

**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>				
<b>Location (1)</b>	_____	_____	_____	_____	_____/____	_____
_____						
Street						
_____						
City, State, Zip						
<b>Location (2)</b>	_____	_____	_____	_____	_____/____	_____
_____						
Street						
_____						
City, State, Zip						
<b>Location (3)</b>	_____	_____	_____	_____	_____/____	_____
_____						
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 \_\_\_\_\_