

# CID Insurance Programs Inc. DBA CID Insurance Services

## Community Association No-Payroll Workers' Compensation - Arizona NEW BUSINESS QUOTE / BIND REQUEST

Name of HOA: \_\_\_\_\_

c/o: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

FEIN#: \_\_\_\_\_ Year Built: \_\_\_\_\_ # of Units in HOA: \_\_\_\_\_

Physical Address of HOA: \_\_\_\_\_

Does HOA have Employees?  Yes  No # of Employees: \_\_\_\_\_ Estimated Payroll: \_\_\_\_\_

Currently carrying Workers' Comp coverage? If yes, provide expiration date: \_\_\_\_\_

Have there been any claims in the last four (4) years? (Please provide currently dated loss history)

Is the HOA under contract with a Management Firm utilizing a Certified Manager?

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



- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Proposed Coverage Limits:** AmTrust North America, Technology Insurance Company an AM Best "A-" rated Insurance Co.

**\$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**

Class Code	Description	Payroll Amount	Premium
9015	Building Operations	\$0	\$416
9012	Building Operations	\$0	\$0
<b>Estimated Annual Cost</b>			<b>\$416</b>

**Billing Terms:** The policy will be set up for direct bill and will be invoiced by AmTrust North America. The payment required to bind coverage is \$416. Due to the minimum premium on this account, no payment plan options are available; premium must be paid in full. Please make all checks payable to AmTrust North America and mail to PO Box 6939, Cleveland, OH 44101-1939. Payment is due upon receipt of invoice from AmTrust North America.

Please bind HOA 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.*