Workers Compensation Special Program for Community Associations Request for Quote

Name of HOA _____

C/O _____

Address _____

City, State, Zip _____

Contact Name _____

Phone No. _____ Fax No. _____

FEIN No. _____

Property Address of HOA to be covered _____

Does the HOA have any employees? ☐ No ☐ Yes (how many) _____

Estimated annual payroll for HOA employees _____

Does the HOA currently carry Workers' Compensation coverage? ☐ Yes ☐ No

If yes, please provide the expiration date _____

Does the HOA want to include Board Members for Workers' Compensation? ☐ Yes ☐ No

Have there been any claims in the last four (4) years? ☐ Yes ☐ No

Claims History (please provide current dated loss history)

Is the HOA under contract with Management Firm utilizing a Certified Manager? ☐ Yes ☐ No

Order a proposal by faxing or emailing this form to Caesar Serrano at
(619) 593-2008 • Caesar@cidinsurance.com
1 (800) 922-SAVE

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