

CID Insurance Programs

Association No-Payroll Workers' Compensation - California



NEW BUSINESS QUOTE / BIND REQUEST

Name of Association: _____

c/o: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

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

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

Physical Address of HOA: _____

Does Association 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 Association under contract with a Management Firm utilizing a Certified Manager?

Yes No

Does the Association maintain evidence of Workers' Compensation for all contracted vendors?

Yes No


<p>\$1,000,000 Disease - Policy Limit</p> <p>\$1,000,000 Disease - Each Employee</p>	<p>- Board and Committee Members Automatically included (at no additional cost)</p> <p>- All other volunteers are excluded</p>
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Class	Description	Payroll Amt	Premium
9066	Residential HOA	\$0	\$350
	CA Assessments		\$11
	Annual Cost		\$361

Class	Description	Payroll Amt	Premium
9009	Commercial Association	\$0	\$500
	Assessments		\$18
	Annual Cost		\$518

Billing Terms: The policy will be set up for direct bill and will be invoiced by AmTrust North America. Due to the minimum premium on this account, no payment plan options are available; premium must be paid in full. Payment is due upon receipt of invoice from AmTrust North America.

Please bind Association 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*

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.

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.