<u>Workers' Comp - HOA Payroll</u>

For a complete submission, please include the following information:

☐ ACORD Applications 130

☐ Supplemental Application

If you don't see what you need or have any questions,
please email your underwriter: Lexi@cidinsurance.com

HOA and Property Management Supplemental Questionnaire

Insured Information:

Named Insured:_____ Date: _____

Type of Property Management:

☐Self-managed Community Association   ☐Community Association Property Management Company

Management Certification:

Section 1: Community Association Management Companies

Is the management firm accredited by CACM?	☐Yes	☐No
Are managers Certified Community Association Managers (CCAM)?	☐Yes	☐No

Section 2: Homeowners Associations (on-site employees or self-managed)

Does the HOA utilize an on-site manager?	☐N/A	☐Yes	☐No
Is the on-site manager a Certified Community Association Manager?		☐Yes	☐No
Is the HOA under contract with a management firm utilizing a Certified Manager?		☐Yes	☐No
Does the HOA Management Firm have a workers compensation policy in force?		☐Yes	☐No

Hiring and Management Practices:

Medical Insurance

Medical Insurance Provided? ☐Yes   ☐No   Carrier:_____

Hiring

Pre-hire Screening:	☐Yes	☐No		Pre-employment drug testing:	☐Yes	☐No
Application:	☐Yes	☐No		Post-accident drug testing:	☐Yes	☐No

Employee Safety Program:

New employee orientation program:	☐Yes	☐No	Documented physical inspection of premises:	☐Yes	☐No	
Formal written safety program:	☐Yes	☐No	Maximum weight lifted manually: _____Lbs.			
Documented safety meetings	☐Yes	☐No	Personal protective equipment provided:	☐Yes	☐No	
Safety incentive plan:	☐Yes	☐No	Documented accident investigation:	☐Yes	☐No	
Written supervisor accountability plan:	☐Yes	☐No	Employee training program for all ee's:	☐Yes	☐No	
Full time safety director/risk manager:	☐Yes	☐No				

Operations

Does Applicant have any automobile/driver exposures?	☐Yes	☐No

If yes, # of vehicles: Owned _____ Non-owned _____
Total number of drivers:_____ Radius of operations _____

Are the ages of drivers between 25 to 65?	☒Yes	☐No
Would the applicant be willing to comply with alternate duty return-to-work?	☐Yes	☐No

_____ SIGN HERE _____ _____
Authorized Signature   Title   Date