

CACM INSURANCE PROGRAMS QUESTIONNAIRE



TODAY'S DATE: _____

NAME: _____

D/B/A: _____

NAMED INSURED: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION
OTHER _____ LLC

CONTACT: _____ PHONE: _____ FAX: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

WEBSITE: _____

NO. YEARS IN BUSINESS: _____ YEARS EXPERIENCE IN THIS FIELD _____

DESCRIPTION OF OPERATIONS: _____

E&O UNDERWRITING QUESTIONS (COMPLETED E&O APPLICATION REQUIRED):

DOES THE APPLICANT CURRENTLY CARRY E&O INSURANCE? YES NO

TYPES OF PROPERTIES MANAGED: (TOTAL PERCENTAGE SHOULD EQUAL 100%)

RESIDENTIAL CONDOMINIUMS: _____%

COMMERCIAL CONDOMINIUMS: _____%

SINGLE-FAMILY HOME: _____%

APARTMENTS: _____%

SHOPPING CENTERS: _____%

OFFICE BUILDINGS: _____%

VACATION RENTALS: _____%

WAREHOUSES: _____%

CURRENT ANNUAL GROSS RECEIPTS: _____

CURRENT CARRIER: _____ EXPIRATION DATE: _____

GENERAL LIABILITY UNDERWRITING QUESTIONS:

1. DOES MANAGEMENT CONTRACT INCLUDE INDEMNIFICATION CLAUSE IN FAVOR OF THE MANAGEMENT COMPANY? YES NO

2. IS MANAGEMENT COMPANY NAMED ADDITIONAL INSURED ON ON ALL CLIENT'S GENERAL LIABILITY AND D&O INSURANCE POLICIES? YES NO

3. DOES MANAGEMENT COMPANY HAVE A MAINTENANCE DIVISION? YES NO

4. IS THE APPLICANT ENGAGED IN ANY OF THE FOLLOWING:

- GENERAL CONTRACTING YES NO
- REAL ESTATE DEVELOPMENT YES NO
- CONVERSION OR REHABILITATION OF PROPERTY YES NO
- HOLDING PROPERTY FOR RESALE YES NO
- REAL ESTATE SALES YES NO

5. CURRENT CARRIER: _____ EXPIRATION DATE: _____

GENERAL LIABILITY LIMIT REQUESTED:

UNDERLYING LIMIT: \$1,000,000/\$2,000,000

UMBRELLA LIMIT: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

BUSINESS AUTO LIABILITY

DOES APPLICANT HAVE BUSINESS AUTO COVERAGE? YES NO
DOES APPLICANT HAVE HIRED & NON-AUTO LIABILITY COVERAGE? YES NO

PROPERTY UNDERWRITING QUESTIONS:

- 1. ARE ANY BUILDINGS IN A HISTORICAL, OR LOCATED WITHIN A DESIGNATED HISTORICAL DISTRICT? YES NO
- 2. ARE ANY BUILDINGS CONSTRUCTED WITH WOOD SHAKE OR CEDAR SHAKE ROOFING OR SIDING? YES NO
- 3. BUILDING OCCUPANCY OF INSURED: OWNER OCCUPANT TENANT
- 4. BUILDING CONSTRUCTION TYPE: FRAME JSTD-MAS MAS-NON COMB FIRE RES.
- 5. SPRINKLERED: YES NO
- 6. BUILDING AGE: _____
- 7. SQUARE FOOTAGE: _____
- 8. NUMBER OF STORIES: _____
- 9 SECURITY: _____ CENTRAL FIRE/BURGLARY: _____
- 10. IF OWNER OCCUPIED BUILDING:
 - HAS ELECTRICAL, PLUMBING, HEATING, AIR CONDITIONING & ROOF BEEN UPDATED IN THE LAST 30 YEARS? YES NO
 - ANY BUILDING OVER THREE (3) STORIES NOT PROTECTED BY AN AUTOMATIC SPRINKLER SYSTEM? YES NO
 - DO ANY BUILDING HAVE HABITATIONAL OCCUPANCY OR ANY OTHER OCCUPANCY THAT WERE BUILT FOR MIXED USE? YES NO
 - ARE ANY BUILDINGS MORE THAN 15% VACANT? YES NO

PROPERTY COVERAGE LIMIT REQUESTED:

BUSINESS PERSONAL PROPERTY: _____ DEDUCTIBLE: _____
COMPUTER & MEDIA PROPERTY: _____
TENANT IMPROVEMENTS: _____
VALUABLE PAPERS: _____
ACCOUNTS RECEIVABLE: _____
BUSINESS PERSONAL PROPERTY OFF-PREMISES/IN TRANSIT: _____
EXTERIOR GLASS COVERAGE: _____ (SQUARE FOOTAGE)
BUSINESS INCOME: _____

ADDITIONAL INTEREST:

LOSS PAYEE: _____ INTEREST: _____
ADDITIONAL INSURED: _____ INTEREST: _____
LANDLORD: _____
NAME: _____
ADDRESS: _____
LOAN NUMBER: _____

CURRENT CARRIER: _____ EXPIRATION DATE: _____

FIDELITY INSURANCE UNDERWRITING QUESTIONS:

LIMIT OF COVERAGE: _____ (APPLICATION REQUIRED)
CURRENT CARRIER: _____ EXPIRATION DATE: _____

WORKERS' COMPENSATION UNDERWRITING QUESTIONS

PAYROLL BROKEN DOWN BY CLASS CODE AND # OF EMPLOYEES

CLASS CODE	ANNUAL PAYROLL	# EMPLOYEES
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT CARRIER: _____ EXPIRATION DATE: _____

EMPLOYMENT PRACTICES UNDERWRITING QUESTIONS

DOES APPLICANT CURRENTLY CARRY EMPLOYMENT PRACTICES LIABILITY INSURANCE? YES NO
(APPLICATION REQUIRED)
NUMBER OF EMPLOYEES: Full Time____, Part time____

CURRENT CARRIER:_____ EXPIRATION DATE: _____

CYBER LIABILITY UNDERWRITING QUESTIONS:

DOES APPLICANT CURRENTLY CARRY CYBER LIABILITY COVERAGE: YES NO
(APPLICATION REQUIRED)

CURRENT CARRIER:_____ EXPIRATION DATE: _____

DIRECTORS & OFFICERS LIABILITY UNDERWRITING QUESTIONS:

DOES APPLICANT CURRENTLY CARRY DIRECTORS & OFFICERS LIABILITY COVERAGE: YES NO
(APPLICATION REQUIRED)

CURRENT CARRIER:_____ EXPIRATION DATE: _____

Contact Ginny Sharp for a Quotation

Phone: (877) 702-1757

Fax: (661) 702-1767

Ginny@cidinsurance.com