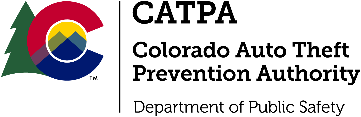
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| 2023 CATPA Reporting Form | 710 Kipling Street, Suite 106 Lakewood, CO 80215  Phone: (303) 239-4560  cdps\_catpa@state.co.us |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1**  **Insurance Company Information** | NAIC #: |  | | | | | | | | | | | | | NAIC Group #: | | | | | |  | | |
| Company Name: | | | |  | | | | | | | | | | | | | | | | | | |
| **Contact Information** | | Name: | | |  | | | | | | | | | | Title: | | | |  | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | |
| State/Zip: | | | |  | | | | | | | | | | Zip Code | | | | |  | |
| Phone Number: | | | | | | |  | | | | | | | | | | | | | |
| Email Address: | | | | | |  | | | | | | | | | | | | | | |
| **Section 2**  **Assessment Reporting**  *Reflecting applicable insured vehicle policies as of* ***July 1, 2023***  ***\*Due on or before***  ***August 15, 2023*** | *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”, please indicate “0” under Number of CATPA Fee Applicable Vehicles line. For questions regarding vehicles applicable to the CATPA fee, see* [*Insurance Assessment FAQs*](https://csp.colorado.gov/services-we-provide/colorado-auto-theft-prevention-authority/insurance-assessment-faqs)*.* | | | | | | | | | | | | | | | | | | | | | | |
| Number of CATPA Fee Applicable Vehicles Insured on **July 1, 2023** | | | | | | | | | |  | | | | | | | | | | | | |
| 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, 2023. | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | |  | | | | | | | | | | Title: | | | |  | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | Date: | | | |  |
| **Section 3**  **Payment Reporting**  Please verify either check payment or ACH payment is selected and associated numbers are included. This form will be rejected and payment returned without this information. | Use the data from *Section 1, above,* calculate the biannual fee payment. **DO NOT ROUND.** | | | | | | | | | | | | | | | | | | | | | | |
| **1st Payment**  **Due on or before**  **01/01/2024** | | | | | | | Amount Paid: | | | | |  | | | | | | | | | | |
| Date Paid: | | | | |  | | | | | | | | | | |
| Check | | | | | Check #: | | | | | |  | | | | |
| ACH | | | | Confirmation #: | | | | | | |  | | | | |
| **2nd Payment**  **Due on or before**  **07/01/2024** | | | | | | | Amount Paid: | | | | |  | | | | | | | | | | |
| Date Paid: | | | | |  | | | | | | | | | | |
| Check | | | | | Check #: | | | | | |  | | | | |
| ACH | | | | Confirmation #: | | | | | | |  | | | | |

**Upon completion of the Assessment (Section 2) OR Payment (Section 3), mail or email this form.**

**Email:** cdps\_catpa@state.co.us

**Mailing Address:** 710 Kipling Street Suite 106, Lakewood, CO 80215



# 710 Kipling Street, Suite 106

Lakewood, CO 80215

Phone: (303) 239-4560

2023 CATPA Reporting Form

Instructions

**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, 2024 and again on or before July 1, 2024.

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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}.

**CATPA Form Instructions**

Each section must be completed in its entirety; if it is not, the form will be returned as incomplete. Should the form and payment not be submitted by deadlines, the company will be considered noncompliant. Please see the important dates for reference. If you have any questions, please visit the CATPA FAQ page:

[**https://csp.colorado.gov/services-we-provide/colorado-auto-theft-prevention-authority/insurance-assessment-faqs**](https://csp.colorado.gov/services-we-provide/colorado-auto-theft-prevention-authority/insurance-assessment-faqs)

1. Under **Section 1,** please compete the entire section. Please verify and ensure updated contact information as CATPA sends out deadline reminders.
2. Under **Section 2,** please indicate the entire number of qualified vehicles insured as of July 1, 2023. This should be a whole number.
3. Under **Section 3,** please complete each payment amount. This should be submitted with each payment made. Forms and payment will be returned if the check number/ACH confirmation number is not included. For payment information please look at payment instructions below.
4. **Mail or email the completed form to the following:**

**Email:** cdps\_catpa@state.co.us

**Address:** 710 Kipling Street Suite 106, Lakewood, CO 80215

1. **CATPA Payment Instructions**

* **Check Payment**

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

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

3. Mail the check to the CATPA Office.

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

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

2. 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**

3. Forward this assessment form and the ACH confirmation form/number from your company’s bank.

1. **Important Dates**

|  |  |
| --- | --- |
| **Reporting Requirement** | **Deadline** |
| Assessment Form Sent to CATPA | On or Before August 15, 2023 |
| First Half of Assessment Fee | On or Before January 1, 2024 |
| Second Half of Assessment Fee | On or Before July 1, 2024 |