's license for a period of eight  
3 months.

4 (3) Whenever a law enforcement officer determines, by checking  
5 the motorist insurance identification database created in section 42-7-604,  
6 and by any other means authorized by law, that a driver violates section  
7 42-4-1409 by not having a complying policy or certificate of  
8 self-insurance in full force and effect as required by sections ~~10-4-619~~  
9 ~~and 10-4-624~~ 10-4-1503 AND 10-4-1522, C.R.S., the law enforcement  
10 officer making such determination shall forward to the department an  
11 affidavit that includes a statement of the officer's probable cause that the  
12 person committed such violation, and a copy of the citation and  
13 complaint, if any, filed with the court. The affidavit shall be dated,  
14 signed, and sworn to by the law enforcement officer under penalty of  
15 perjury, but need not be notarized or sworn to before any other person.

16 (5) (a) Whenever a law enforcement officer determines, by  
17 checking the motorist insurance identification database created in section  
18 42-7-604, and by any other means authorized by law, that a driver violates  
19 section 42-4-1409 by not having a complying policy or certificate of  
20 self-insurance as required by sections ~~10-4-619 and 10-4-624~~ 10-4-1503  
21 AND 10-4-1522, C.R.S., the officer, acting on behalf of the department,  
22 may serve the notice of suspension personally on such driver. If the law  
23 enforcement officer serves the notice of suspension, the officer shall take  
24 possession of any driver's license issued by this state or any other state  
25 that is held by the person. When the officer takes possession of a valid  
26 license, the officer, acting on behalf of the department, shall issue a  
27 temporary permit that is valid for seven days after its date of issuance.

1 (8) (c) (I) When a license is suspended under paragraph (a) of  
2 subsection (2) of this section, the sole issue at the hearing shall be  
3 whether by a preponderance of the evidence the person drove a vehicle  
4 in this state without having in force a complying policy or certificate of  
5 self-insurance as required by sections ~~10-4-619 and 10-4-624~~ 10-4-1503  
6 AND 10-4-1522, C.R.S. If the presiding hearing officer finds the  
7 affirmative of the issue, the suspension order shall be sustained. If the  
8 presiding hearing officer finds the negative of the issue, the suspension  
9 order shall be rescinded.

10 **SECTION 19.** 42-3-105 (1) (d) (I) and (2), Colorado Revised  
11 Statutes, are amended to read:

12 **42-3-105. Application for registration - tax.** (1) (d) (I) The  
13 department or its authorized agents shall not register a motor vehicle  
14 unless the applicant has a complying ~~motor vehicle insurance~~ policy  
15 pursuant to ~~part 6 of article 4 of title 10~~ SECTION 10-4-1503, C.R.S., or a  
16 certificate of self-insurance in full force and effect as required by sections  
17 ~~10-4-619 and 10-4-624~~ SECTION 10-4-1522, C.R.S. The requirements of  
18 this paragraph (d) apply only to motor vehicles classified as Class C  
19 personal property under section 42-3-106 (2) (c), to light trucks that do  
20 not exceed sixteen thousand pounds empty weight, and to sports utility  
21 vehicles that are classified as Class B personal property under section  
22 42-3-106 (2) (b). The applicant shall provide the department or its  
23 authorized agents with the proof of insurance certificate or insurance  
24 identification card provided to the applicant by the applicant's insurer  
25 pursuant to section 10-4-604.5, C.R.S., or provide proof of insurance in  
26 such other media as is authorized by the department. Nothing in this  
27 paragraph (d) shall be interpreted to preclude the department from

1 electronically transmitting insurance information to designated agents  
2 pursuant to section 42-7-604 for the purpose of ensuring compliance with  
3 mandatory insurance requirements.

4 (2) Upon applying for registration, the owner of a motor vehicle  
5 shall receive a written notice printed on the application for registration in  
6 type that is larger than the other information contained on the application  
7 for registration. Such notice shall state that motor vehicle insurance or  
8 operator's coverage is compulsory in Colorado, that noncompliance is a  
9 misdemeanor traffic offense, that the minimum penalty for such offense  
10 is a five-hundred-dollar fine, and that the maximum penalty for such  
11 offense is one year's imprisonment and a one-thousand-dollar fine, and  
12 that such owner shall be required as a condition of obtaining a registration  
13 card to sign an affirmation clause that appears on the registration. The  
14 clause shall state, "I swear or affirm in accordance with section  
15 24-12-102, C.R.S., under penalty of perjury that I now have in effect a  
16 complying policy of motor vehicle insurance including an operator's  
17 policy pursuant to ~~part 6~~ PART 15 of article 4 of title 10, C.R.S., or a  
18 certificate of self-insurance to cover the vehicle or operator of the vehicle  
19 for which this registration is issued, and I understand that such insurance  
20 must be renewed so that coverage is continuous.

21 Signature \_\_\_\_\_, Date \_\_\_\_\_."

22 **SECTION 20.** 42-3-113 (2) (d) (V), Colorado Revised Statutes,  
23 is amended to read:

24 **42-3-113. Records of application and registration.** (2) The  
25 department, upon registering a vehicle, shall issue to the owner a  
26 registration card, which shall contain upon its face the following:

27 (d) A notice, in type that is larger than the other information

1 contained on the registration card:

2 (V) That such owner shall be required upon receipt of the  
3 registration card to sign the affirmation clause on such card that states:  
4 "I swear or affirm under penalty of perjury that I now have in effect a  
5 complying policy of motor vehicle insurance pursuant to ~~part 6~~ PART 15  
6 of article 4 of title 10, C.R.S., or a certificate of self-insurance to cover  
7 the vehicle for which this registration is issued, and I understand that such  
8 insurance must be renewed so that coverage is continuous.

9 Signature \_\_\_\_\_, Date \_\_\_\_\_.";

10 **SECTION 21.** 42-3-304 (1) (b) (I), Colorado Revised Statutes,  
11 is amended to read:

12 **42-3-304. Registration fees - passenger and passenger-mile**  
13 **taxes - clean screen fund.** (1) (b) The following vehicles are exempt  
14 from the motorist insurance identification fee:

15 (I) Vehicles that are exempt from registration fees under this  
16 section or are owned by persons who have qualified as self-insured  
17 pursuant to section ~~10-4-624~~ 10-4-1522, C.R.S.;

18 **SECTION 22.** 42-4-1409 (4) (a) and (4) (b), Colorado Revised  
19 Statutes, are amended to read:

20 **42-4-1409. Compulsory insurance - penalty - legislative intent.**

21 (4) (a) Any person who violates ~~the provisions of~~ subsection (1), (2), or  
22 (3) of this section commits a class 1 misdemeanor traffic offense. The  
23 minimum fine imposed by section 42-4-1701 (3) (a) (II) (A) shall be  
24 mandatory, and the defendant shall be punished by a minimum mandatory  
25 fine of not less than five hundred dollars. The court may suspend up to  
26 one-half of the fine upon a showing that appropriate insurance as required  
27 pursuant to section ~~10-4-619 or 10-4-624~~ 10-4-1503 OR 10-4-1522,

1 C.R.S., has been obtained. Nothing in this paragraph (a) shall be  
2 construed to prevent the court from imposing a fine greater than the  
3 minimum mandatory fine.

4 (b) Upon a second or subsequent conviction under this section  
5 within a period of five years following a prior conviction under this  
6 section, in addition to any imprisonment imposed pursuant to section  
7 42-4-1701 (3) (a) (II) (A), the defendant shall be punished by a minimum  
8 mandatory fine of not less than one thousand dollars, and the court shall  
9 not suspend such minimum fine. The court or the court collections'  
10 investigator may establish a payment schedule for a person convicted of  
11 the provisions of subsection (1), (2), or (3) of this section, and the  
12 provisions of section 16-11-101.6, C.R.S., shall apply. The court may  
13 suspend up to one-half of the fine upon a showing that appropriate  
14 insurance as required pursuant to section ~~10-4-619~~ or ~~10-4-624~~ 10-4-1503  
15 OR 10-4-1522, C.R.S., has been obtained.

16 **SECTION 23.** 42-5-112 (2) (a) (III) (A), Colorado Revised  
17 Statutes, is amended to read:

18 **42-5-112. Automobile theft prevention authority - board -**  
19 **creation - duties - rules - fund - repeal.** (2) (a) There is hereby created  
20 the automobile theft prevention board, referred to in this section as the  
21 "board", which shall consist of eleven members as follows:

22 (III) Nine members appointed by the governor as follows:

23 (A) Five representatives of insurance companies who are  
24 authorized to issue motor vehicle insurance policies pursuant to part 6 OR  
25 15 of article 4 of title 10, C.R.S.;

26 **SECTION 24.** 42-7-103 (6.5) (b), Colorado Revised Statutes, is  
27 amended to read:

1           **42-7-103. Definitions.** As used in this article, unless the context  
2 otherwise requires:

3           (6.5) (b) For purposes of this subsection (6.5), "complying policy"  
4 means a policy of insurance as required by ~~part 6~~ PART 15 of article 4 of  
5 title 10, C.R.S.

6           **SECTION 25.** 42-7-510 (1), Colorado Revised Statutes, is  
7 amended to read:

8           **42-7-510. Insurance or bond required.** (1) Every owner of a  
9 truck that is subject to the registration fee imposed pursuant to section  
10 42-3-305 (5) (b) or (7) or 42-3-306 (5) (b) or (7) and that is not subject to  
11 regulation by the public utilities commission under article 10, 11, 13, or  
12 16 of title 40, C.R.S., before operating or permitting the operation of such  
13 vehicle upon any public highway in this state shall have in each such  
14 vehicle a motor vehicle liability insurance policy or a certificate  
15 evidencing such policy issued by an insurance carrier or insurer  
16 authorized to do business in Colorado, or a copy of a valid certificate of  
17 self-insurance issued pursuant to section ~~10-4-624~~ 10-4-1522, C.R.S., or  
18 a surety bond issued by a company authorized to do a surety business in  
19 Colorado in the sum of fifty thousand dollars for damages to property of  
20 others; the sum of one hundred thousand dollars for damages for or on  
21 account of bodily injury or death of one person as a result of any one  
22 accident; and, subject to such limit as to one person, the sum of three  
23 hundred thousand dollars for or on account of bodily injury to or death of  
24 all persons as a result of any one accident.

25           **SECTION 26.** 42-7-604 (5) (a) (I), Colorado Revised Statutes, is  
26 amended to read:

27           **42-7-604. Motorist insurance identification database program**

1     **- creation - administration - selection of designated agent - legislative**  
2     **declaration.** (5) (a) The department or its designated agent, using its  
3     own computer network, shall develop and maintain a computer database  
4     with information provided by:

5             (I) Insurers, pursuant to section 10-4-615, C.R.S.; except that any  
6     person who qualifies as self-insured pursuant to section ~~10-4-624~~  
7     10-4-1522, C.R.S., shall not be required to provide information to the  
8     department; and

9             **SECTION 27. Effective date - applicability.** This act shall take  
10    effect July 1, 2009, and shall apply to automobile accidents occurring and  
11    policies of automobile insurance issued or renewed on or after January 1,  
12    2010.

13            **SECTION 28. Safety clause.** The general assembly hereby finds,  
14    determines, and declares that this act is necessary for the immediate  
15    preservation of the public peace, health, and safety.