

**HOMEOWNERS ASSOCIATION
UNDERWRITING QUESTIONNAIRE**

Application/Policy # _____
Federal ID #: _____
Insured Name: _____
Effective Date: _____ Web Site Address: _____
Insurance Contact E-mail Address: _____
Agency: _____ Contact: _____

- 1. Property address of the HOA to be covered: _____
- 2. How many units are in the HOA: _____
- 3. Total HOA payroll: _____
- 4. Is HOA under management contract with certified manager supervision? Yes No
- 5. Name of Management Firm: _____

- 6. **How many independent contractors are used?** _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____

Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance showing HOA as an additional insured? Yes No

- 7. Does HOA have annual operating budget of \$75,000 or greater? Yes No
- 8. Does HOA have a Reserve Study in place? Yes No
- 9. Any Maintenance personnel employed by HOA? Yes No
- 10. What are the duties of the committee members?

- 11. Any Security Personnel employed by HOA? Yes No

12. Loss Experience

Please provide **currently valued loss runs** for the past three to four years.
Are Loss Runs Attached? Yes No

13. New Venture

If no prior Workers' Compensation coverage – Please include “No Loss Letter.”
Is the letter attached? Yes No

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	<u>Full-time</u>	<u>Part-time</u>				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.
 Wood Frame, including masonry veneer Tilt-up concrete
 Unreinforced masonry Reinforced concrete
 Reinforced masonry Light gauge steel frame
 Mobile home Protected structural steel frame

Policy Specifications

Non Participating Plan _____ Participating _____ Program _____ Program Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.