|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1. Insurance Company Information** | | | | | | |
| Company Name: | |  | | | | |
| Contact Name: | |  | | Title: |  | |
| Email Address: | |  | | | | |
| Phone Number: | |  | | | | |
| Address: | |  | | | | |
| NAIC# : |  | | NAIC Group #: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2. Assessment Report**  **(Reflecting applicable insured vehicle policies on July 1, 2021 - Due on or before August 15, 2021)** | | | | |
| *\*Generally, all insured vehicles, both private and commercial, with a declared gross weight of 26,000 lbs. or less must be included in calculating the annual assessment. If “0” see* [*Filing Instructions*](#_Zero_Assessment_Filing) *(page2). For a detailed list of exempted CATPA Fee vehicle insurance policies, see* [*What Policies are Not Applicable to the CATPA Fee*](#_What_Policies_are)*.* | | | | |
| **Number of CATPA Fee Applicable Vehicles Insured\* on July 1, 2021** | | | |  |
| Under penalty of law, I certify that this assessment is correct to the best of my knowledge and that the calculation for this assessment is based on actual number of vehicles insured on July 1, 2021. | | | | |
| *Printed Name:* |  | *Title:* |  | |
| *Signature:* |  | *Date:* |  | |

A. Complete this form, including **Sections 1 and 2**.

B. Email this form to: [cdps\_catpa@state.co.us](mailto:cdps_catpa@state.co.us) **OR** Mail to: **CATPA Office**

**710 Kipling Street, Suite 106**

**Lakewood, CO 80215**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3. Payment Report** | | | |
| *Use Section 1, above, to calculate your biannual assessment fee payment.* ***DO NOT ROUND.*** | | | |
| **1st Payment (Due on or before January 01, 2022)** | | | |
|  | Amount Paid | Date Paid | Check Number/ACH Confirmation |
|  |  |  |
| **2nd Payment (Due on or before July 01, 2022)** | | | |
|  | Amount Paid | Date Paid | Check Number/ ACH Confirmation |
|  |  |  |

Biannual payment may be performed by Check or ACH.

**Check Payment**

A. Complete this form, including **Sections 1 and 3** for the biannual fee (include the Check Number).

B. Mail or E-Mail this completed form to the CATPA Office.

C. Mail the check to the CATPA Office.

**ACH Payment (Electronic Transfer of Funds)**

A. Complete this form, including **Sections 1 and 3** for the biannual fee (include the ACH Confirmation Number).

B. Complete an **ACH Payment** for the biannual fee.

Name of Bank: **Wells Fargo** Account Title: **Treasurer, State of Colorado**

**ACH Transfer Description: MUST** begin with **RBAA CATPA 303-239-4560**

Bank Account Number: **4120280912** ABA for Wires/ACH: **121000248**

**C. Mail or Email this completed form to the CATPA Office.**

**Questions? Contact the CATPA Office at 303-239-4560 or** [**cdps\_catpa@state.co.us**](mailto:cdps_catpa@state.co.us)

**CATPA Fees – General**

Per Colorado statute §10-4-617 C.R.S., each insurer that issues a vehicle policy in Colorado shall biannually pay a fee for the support of the Automobile Theft Prevention Authority. The fee shall be equal to one dollar multiplied by the number of motor vehicles insured by the insurer on July 1 of each year. On or before August 15 of each year, the number of motor vehicles insured by the insurer on July 1 must be submitted to the Colorado Automobile Theft Prevention Authority. This once-a-year assessment is required, where biannual fees will be required based on this assessment. A biannual payment of 50% of this assessment will be due, once on or before January 1, 2020 and again on or before July 1, 2020.

The CATPA fee assessment must include all motor vehicle policies, including any vehicle with the physical characteristics that require registration and licensing, regardless of whether the vehicle is actually registered and licensed in Colorado. This may extend to vehicles registered and licensed in another state. Ranger v. Fortune Ins. Co., 881 P.2d 394 (Colo. App. 1994). {§10-4-601 C.R.S. Footnotes}

# What Policies Are Not Applicable to the CATPA Fee?

Vehicles exempt from the CATPA Fees include:

1. Vehicles or vehicle combinations with a declared gross weight of more than twenty-six thousand pounds. {§10-4-617(5) C.R.S.}
2. Toy vehicle, snowmobile, off-highway vehicle, or a vehicle designed primarily for use on rails. {§10-4-601(6) C.R.S.}
3. Policies issued under an assigned risk plan established under section §10-4-412 C.R.S. {§10-4-608(1.a) C.R.S.}
4. Policies, except as authorized by section §10-4-624, arising out of a motor vehicle rental agreement or any self-insurance thereof; {§10-4-608(1.c) C.R.S.}
5. Policies covering a garage, automobile sales agency, repair shop, service station, or public parking place operation hazard; {§10-4-608(1.d) C.R.S.}
6. Policies issued principally to cover personal or premises liability of an insured even though such insurance may also provide some incidental coverage for liability arising out of the ownership, maintenance, or use of a motor vehicle on the premises of such insured, or on the ways immediately adjoining such premises. {§10-4-608(1.e) C.R.S.}
7. A motor vehicle of the private passenger or station wagon type that is used as a public or livery conveyance for passengers or rented to others pursuant to the terms of a motor vehicle rental agreement.

# Instructions for Assessments with Zero (0) Applicable Vehicle Policies

1. Complete Section 1 and 2, including signature.
2. Email this form to: [cdps\_catpa@state.co.us](mailto:cdps_catpa@state.co.us) **OR** Mail to: **CATPA Office**

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**Lakewood, CO 80215**