

**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 _____