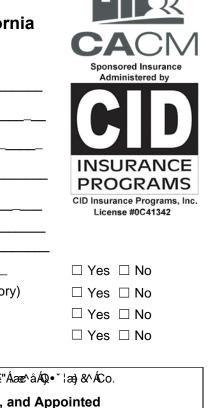
CID Insurance Programs Inc. DBA CID Insurance Services

Name of Association:

Community Association No-Payroll Workers' Compensation - California **NEW BUSINESS QUOTE / BIND REQUEST**



	Dilling Address			
c/o:	_ Billing Address:			
City:	State:	_ Zip:		
Contact Name:	Phone ()	Email:		INSURANCE PROGRAMS
FEIN#:	Year Built:	# of Units		CID Insurance Programs, Inc License #0C41342
Physical Address of HOA:	 		· · · · · · · · · · · · · · · · · · ·	2.00.100 #0041042
Does Association have Employees?	Yes No # of Employee	es Estimated I	Payroll	
Currently carrying Workers' Comp cove		☐ 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
Proposed Coverage Limits: ÁŒ, V¦ˇ•ớÞ[¦c@ÁOE[^¦a&aaÉÁTechnologyÁQ]•	• ˇ ├æ) &^ ÁÔ[{]æ) ^ Áæ) Á0	ŒTÁÓ^•oÁ'Œ"Áæe^åÁQ•	r`¦æ) &^ÁCo.
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\$1,000,000 Each Accident/#/ \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee

- All Board of Directors, Officers, and Appointed Committee Member coverage automatically included by endorsement

Select One

Class	Description	Payroll Amt	Premium
9066	Residential HOA	\$0	\$350
		CA Assessments	\$14
		Annual Cost	\$364

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.