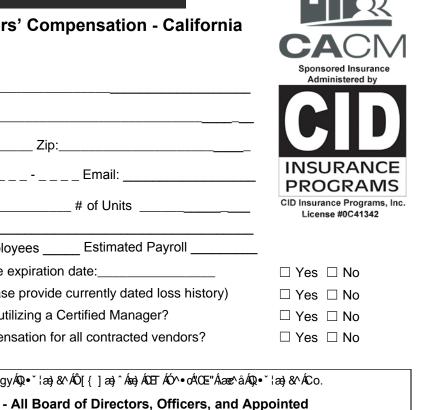
CID Insurance Programs Inc. DBA CID Insurance Services

Name of Association:

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



c/o:	Billing Address:					'
City:	State:	Zip:			VIL	
Contact Name:	Phone ()	-	Email:		INSURANC PROGRAM	
FEIN#:	Year Built:		# of Units		CID Insurance Programs License #0C41342	
Physical Address of HOA:					License #0041342	
Does Association have Employees?	es No # of Emplo	yees	Estimated Payroll	 		
Currently carrying Workers' Comp coverage? If yes, provide expiration date:					□ 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	e of Workers' Compen	sation fo	or all contracted vendors?		☐ Yes ☐ No	
Proposed Coverage Limits: ÆŒ V¦ັ•æ[¦	c@ÁOE; ^¦ã&æ£ÁTechnology				=====================================	

by endorsement

Select One

\$1.000.000 Each Accident

\$1,000,000 Disease - Policy Limit

\$1,000,000 Disease - Each Employee

Class	Description	Payroll Amt	Premium
9066	Residential HOA	\$0	\$350
	,	CA Assessments	\$21
		Annual Cost	\$371

Class	Description	Payroll Amt	Premium
9009	Commercial Association	\$0	\$500
		Assessments	\$31
		Annual Cost	\$531

Committee Member coverage automatically included

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.