



Every Community Association should have a Workers' Compensation Policy - **EMPLOYEES or NOT!**

Every Association, employees or not, face the following exposures:

1. An employee of an uninsured contractor is injured at the association and the employer has not provided proper coverage. The association may be required by the local Labor/Industrial authorities to step in as the "employer" as it relates to benefits owed that injured employee;
2. A volunteer working on behalf of the association is injured during the course of their duties. The association should (and ultimately may be *required* to) treat that injury as "work-related" thereby requiring benefits owed under the labor code.

Coverage Considerations...

While the **General Liability** policy *does* provide coverage for "bodily injury", it **EXCLUDES** "bodily injury to an employee". A serious injury to a volunteer and/or employee of a contractor that the industrial commission rules an "employee" of the association would be excluded by your GL carrier. An **"If Any" Workers' Compensation Policy** that includes a **Voluntary Compensation (VC) Endorsement** will respond to each of these exposures as evidenced in the losses outlined below.

Losses paid by the only National WC Program built specifically for Condo/HOAs':

<u>Risk State</u>	<u>Total Paid</u>	<u>Description</u>
CA	\$102,972	Board Member fell walking grounds – broken shoulder, knee
CA	\$24,500	Volunteer fell and landed on head
IL	\$24,000	Maintenance Worker fell from ladder – broke both ankles
GA	\$15,710	Maintenance worker fell while picking up trash
NJ	\$11,677	Manager developed hernia while pushing dumpster

Annual Premium is \$1,000 or less depending on State

Includes full "If Any" protection and a VC Endorsement that treats injuries to volunteers working in an official capacity for the Association as a "work related injury" (meaning first dollar coverage – not excess of personal medical of the volunteer).

Board Action

- Please provide coverage quote immediately (paperwork to follow to complete the placement process)
- Against the advice of *this publication*, we hereby reject coverage

Signature Association: _____ Title of Signer: _____

Signature Name (print) Date



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