



Workers' Compensation - If Any Proposal

PMA Companies Inc, rated A+ with A.M. Best

Managing General Agent: Community Association Insurance Solutions, LLC

Quote Date: **10/07/2022**

Quote Number: **00295165**

Effective Date: **10/07/2022**

Expiration Date: **12/19/2022**

Named Insured: **Twin Ridge Homeowners Association**

Property Mgmt Co:

Location Address: **101-363 Grove Court
Aspen, CO 81611**

Optional Location
Address:

Agent: **Stefan Hodgden**
Address: **100 E. Victory Way
Craig, CO 81625**

Agent Email: **stefanh@mtnwst.com**
Agent Phone: **(970) 384-8208**

Description of Operations: **Residential Condominium Association**

Organization Type: **Association**

Class Code: **9015**

Estimated Number of Employees: 0
Estimated Annual Remuneration: \$0
Individuals Excluded: None

Part 1 Workers' Compensation Insurance: **Statutory Limits**

Part 2 Employers Liability State: **CO**

\$1,000,000 Each Accident

\$1,000,000 Disease Policy Limit

\$1,000,000 Disease, Each Employee

Part 3 Other States Coverage: All states not listed in Part A of the Policy excluding ND, OH, WA, and WY

Deductible: None

Other Coverages: None

ANNUAL PREMIUM

(includes State Mandated Assessments)

\$70.40 Minimum Premium

\$0.00 Fees and Charges

\$70.40 Total Amount

Corporate Headquarters: 5045 Robert J Mathews Pkwy, Ste 100 El Dorado Hills, CA 95762
Toll Free 888.833.4158 | Phone 916.939.9960 | Fax 916.939.9961 | CA License # 0F00748



We are pleased to offer the following proposal for your Workers' Compensation - If Any insurance. This quotation describes the coverage, terms and conditions offered by the Carrier. Please review them carefully as they may differ from the specifications requested in the submission or from the expiring policy. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal have not been agreed to by the insurer.

REQUIRED FOR BINDING

- Federal Employer Identification Number (FEIN) required, if not already provided
- Completed and signed CAIS Workers' Compensation If Any Application
- Currently valued three years Loss Runs (if prior coverage) **OR**
- Signed and dated No Known Loss Letter

PROPOSAL TERMS AND CONDITIONS TO BINDING

- Prior to the effective date of coverage CAIS must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date.
- Evidence of workers' compensation coverage for all contracted vendors must be maintained, copies to be provided to CAIS, LLC upon request.
- Provide if requested by us, copies of policy declaration pages for property, general liability, and directors & officers coverage.
- Provide if requested by us, if professionally managed, copy of policy declaration pages for Workers' Compensation coverage of management firm.
- CAIS reserves the right to modify or withdraw this proposal in the event of any of the above.

To accept this insurance proposal, please sign the signature line below. Signing this insurance proposal gives our Agency authority to request coverage be bound for your Association. Your signature does not constitute an automatic binder of coverage.

This insurance proposal is valid for 30 days from **10/07/2022** or until the effective date of the quote, whichever comes first (unless the applicable state changes it's taxes, fees or minimum premium and that accordingly alters this quote) and is subject to loss runs demonstrating no losses. This insurance proposal is based on no payroll per the information provided by you, the proposed insured. This insurance proposal is not an insurance policy. Please refer to the terms and conditions of the insurance policy. The insurance company reserves the right for final approval.

This insurance proposal is provided as an outline of coverage and does not bind **PMA Companies Inc**, Community Association Insurance Solutions, LLC, or our brokers to any of the coverage described. Coverage, if bound, will be subject to the terms and conditions of the policy.

Signature of Authorized Representative of Association

Title Date



Workers' Compensation - If Any Application

Quote Date: **10/07/2022**
Quote Number: **00295165**

Effective Date: **10/07/2022**
Expiration Date: **12/19/2022**

Named Insured: **Twin Ridge Homeowners Association**
Federal ID#: **84-1178342**
Organization Type: **Association**
Property Mgmt Co:
Mailing Address: **c/o KWA Accounting / PO Box 1283
Aspen, CO 81612**

Billing C/O:
Billing Address: **c/o KWA Accounting / PO Box 1283
Aspen, CO 81612**

Location Address: **101-363 Grove Court
Aspen, CO 81611**

Optional Location
Address:

Contact Name: **Dave Polovin**
Contact Title: **Board Member**
Contact Phone: **(970) 948-6162**
Contact Email: **davepolo@comcast.net**

Producer Name: **Mountain West Insurance & Financial Services, LLC**
Address: **100 E. Victory Way
Craig, CO 81625**
Phone: **(970) 824-8185**

Billing Plan: **Direct Bill**
Payment Plan: **Annual**

Liability Limits:
Each Accident **\$1,000,000**
Disease Policy Limit **\$1,000,000**
Disease, Each Employee **\$1,000,000**



Description of Operations:	Residential Condominium Association
Is the Association a non-profit?	Yes
Number of Units:	12
Vacancy Rate %:	0
Does the Association plan on hiring and/or has the Association hired anyone paid by 1099 (vendor or subcontracted work)?	No
Does the Association have Direct Employees?	No
Number of Board Members?	4

General Questions

Does the association use a Professional Employer Organization (PEO)? **No**

Has the association experienced a workers' compensation loss? **No**

Is the association aware of an injury on-site that may result in a workers' compensation loss? **No**

Does the association have a reserve study in place?
Is evidence of insurance for both General Liability and Workers' Compensation (where state mandated) required and maintained on file for all subcontracted work (including management firm if professionally managed)? **Yes**

Does the association hold special activities that involve sporting events, off premise activities, alcohol consumption, or any other high hazard risk (e.g., equestrian centers, aquatic centers, parades, carnivals, festivals, casino nights, bus trips and/or any boating exposure)? **No**



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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Producer's Signature

Date

Authorized Signature

Date



NO KNOWN LOSS LETTER

The undersigned declares that no claim has been made, nor is any claim now pending for the proposed, or is any person proposed for this Insurance aware of any fact, circumstance, or situation which may result in a claim against the Organization or any other individual insureds.

Name of Insured: Twin Ridge Homeowners Association

Product: Workers' Compensation If Any

Authorized Signature

Title

Date



www.pmacompanies.com

**POLICYHOLDER NOTICE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84 % beginning on January 1, 2016; 83 % beginning on January 1, 2017; 82 % beginning on January 1, 2018; 81 % beginning on January 1, 2019 and 80 % beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$ 0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

PMA Companies Inc

Twin Ridge Homeowners Association

Name of Insurer

Name of Insured

TBD

10/07/2022

Policy Number

Effective Date

Corporate Headquarters: 5045 Robert J Mathews Pkwy, Ste 100 El Dorado Hills, CA 95762
Toll Free 888.833.4158 | Phone 916.939.9960 | Fax 916.939.9961 | CA License # 0F00748