

CID Insurance Programs Inc. DBA CID Insurance Services

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



Name of Association: _____

Mgmt Co.: _____

Mailing Address of Mgmt Co.: _____

Billing Address of Mgmt Co.: _____

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, Technology Insurance Company an AM Best "A-" rated Insurance Co.

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

| Class Code | Description | Payroll Amount | Premium |
|--------------------|---------------------|----------------|-----------------|
| 9012 | Building Operations | \$0 | \$500 |
| 9015 | Building Operations | \$0 | Included |
| Annual Cost | | | \$500 MP |

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.