



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:

Darby@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 _____