

CID Insurance Programs Inc. DBA CID Insurance Services



HOA No-Payroll Workers' Compensation - Nevada NEW BUSINESS QUOTE / BIND REQUEST

Name of HOA: _____

c/o: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: () _____ - _____ Email: _____

FEIN#: _____ Year Built: _____ # of Units in HOA: _____

Physical Address of HOA: _____

- Does HOA have Employees? Yes No # of Employees: _____ Estimated Payroll: _____
- Currently carrying Workers' Comp coverage? If yes, provide expiration date: _____ Yes No
- Have there been any claims in the last four (4) years? (Please provide currently dated loss history) Yes No
- Is the HOA under contract with a Management Firm utilizing a Certified Manager? Yes No
- Does the HOA maintain evidence of Workers' Compensation for all contracted vendors? Yes No
- Does the HOA have an annual operating budget of \$75,000 or greater? Yes No

CID Insurance Programs is pleased to offer the following new business HOA No-Payroll Workers' Compensation quote. **IMPORTANT: INSURANCE COVERAGE IS NOT BOUND.** The following insurance quote is for information only and does not bind coverage. This quote is being offered on the basis shown below and may not necessarily provide the terms and/or coverage requested. If you elect to bind insurance coverage, please complete this form and return to CID Insurance Programs. Coverage cannot be backdated without prior authorization.

Proposed Coverage Limits: AmTrust Insurance Company of Kansas, Inc. an AM Best A rated Insurance Co.
\$1,000,000 Each Accident - Board Members Automatically included
\$1,000,000 Disease – Policy Limit (at no additional cost)
\$1,000,000 Disease – Each Employee - All other volunteers are excluded

| Class Code | Description | Payroll Amount | Premium |
|------------------------------|---------------------|----------------|--------------|
| 9015 | Building Operations | \$0 | \$500 |
| 9012 | Building Operations | \$0 | \$0 |
| Estimated Annual Cost | | | \$500 |

Billing Terms: The policy will be set up for direct bill and will be invoiced by AmTrust North America. The payment required to bind coverage is \$500. Due to the minimum premium on this account, no payment plan options are available; premium must be paid in full. Please make all checks payable to AmTrust North America and mail to PO Box 6939, Cleveland, OH 44101-1939. Payment is due upon receipt of invoice from AmTrust North America.

Please bind HOA No-payroll Workers' Compensation coverage as proposed effective: _____

Signature: _____ Date: _____

Name: _____ Title: _____

**Signature of a member of the Board of Directors or authorized representative of the Association*

Policy limits and coverage that have been selected are per the instructions of the policyholder and insured. This is merely a proposal and is not a Policy of Insurance. Rates quoted reflect the rates in effect as of the date of this proposal and are subject to revision. The company reserves the right to accept, reject, or modify this insurance proposal after investigation, review of the application, and review of all other underwriting information.