

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