



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Workers' Comp - HOA Payroll

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