



The Brokers Preferred Wholesale Solution

Workers' Comp - Community Associations

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Apartments, Community Associations, Property Management Supplemental Application (To be Completed with Acord 130 application)

Name of Applicant: _____ Quote/Policy#: _____
FEIN #: _____

1. **Provide the number of employees per each job duty (include employees by primary job responsibility):**
Maintenance: _____ Door/Lobby Attendants: _____ Office Employees: _____
Unarmed Security Guards: _____ Armed Security Guards: _____ Sales: _____

a. If applicant employs any security guards and/or door/lobby attendants, please indicate in which class code you are including them in the estimated annual payroll: _____

2. **Please indicate who performs the following duties (M = Maintenance Employees, S = Subcontractors/Independent Contractor (1099) or N/A):**

- | | |
|---|--------------------------------|
| ▪ 24 hour Emergency Repairs: _____ | Roofing: _____ |
| ▪ Flooring Removal/Installation: _____ | Exterior Painting: _____ |
| ▪ Clearing Furniture/Items from Evicted Unit: _____ | Snow/Ice Control: _____ |
| ▪ Electrical/HVAC/Plumbing Work: _____ | Lawn/Ground Maintenance: _____ |

- a. Are any uninsured 1099 Independent Contractors used? Yes No
- b. Are certificates of insurance for workers' compensation always required and obtained for subcontractors and independent contractors? Yes No
- c. Do maintenance employees perform ANY work above 8 feet off the ground? Yes No

3. **Provide % of properties managed that are: Residential _____% Commercial _____%**

- a. Provide % break-out Apartment Complex _____% Houses _____% Office/retail _____% Other _____%
- b. How is rent collected: Physically Collected Mail-in Drop-off On-line

4. **Do any employees live on site?** Yes No

- a. If yes, provide % of employee's living on site _____%
- b. Is a housing allowance provided? Yes No
- c. If yes, allowance amount: \$_____ Is allowance included in the annual payroll provided? Yes No

5. **Do any tenants receive reduced rent for providing services, including but not limited to:**

- a. Law Enforcement, Security, Emergency calls/repairs? Yes No
- b. If yes, is this remuneration reported in the payroll provided? Yes No

6. **Does the Applicant maintain a contractor's license?** Yes No

7. **Is the Applicant a handyman working for others (independent contractor)?** Yes No

8. **Does the Applicant have subsidized housing or are any of the tenants Section 8 renters?** Yes No

a. If yes, what percentages of the tenants fall under one of these categories? _____

9. **Does the Applicant, including all related entity applicants, ever self-perform any kind of real estate development, project management, construction management, property rehabbing/renovations, etc.?** Yes No

Note: All information provided for the purpose of securing insurance coverage is subject to underwriting verification, an underwriting survey and/or inspection. You must notify us of any significant change in operations or payroll. Terms may be rescinded, or coverage cancelled if any person knowingly conceals information, and/or provides any inaccurate or materially false information for the purpose of obtaining insurance coverage.

Signature of Applicant: _____ Date: _____