



In Step with
Community
Associations

Community Association Manager Package Policy



1. APPLICANT INFORMATION

Name _____ Number of Employees _____
 Mailing Address _____ Full-time _____ Part-time _____
 Physical Address Check if same as mailing address _____
 City _____ State _____ Zip Code _____ Telephone _____
 Email _____ Fax _____

2. LOSS INFORMATION

Note: Attach an additional sheet/explanation if needed.

Date of Loss	Type of Loss	Amount Paid/Open Reserves

Check if no losses

3. PROPERTY

Note: Provide the same information for each location if more than one location.

Location 1: Check if same as physical address. If different: _____

Construction	Protection Class	# Stories	Total Area	Sprinklered	Year Built	Year Roof Updated	Year Electrical Updated
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Coverage	Limit	Deductible
Building		
Business Personal Property		
Equipment Breakdown		

4. GENERAL LIABILITY

Select Limits: Per Occurrence / General Aggregate Gross Revenue \$ _____
 \$ 500,000 \$1,000,000
 \$1,000,000 \$2,000,000
 \$2,000,000 \$4,000,000
 Medical Expense: Excluded \$500 \$1,000 \$10,000
 Damage to Rented Premises (\$300,000 included): \$ _____

5. AUTO

Select Limits: \$300,000 \$500,000 \$1,000,000
 Hired Auto Liability Non-owned Auto Liability Hired Physical Damage

6. WORKER'S COMPENSATION

9012* (Clerical & Sales) and 9015 (Maintenance Operations, Ineligible)* state exceptions: CA, DE, MI, NJ, NY, PA, TX

Select Limits: \$100,000/\$500,000/\$100,000 FEIN # _____
 \$500,000/\$500,000/\$500,000 State Employment ID# _____
 \$1,000,000/\$1,000,000/\$1,000,000

Class Code	Payroll

Experience Mod: (if applicable) _____ Type Status _____

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