

# CID Insurance Programs Inc. DBA CID Insurance Services



## Community Association No-Payroll Workers' Compensation - Oregon New Business Self Quote & Request to Bind

Name of Association: \_\_\_\_\_

Mgmt Co.: \_\_\_\_\_

Billing Address of Mgmt Co.: \_\_\_\_\_

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

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

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

Physical Address of Association: \_\_\_\_\_

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

Currently carrying Workers' Comp coverage?  Yes  No

If yes, provide name of current Carrier and expiration date: \_\_\_\_\_

Is current policy a  payroll or  no-payroll policy?

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

<b>\$1,000,000 Each Accident</b>	<b>- All Board of Directors, Officers, and Appointed Committee</b>
<b>\$1,000,000 Disease – Policy Limit</b>	<b>Member coverage automatically included by endorsement</b>
<b>\$1,000,000 Disease – Each Employee</b>	<b>- All other volunteers are excluded</b>

Class Code	Description	Payroll Amount	Premium
9012	Building Operations	\$0	\$500
9015	Building Operations	\$0	Included
		State Assessments	\$49
		<b>Annual Cost</b>	<b>\$549 MP</b>

**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. Insurance Agent is not an Authorized Signer.*

**IMPORTANT: INSURANCE COVERAGE IS NOT BOUND.** The above insurance quote is for information only and does not bind coverage. This quote is being offered on the basis shown 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.

*Limits and coverage that have been selected are per the instructions of the insured. This is merely a quote and is not a Policy of Insurance. Rates reflect the rates in effect as of the date of this quote and are subject to change. The company reserves the right to accept, reject, or modify this insurance offer after investigation, review of the application, and review of all other underwriting information.*