CID Insurance Programs Inc. DBA CID Insurance Services

HOA and Property Management Supplemental Questionnaire

Insured Information: Named Insured: **Type of Property Management:** ☐ Self-managed Community Association □ Community Association Property Management Company **Management Certification:** Section 1: Community Association Management Companies Is the management firm accredited by CACM? □Yes □No Are managers Certified Community Association Managers (CCAM)? □Yes □No Section 2: Homeowners Associations (on-site employees or self-managed) Does the HOA utilize an on-site manager? □N/A □Yes □No Is the on-site manager a Certified Community Association Manager? □Yes □No Is the HOA under contract with a management firm utilizing a Certified Manager? □Yes □No Does the HOA Management Firm have a workers compensation policy in force? □No □Yes **Hiring and Management Practices:** Medical Insurance Medical Insurance Provided? □Yes □No Carrier: Hiring Pre-hire Screening: Pre-employment drug testing: □Yes \square No □Yes □No Application: □Yes □No Post-accident drug testing: □Yes □No **Employee Safety Program:** New employee orientation program: □Yes □No Documented physical inspection of premises: ☐Yes ☐No Formal written safety program: □No Maximum weight lifted manually: □Yes Lbs. Documented safety meetings □Yes □No Personal protective equipment provided: □Yes □No □No □Yes □No Documented accident investigation: Safety incentive plan: □Yes Employee training program for all ee's: Written supervisor accountability plan: □Yes □No □Yes \square No Full time safety director/risk manager: □Yes □No **Operations** Does Applicant have any automobile/driver exposures? □Yes □No If yes, # of vehicles: Owned Non-owned Total number of drivers: _____ Radius of operations ___ Are the ages of drivers between 25 to 65? □No ⊠Yes Would the applicant be willing to comply with alternate duty return-to-work? □Yes □No

Date

Authorized Signature Title