



Housing Authority of the City of Pittsburgh

Contracting Officer
100 Ross Street
2nd Floor Suite 200
Pittsburgh, PA 15219
(412) 456-5248
Fax: (412) 456-5007
www.hacp.org

November 1, 2011

Multiple Lines of Insurance RFP#650-43-11

ADDENDUM NO.2

This addendum issued November 1, 2011 becomes in its entirety a part of the Request for Proposal RFP#650-43-11 as is fully set forth herein:

Item 1: Q: I need to get the vehicle schedule to also include vehicle ID numbers; so that I can verify that we have the correct listing of vehicles.

A: Refer to Attachment A.

Item 2: Q: The bid specification does not indicate what the housing authority is requesting for auto liability limits and deductibles, can you please provide this?

A: \$1 million combined single limit and \$10,000.00 deductible.

Item 3: Q: Are any of the vehicles listed on the schedule police or security vehicles? If so please indicate which vehicles, also are they equipped with lights and sirens and does the PHA have a policy with regards to pursuits?

A: No, HACP has no security or police vehicles.

Item 4: Attachment (P) of RFP is included as Attachment B of this addendum.

The Proposal due date, time and location remain unchanged at Tuesday, November 8, 2011 at 10:00 a.m., at HACP Procurement Dept., 100 Ross St. 2nd Floor, Suite 200, Pittsburgh, PA 15219.

END OF ADDENDUM NO. 2

William D. McDanel
Contracting Officer

November 1, 2011
Date

Attachment A

Vehicle VIN # Report

Department	LICENSE	YEAR	MAKE	STYLE	VIN #	HACP #
Admin - Communications	GSE-7085	2007	Ford	Explorer	1FMEU73E77UA73004	23406
Admin - Executive Division	MG6244D	2008	Dodge	Caravan	1D8HN44H38B143599	23573
Admin - MIS	MG4291F	2011	Ford	Escape	1FMCU9C7XBKB36122	24234
Admin - Operations	MG5941A	2004	Ford	Ranger Pick-Up	1FTZR45E54TA17843	22362
Admin - Operations	MG5940A	2004	Ford	Ranger Pick-Up	1FTZR45E74TA17844	21699
Admin - Operations	GZS7116	2007	Ford	Explorer	1FMEU73E67UA59000	23407
Admin - Operations	FJD-0246	2004	Ford	Explorer	1FMZU73W54UB04967	22397
Admin - Operations	HPT1315	2011	Ford	Escape	1FMCU9C73BKB36124	24232
Admin - Procurement	63698MG	1996	Jeep	Cherokee	1J4FJ68S7TL210401	20055
Admin - Procurement	MG5943A	2004	Ford	Ranger Pick-Up	1FTZR45E24TA17850	22361
Admin - Procurement	MG5963A	2004	Ford	Ranger Pick-Up	1FTZR45E64TA17849	22365
Admin - Resident Relations	65825MG	2008	Ford	E-250 Van Handicap	1FTNS24L98DA76787	23566
Admin - Resident Relations	MG0330E	2008	Dodge	Caravan	1D8HN44H18B143598	23567
Admin - Resident Relations	64226-MG	1996	Chevy	Passenger Van	1GAHG39K9TF106316	20243
F/S - Admin	68491MG	2008	Chevy	Impala Sedan	2G1WB58K781213575	23572
F/S - Admin	MG4292F	2011	Ford	Escape	1FMCU9C71BKB36123	24233
F/S - Carpenter	MG-4202F	2011	Ford	F-350 Pick Up	1FT7W3B60BEB43536	24228
F/S - Carpenter	64122-MG	1996	Ford	F-250 Pick-up	1FTHF26H1TEB64696	20910
F/S - Carpenter	71429-MG	2008	Ford	Ranger Super Cab	1FTYR15E58PA64492	23579
F/S - Carpenter	65034-MG	1996	Ford	F-250 Pick-up	1FTHF26HOTE64690	20339
F/S - Carpenter	MG4293F	2011	Ford	F-350 PickUp	1FT8W3B69BEB82484	24229
F/S - Carpenter	MG-4204F	2011	Ford	F-350 PickUp	1FTBF3B61BEB43524	22425
F/S - Carpenter	YZP8705	2011	Chevy	Cargo Van	1GCZGTCG5B1117616	24209
F/S - Carpenter	YZP8704	2011	Chevy	Cargo Van	1GCZGTCGXB1118504	24215
F/S - Carpenter	76502-MG	1998	Chevy	Pick-up	1GCGK24R2WZ275239	20903
F/S - Carpenter	96036MG	2002	Chevy	Pick-up	1GCHK23U92F150227	20860
F/S - Carpenter	MG0320C	2005	GMC	Box Van	IGDJG31U851109998	23271
F/S - Cement	MG-4324F	2011	Ford	F-550 Dump Truck	1FDUF5HTXBEB43535	24218
F/S - Cement	MG2865D	2007	Ford	Dump Truck	1FDXF47Y27EA95895	23403
F/S - Electrician	MG9594D	2001	Ford	Van	1FTSE34L31HA73480	21336
F/S - Electrician	MG6534F	2011	Chevy	Cargo Van	1GCZGTCG2B1117542	24214
F/S - Electrician	YZP8706	2011	Chevy	Cargo Van	1GCZGTCG5B1118216	24213
F/S - Electrician	96250MG	2002	Chevy	G-30 Cargo Van	1GCHG39R221146804	21589
F/S - Electrician	65035MG	2008	Ford	Ranger Super Cab	1FTYR15E78PA64493	23577
F/S - Electrician	90360-MG	2001	Ford	Van	1FTSE34L71HA73482	20428
F/S - Electrician	96038MG	2002	Chevy	G-30 Cargo Van	1GCHG39RX21145027	22389
F/S - Electrician	96037MG	2002	Chevy	G-30 Cargo Van	1GCHG39R921146136	21167
F/S - Engineering	71426MG	2008	Ford	Ranger Super Cab	1FTYR15E58PA64489	23582
F/S - Engineering	MG2110B	2004	Ford	Bucket Truck	1FDAF57P74EC56997	22497
F/S - Equip Repair	64167-MG	1997	Ford	F-350 Stake Body	1FTHF26H1TLB59848	20239
F/S - Equipment Repair	MG54110	2002	Case	Backhoe	JJG0373553	20866

F/S - Equipment Repair	MG74842	2006	Case	Backhoe	N6C403350	23771
F/S - Equipment Repair	MG1714E	1997	Cronkhite	Flatbed Trailer	473241927V1101740	20430
F/S - Equipment Repair	MG1725E	2003	Econline	Trailer	42ETPG2631000058	20865
F/S - Equipment Repair	EGV7956	1998	Chevy	Lumina	2G1WL52M5W1108215	22214
F/S - Equipment Repair	MG3476B	1997	Ford	Dump Truck	IFDKF38GIVEC75943	20511
F/S - Equipment Repair	50828-MG	1994	Chevy	Van	1GCEG25K4RF133877	20410
F/S - ET	MG-65735	2008	Ford	E-250 Van	1FTNE24W08DA76789	23569
F/S - ET	MG6536F	2011	Chevy	Cargo Van	1GCZGTCGXB1119149	24216
F/S - HVAC	MG-4330F	2011	Ford	F-350 Pick Up	1FT8W3B60BEB82485	24231
F/S - HVACR	MG5944A	2004	Ford	Ranger Pick-Up	1FTZR45E44TA17848	21697
F/S - HVACR	27085-MG	2008	Ford	E-250 Van	1FTNE24W98DA76788	23571
F/S - HVACR	65093-MG	2008	Ford	Ranger Super Cab	IFTYR15E18PA64490	21279
F/S - HVACR	MG6537F	2011	Chevy	Cargo Van	IGCZGTCG4B1117994	24208
F/S - HVACR	MG5942A	2004	Ford	Ranger Pick-Up	1FRZR45E44TA17851	22363
F/S - Locksmith	64038-MG	2008	Ford	E-250 Van	IFTNE24W98DA76791	23568
F/S - Painter/Glazier	MG8771F	2000	Ford	Explorer	1FMZU72E61ZA06620	20898
F/S - Painter/Glazier	90358-MG	2001	Ford	Van	1FTSE34L51HA73481	21063
F/S - Painter/Glazier	77454-MG	1999	Ford	Van	1FTNE24L2XHA39496	20273
F/S - Painter/Glazier	90361-MG	2001	Ford	Van	1FTSE34L71HA73479	21062
F/S - Pest Control	71428-MG	2008	Ford	Ranger Super Cab	1FTYR15E98PA64494	23575
F/S - Pest Control	65036-MG	2008	Ford	Ranger Super Cab	1FTYR15E18PA64487	23583
F/S - Pest Control	72399-MG	2008	Ford	Ranger Super Cab	1FTYR15E38PA64488	23578
F/S - Pest Control	MG5962A	2004	Ford	Ranger Pick-Up	1FTZR45E94TA17845	21698
F/S - Pest Control	65085-MG	2008	Ford	Ranger Super Cab	1FTYR15E38PA64491	23580
F/S - Plumbing	50830-MG	2008	Ford	E-250 Van	1FTNE24W76DA76790	23570
F/S - Plumbing	YZP8707	2011	Chevy	Cargo Van	1GCZGTCG9B1118719	24212
F/S - Plumbing	YZP8703	2011	Chevy	Cargo Van	1GCZGTCG4B1118448	24211
F/S - Plumbing	MG6535F	2011	Ford	Cargo Van	1GCZGTCG8B1118064	24217
F/S - Plumbing	96039MG	2002	Chevy	G30 Cargo Van	1GCHG39R921145598	21141
F/S - Plumbing	MG8541A	2004	Chevy	Van	1GCGG25V041175651	22366
F/S - Plumbing	90362-MG	2001	Ford	Van	1FTSE34L91HA395530	20642
F/S - Plumbing	65860-MG	2008	Ford	Ranger Super Cab	1FTYR15EX8PA64486	23576
F/S - Spec Svcs	80918-MG	1998	Ford	E-450 Box Van	1FDWE37L2XHA15104	20672
F/S - Teamster	MG2927D	2008	Ford	Stake Body	1FDXF46Y38ED51254	23574
F/S - Teamster	MG-4325F	2011	Ford	F-450 Dump Truck	1FDUF4HY1BEB59340	24219
F/S - Teamster	MG3099D	2007	Ford	Dump Truck	1FDXF47Y67EA95897	23404
F/S - Teamster	MG-4329F	2011	Ford	F-450 Dump Truck	1FDUF4HY3BEB59341	24222
F/S - Teamster	MG-4331F	2011	Ford	F-450 Dump Truck	1FDUF4HY4BEB54178	24221
F/S - Teamster	MG2864D	2007	Ford	Dump Truck	1FDXF47Y47EA95896	23402
F/S - Teamster	MG-4201F	2011	Ford	F-350 PickUp	1FTBF3B68BEB43522	24224
Site - Addison	64062-MG	1996	Ford	F-250 Pick-up	1FTHF26H3TEB64697	20641
Site - Allegheny	MG-4243F	2011	Ford	F-350 Pick-up	1FTBF3B6XBEB43523	24223
Site - Arlington	96035MG	2002	Chevy	Pick-up	1GCHK23U82F150557	20998

Site - Arlington	76501-MG	1998	Chevy	Pick-up	1GCGK24R3WZ277873	21371
Site - Homewood	MG-4203F	2011	Ford	F-350 Pick Up	1FTBF3B65BEB43526	24226
Site - Northview	MG-4242F	2011	Ford	F-350 Pick Up	1FTBF3B66BEB43521	24235
Site - SS North	MG5961A	2004	Ford	Ranger Pick-Up	1FTZR45E04TA17846	21696
F/S - Equipment Repair	64037-MG	1996	Chevy	Van	1GCGG35K5TF115846	20824
Site - SS South	YVR7766	2004	Ford	Ranger Pick-Up	1FTZR45E24TA17847	22364
Site - SS South	YYY0689	2011	Ford	F-350 PickUp	1FTBF3B63BEB43525	24227

Attachment B
HACP Existing Coverage
Information
Attachment P of RFP

ATTACHMENT P
HACP EXISTING COVERAGE INFORMATION

[REDACTED]

National Union Fire Insurance Company of Pittsburgh, Pa.
1200 Dominion Tower
625 Liberty Ave, Suite 1200
Pittsburgh, PA 15222-
(412) 288-2160

CHARTIS

TEMPORARY AND CONDITIONAL BINDER OF INSURANCE CONFIRMATION LETTER

December 28, 2010

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RE: HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
Public Entity Plan and Trustee Protector

Name of Insurance Carrier: NATIONAL UNION FIRE INSURANCE COMPANY OF
PITTSBURGH, PA.

Address of Insurance Carrier: 175 WATER STREET, NEW YORK, NY, 10038

Tab#: 7052487, Submission #: 291872870

Policy#: 01-423-74-08

Replacement of Policy # 01-346-59-14

Policy Period Effective Date From: 01/01/2011 To 01/01/2012

[REDACTED]

On behalf of National Union Fire Insurance Company of Pittsburgh, Pa. (hereinafter "Insurer"), I am pleased to confirm the conditional binding of coverage in accordance with our agreement as set forth below and subject to the conditions set forth herein. Please review said Conditional Binder for accuracy and contact the Insurer prior to the effective date of policy coverage of any inaccuracy(ies) found within the issued Conditional Binder. If the Insurer does not hear from you prior to the effective date of policy coverage it will be understood that the Conditional Binder has been accepted as an accurate description of the agreed upon terms of coverage.

IMPORTANT POLICY ISSUANCE VERIFICATION

A policy will be issued with the name and address of the Insured exactly as referenced in the "Policy Information" Section of this Conditional Binder. If this information is inaccurate, please advise us immediately.

POLICY INFORMATION

INSURED: HOUSING AUTHORITY OF THE CITY OF PITTSBURGH

INSURED'S ADDRESS: 200 ROSS STREET
PITTSBURGH, PA 15219

TYPE OF POLICY: Public Entity Plan and Trustee Protector

BASIC FORM: 96935 (12/07)

INSURANCE COMPANY: National Union Fire Insurance Company of Pittsburgh, Pa.

POLICY NUMBER: 01-423-74-08

EFFECTIVE DATE: 01/01/2011 **EXPIRATION DATE:** 01/01/2012

AGGREGATE LIMIT OF LIABILITY : \$1,000,000
(Inclusive of Defense Costs, Charges and Expenses)

HIPAA SUBLIMIT OF LIABILITY : \$25,000

RETENTION: \$10,000
(Not applicable to Non-Indemnifiable Loss of a Natural Person Insured and HIPAA Penalties)

CONTINUITY DATE : 06/01/1999

COVERED PLANS : Housing Authority of the City of Pittsburgh Pension Plan

OTHER TERMS: Per Insurer Quote/Indication Letter dated 11/18/2010 except as indicated below.

PREMIUM: 

Important Conditions Of Conditional Binder: See Below

Premium for Certified Acts of Terrorism Coverage under Terrorism Risk Insurance Act 2002: \$90 included in policy premium. Any coverage provided for losses caused by an act of terrorism as defined by TRIA (TRIA Losses) may be partially reimbursed by the United States under a formula established by TRIA as follows: 85% of TRIA Losses in excess of

the insurer deductible mandated by TRIA, the deductible to be based on a percentage of the insurer's direct earned premiums for the year preceding the act of terrorism.

OUTSTANDING SUBJECT TO INFORMATION

1. COMPLETED, SIGNED & DATED FIDUCIARY RENEWAL APPLICATION
2. MOST RECENT AUDITED FINANCIAL STATEMENTS
3. MOST RECENT PLAN FINANCIALS

The following will be added to the basic policy:

- o EMPLOYEE BENEFIT PLAN FIDUCIARY LIABILITY PANEL COUNSEL

ENDORSEMENTS

The following endorsements will be added to the basic policy:

#	Form #	Ed Dt	Title
1	52165	05/08	PENNSYLVANIA AMENDATORY ENDORSEMENT CANCELLATION/NONRENEWAL
2	97464	02/08	PENNSYLVANIA AMENDATORY ENDORSEMENT
3	100662	11/08	EMPLOYEE BENEFIT LAW DEFINITION AMENDED
4	89644	07/05	COVERAGE TERRITORY ENDORSEMENT (OFAC)
5	99758	08/08	NOTICE OF CLAIM (REPORTING BY E-MAIL)
6	105458	04/10	ORDER OF PAYMENTS ENDORSEMENT
7	105496	04/10	PRIOR ACTS EXCLUSION (SPECIFIED DATE) - 6/1/1975
8	105461	04/10	SEVERABILITY OF THE APPLICATION ENDORSEMENT (NONRESCINDABLE SIDE A; TOP 4 POSITION OF NAMED INSURED IMPUTED TO NAMED INSURED AND ANY PLAN)
9	105462	04/10	VOLUNTARY COMPLIANCE LOSS COVERAGE ENDORSEMENT (SUBJECT TO SUBLIMIT OF LIABILITY) - \$50,000
10			WRONGFUL ACT DEFINITION AMENDED (COBRA WORDING)
11	78859	10/01	FORMS INDEX ENDORSEMENT

CONDITIONS OF CONDITIONAL BINDER

When signed by the Insurer, the coverage described above is in effect from 12:01 AM of the Effective Date listed above to 12:01 AM of the Expiration Date listed above, pursuant to the terms, conditions and exclusions of the policy form listed above, any policy endorsements described above, and any modifications of such terms as described in this Conditional Binder section. Unless otherwise indicated, this Conditional Binder may be canceled prior to the Effective Date by the Insured, or by the Broker on the behalf of the Insured, by written notice to the Insurer or by the surrender of this Conditional Binder stating when thereafter such cancellation shall be effective. Unless otherwise indicated, this Conditional Binder may be canceled by the Insurer prior to the Effective Date by sending written notice to the Insured at the address shown above stating when, not less than thirty days thereafter, such cancellation shall be effective. Unless otherwise indicated, this Conditional Binder may be canceled by the Insurer or by the Insured on or

after the Effective Date in the same manner and upon the same terms and conditions applicable to cancellation of the policy form listed above. Issuance by the Insurer and acceptance by or on the behalf of the Insured of the policy shall render this Conditional Binder void except as indicated below.

Notwithstanding the payment of any premium or the issuance of any policy pursuant to this conditional binder, this conditional binder shall be considered to be a TEMPORARY AND CONDITIONAL BINDER and is conditioned upon receipt, review and written underwriting approval of the additional information specified in the section entitled Outstanding Subject To Information. If such information is not received, reviewed and approved in writing by the Insurer within 30 days from the date that this conditional binder letter is executed by the Insurer, then this conditional binder and any policy issued pursuant thereto will be automatically null and void ab initio (void from the beginning) and have no effect. This conditional binder may be extended only in writing from the Insurer.

A condition precedent to coverage afforded by this Conditional Binder is that no material change in the risk occurs and no submission is made to the Insurer of a claim or circumstances that might give rise to a claim between the date of this Conditional Binder indicated above and the Effective Date.

Please note this Conditional Binder contains only a general description of coverages provided. For a detailed description of the terms of a policy you must refer to the policy itself and the endorsements bound herein.

PREMIUM PAYMENT

Our accounting procedures require that payment be remitted within 30 days of the effective date of coverage or 15 days from the billing date, whichever is later.

We appreciate your compliance with this procedure.

We appreciate your business and hope that we can be of further service to you in the future.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

If you have any questions regarding this policy, or for any other service needs, please contact our Chartis Broker Services:

[REDACTED]

National Union Fire Insurance Company of Pittsburgh, Pa.
1200 Dominion Tower
625 Liberty Ave, Suite 1200
Pittsburgh, PA 15222-
(412) 288-2160

CHARTIS

TEMPORARY AND CONDITIONAL BINDER OF INSURANCE CONFIRMATION LETTER

December 28, 2010

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RE: HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
Not For Profit Risk Protector

Name of Insurance Carrier: NATIONAL UNION FIRE INSURANCE COMPANY OF
PITTSBURGH, PA.
Address of Insurance Carrier: 175 WATER STREET, NEW YORK, NY, 10038

Tab#: 7047705, Submission #: 641511290
Policy#: 01-423-77-88
Replacement of Policy # 01-351-26-82
Policy Period Effective Date From: 01/01/2011 To 03/01/2012

Dear Beth:

On behalf of National Union Fire Insurance Company of Pittsburgh, Pa. (hereinafter "Insurer"), I am pleased to confirm the conditional binding of coverage in accordance with our agreement as set forth below and subject to the conditions set forth herein. Please review said Conditional Binder for accuracy and contact the Insurer prior to the effective date of policy coverage of any inaccuracy(ies) found within the issued Conditional Binder. If the Insurer does not hear from you prior to the effective date of policy coverage it will be understood that the Conditional Binder has been accepted as an accurate description of the agreed upon terms of coverage.

IMPORTANT POLICY ISSUANCE VERIFICATION

A policy will be issued with the name and address of the Insured exactly as referenced in the "Policy Information" Section of this Conditional Binder. If this information is inaccurate, please advise us immediately.

POLICY INFORMATION

INSURED: HOUSING AUTHORITY OF THE CITY OF PITTSBURGH

INSURED'S ADDRESS: 200 ROSS STREET, 9TH FLOOR
PITTSBURGH, PA 15219

TYPE OF POLICY: Not For Profit Risk Protector

BASIC FORM: 94204 (03/07)

INSURANCE COMPANY: National Union Fire Insurance Company of Pittsburgh, Pa.

POLICY NUMBER: 01-423-77-88

EFFECTIVE DATE: 01/01/2011 **EXPIRATION DATE:** 03/01/2012

LIMITS OF LIABILITY; RETENTION AND CONTINUITY DATE				
POLICY AGGREGATE: For all coverages combined other than the Crime and the KRE Coverage Sections:			\$2,000,000	
CRISIS MANAGEMENT FUND FOR D&O:			\$50,000	
VOLUNTARY COMPLIANCE LOSS SUBLIMIT OF LIABILITY FOR FLI:			Coverage Section Not Purchased	
HIPPA PENALTIES SUBLIMIT OF LIABILITY FOR FLI:			Coverage Section Not Purchased	
Coverage Section	Separate Limit of Liability	Shared Limit of Liability	Retention/Deductible*	Continuity Date
D&O and Not-For-Profit Organization (D&O")	Inapplicable	\$2,000,000 Shared With: EPL and CCP	If Crisis Management Events : \$0 All Other Claims: \$100,000	10/29/1999
Employment Practices ("EPL")	Inapplicable	\$2,000,000 Shared With: D&O and CCP	All Other Claims: \$100,000	10/29/1999
Fiduciary ("FLI")	Coverage Section Not Purchased	Coverage Section Not Purchased	All Other Claims: Coverage Section Not Purchased	Coverage Section Not Purchased

Employed Lawyers ("CCP")	Inapplicable	\$1,000,000 Shared With: D&O and EPL	All Other Claims: \$10,000	
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*With respect to the D&O, EPL, FLI and CCP Coverage Sections only, no Retention amount is applicable to Non-Indemnifiable Loss.
 *No Retention is applicable to Voluntary Compliance Loss and HIPAA Penalties.

Crime Coverage Section	Per Occurrence Limit Of Liability	Deductible Amount
Insuring Agreement 1.A.: "Employee Theft" Loss	\$400,000	\$2,500
Insuring Agreement 1.B.: "Forgery or Alteration" Loss	\$400,000	\$2,500
Insuring Agreement 1.C.: "Inside the Premises – Theft of Money or Securities" Loss	Not Covered	Not Covered
Insuring Agreement 1.D.: "Inside the Premises – Robbery or Safe Burglary of Other Property" Loss	Not Covered	Not Covered
Insuring Agreement 1.E.: "Outside the Premises" Loss	Not Covered	Not Covered
Insuring Agreement 1.F.: "Computer Fraud" Loss	\$400,000	\$2,500
Insuring Agreement 1.G.: "Money Orders and Counterfeit Paper Currency" Loss	Not Covered	Not Covered
Coverage Endorsement "Clients Property" Loss	Not Covered	Not Covered
Coverage Endorsement "Funds Transfer Fraud" Loss	\$400,000	\$2,500
Coverage Endorsement "Guest Property" Loss	Not Covered	Not Covered

If "Not Covered" is inserted above opposite any specific Insuring Agreement, such Insuring Agreement in the Crime Coverage Section and any other reference thereto in this policy is hereby deleted.

KRE Coverage Section		
Loss Component	Each Loss Component Limit	Annual Aggregate Limit
A. Ransom Monies:	Coverage Section Not Purchased	Coverage Section Not Purchased
B. In-Transit/Delivery:	Coverage Section Not Purchased	Coverage Section Not Purchased
C. Expenses:	Coverage Section Not Purchased	Coverage Section Not Purchased
D. Consultant Expenses:	Coverage Section Not Purchased	Coverage Section Not Purchased
E. Judgments, Settlements and Defense Costs:	Coverage Section Not Purchased	Coverage Section Not Purchased
F. Death or Dismemberment:	Coverage Section Not Purchased	Coverage Section Not Purchased

Each Insured Event Limit:	Coverage Section Not Purchased
Coverage Section Aggregate:	Coverage Section Not Purchased
Deductible (Each Loss):	Coverage Section Not Purchased
Insured Person(s): All directors, officers and employees of the Named Organization	
If "Not Covered" is inserted above opposite any specific Insuring Agreement, such Insuring Agreement in the KRE Coverage Section and any other reference thereto in this policy is hereby deleted.	
Total Premium Charged For All Coverages Combined:	
D&O and NFP Organization Liability ("D&O")	
Employment Practices Liability ("EPL")	
Fiduciary ("FLI")	
Employed Lawyers Professional Liability ("CCP")	
Crime Coverage ("CRIME")	
Kidnap and Ransom/Extortion ("KRE")	

OTHER TERMS: Per Insurer Quote/Indication Letter dated 11/18/2010 except as indicated below.

PREMIUM: [REDACTED]

Important Conditions Of Conditional Binder: See Below

Premium for Certified Acts of Terrorism Coverage under Terrorism Risk Insurance Act 2002: [REDACTED] included in policy premium. Any coverage provided for losses caused by an act of terrorism as defined by TRIA (TRIA Losses) may be partially reimbursed by the United States under a formula established by TRIA as follows: 85% of TRIA Losses in excess of the insurer deductible mandated by TRIA, the deductible to be based on a percentage of the insurer's direct earned premiums for the year preceding the act of terrorism.

OUTSTANDING SUBJECT TO INFORMATION

1. COMPLETED, SIGNED & DATED RENEWAL APPLICATION
2. AUDITED FINANCIAL STATEMENTS FOR 2009 AND INTERIM FINANCIALS FOR 2010

The following will be added to the basic policy:

- o ADMITTED GUTS
- o EPL PAK PLUS INSURED LETTER
- o D&O COVERAGE SECTION (ADMITTED)

- EPL COVERAGE SECTION (ADMITTED)
- CRIME COVERAGE SECTION (ADMITTED)
- EMPLOYED LAWYERS COVERAGE SECTION (ADMITTED)
- APPENDIX A NOT FOR PROFIT PANEL COUNSEL ADDENDUM
- APPENDIX B CRISIS MANAGEMENT COVERAGE FOR D&O COVERAGE SECTION

ENDORSEMENTS

The following endorsements will be added to the basic policy:

#	Form #	Ed Dt	Title
1	52165	05/08	PENNSYLVANIA AMENDATORY ENDORSEMENT CANCELLATION/NONRENEWAL
2	95207	07/07	PENNSYLVANIA AMENDATORY ENDORSEMENT
3	94657	05/07	CAPTIVE INSURANCE COMPANY EXCLUSION (D&O COVERAGE SECTION)
4	94654	05/07	COMMISSIONS EXCLUSION (ALL COVERAGE SECTIONS)
5	96338	10/07	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (ALL COVERAGE SECTIONS)
6	97650	03/08	EXCLUSIONS (F) AND (G) AMENDED ENDORSEMENT (GENERAL TERMS AND CONDITIONS AMENDMENT)
7	99758	08/08	NOTICE OF CLAIM (REPORTING BY E-MAIL)
8	97427	02/08	SEVERABILITY OF THE APPLICATION ENDORSEMENT (FULL INDIVIDUAL SEVERABILITY; TOP 3 ORGANIZATION POSITIONS IMPUTED TO ORGANIZATION; NON- RESCINDABLE) (D&O & EPL COVERAGE SECTIONS)
9	94661	05/07	GOVERNMENTAL FUNDING DEFENSE COST COVERAGE (D&O COVERAGE SECTION)
10	99500	06/08	NOT-FOR-PROFIT RISK PROTECTOR AMENDATORY ENDORSEMENT (NO BI/PD EXCLUSION AMENDMENT) (D&O, EPL & FLI COVERAGE SECTIONS)
11	94931	07/07	CRIME ADVANTAGESM (CRIME COVERAGE SECTION)
12	89644	07/05	COVERAGE TERRITORY ENDORSEMENT (OFAC)
13	94498	05/07	SECURITIES CLAIM EXCLUSION ENDORSEMENT (EMPLOYED LAWYERS COVERAGE SECTION)
14	101482	04/09	ADDITIONAL NAMED INSURED (CRIME COVERAGE SECTION) - Housing Authority Pension Plan - 1/1/11
15	99564	07/08	SIDE A EXCESS LIMIT OF LIABILITY ENDORSEMENT (EXCESS LIMIT APPLICABLE TO NON-INDEMNIFIABLE LOSS UNDER THE D&O COVERAGE SECTION) - \$500,000
16	105083	04/10	HIPAA EXTENSION (D&O AND EPL COVERAGE SECTIONS) - \$50,000
17	94548	05/07	FUNDS TRANSFER FRAUD (CRIME COVERAGE SECTION ONLY)
18			CLASS ACTION CLAIMS SEPARATE RETENTION - \$250,000
19			PANEL COUNSEL AMENDED TO INCLUDE TUCKER ARENSBURG
20			INDIVIDUAL INSUREDS AMENDED TO INCLUDE VOLUNTEERS

			(CCP COVERAGE SECTION)
21	78859	10/01	FORMS INDEX ENDORSEMENT

CONDITIONS OF CONDITIONAL BINDER

When signed by the Insurer, the coverage described above is in effect from 12:01 AM of the Effective Date listed above to 12:01 AM of the Expiration Date listed above, pursuant to the terms, conditions and exclusions of the policy form listed above, any policy endorsements described above, and any modifications of such terms as described in this Conditional Binder section. Unless otherwise indicated, this Conditional Binder may be canceled prior to the Effective Date by the Insured, or by the Broker on the behalf of the Insured, by written notice to the Insurer or by the surrender of this Conditional Binder stating when thereafter such cancellation shall be effective. Unless otherwise indicated, this Conditional Binder may be canceled by the Insurer prior to the Effective Date by sending written notice to the Insured at the address shown above stating when, not less than thirty days thereafter, such cancellation shall be effective. Unless otherwise indicated, this Conditional Binder may be canceled by the Insurer or by the Insured on or after the Effective Date in the same manner and upon the same terms and conditions applicable to cancellation of the policy form listed above. Issuance by the Insurer and acceptance by or on the behalf of the Insured of the policy shall render this Conditional Binder void except as indicated below.

Notwithstanding the payment of any premium or the issuance of any policy pursuant to this conditional binder, this conditional binder shall be considered to be a TEMPORARY AND CONDITIONAL BINDER and is conditioned upon receipt, review and written underwriting approval of the additional information specified in the section entitled Outstanding Subject To Information. If such information is not received, reviewed and approved in writing by the Insurer within 30 days from the date that this conditional binder letter is executed by the Insurer, then this conditional binder and any policy issued pursuant thereto will be automatically null and void ab initio (void from the beginning) and have no effect. This conditional binder may be extended only in writing from the Insurer.

A condition precedent to coverage afforded by this Conditional Binder is that no material change in the risk occurs and no submission is made to the Insurer of a claim or circumstances that might give rise to a claim between the date of this Conditional Binder indicated above and the Effective Date.

Please note this Conditional Binder contains only a general description of coverages provided. For a detailed description of the terms of a policy you must refer to the policy itself and the endorsements bound herein.

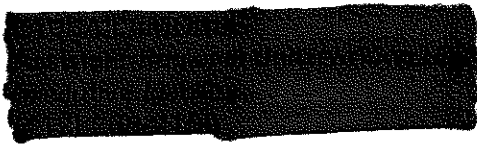
PREMIUM PAYMENT

Our accounting procedures require that payment be remitted within 30 days of the effective date of coverage or 15 days from the billing date, whichever is later.

We appreciate your compliance with this procedure.

We appreciate your business and hope that we can be of further service to you in the future.

Sincerely,

A black rectangular redaction box covering a signature.A black rectangular redaction box covering an address.

If you have any questions regarding this policy, or for any other service needs, please contact our Chartis Broker Services:

Monday-Friday 9:00 AM - 6:00 PM Eastern

Telephone: 1-877-TO-SERVE or (877)867-3783

E-mail: TOSERVE@Chartisinsurance.com

Fax: (800) 315-3896

Raising the bar with commitment to quality



**Housing Authority Risk Retention Group, Inc.
Commercial Automobile Policy**

Important Notice!

This policy is issued by a risk retention group formed under the Federal Risk Retention Act of 1986 and licensed in the State of Vermont. The Housing Authority Risk Retention Group, Inc. may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for a risk retention group.

Please read and review the policy carefully.

Various provisions in this Policy restrict coverage. Read the entire Policy carefully to determine rights, duties and what is and what is not covered.

POLICY NUMBER: HGAU-578-98813-2011
ISSUE DATE: 01/04/2011

HADC 01 11 06

COMMON POLICY DECLARATIONS

COMPANY NAME and ADDRESS	Housing Authority Risk Retention Group 189 Commerce Court Cheshire Connecticut 06410-0189
---------------------------------	---

NAMED INSURED:	Housing Authority of the City of Pittsburgh
MAILING ADDRESS:	200 Ross Street, 9 th Floor Pittsburgh, PA 15219

POLICY PERIOD: FROM 01/01/2011 TO 01/01/2012 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS

BUSINESS DESCRIPTION: Public Housing Authority

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

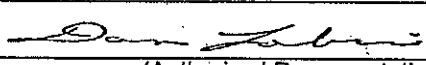
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage:	Premium
Commercial Automobile Coverage Part	
	\$
Total Due	
Taxes, Fees, Sur charges (specify):	\$
	\$
TOTAL PAYABLE AT INCEPTION:	

Payable in Installments:	Date	Amount Due	Date	Amount Due	Date	Amount Due
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):

See HACA SF - Schedule of Forms

Countersigned: 01/04/2010 (Date)	By:  (Authorized Representative)
--	--



**Housing Authority
Insurance Group**

SCHEDULE OF FORMS

**Policy Number: HGAU-578-98813-2011
Housing Authority of the City of Pittsburgh**

COMMON POLICY PROVISIONS

HADC-01-11-06	COMMON POLICY DECLARATIONS
HACA-SF-09-03	SCHEDULE OF FORMS
IL 00 17 11 98	COMMON POLICY CONDITIONS

INTERLINE ENDORSEMENTS

IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 02 46 09 07	PENNSYLVANIA CHANGES – CANCELLATION AND NONRENEWAL
IL 09 10 07 02	PENNSYLVANIA NOTICE

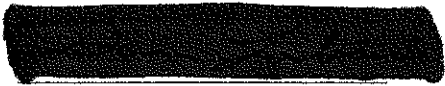
COMMERCIAL AUTOMOBILE

HACA DS-09-03	BUSINESS AUTO COVERAGE PART DECLARATIONS
HACA-TC-09-03	TABLE OF CONTENTS-BUSINESS AUTO COVERAGE
CA 00 01 03 10	BUSINESS AUTO COVERAGE FORM
CA 01 80 09 97	PENNSYLVANIA CHANGES
CA 03 02 03 10	DEDUCTIBLE LIABILITY COVERAGE
CA 21 92 06 10	PENNSYLVANIA UNINSURED MOTORISTS COVERAGE – NONSTACKED
CA 21 93 06 10	PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE – NONSTACKED
CA 22 37 03 06	PENNSYLVANIA BASIC FIRST PARTY BENEFIT
CA 99 33 02 99	EMPLOYEES AS INSURED

This policy consists of the Common Policy Declarations and the Coverage Parts and endorsements listed in that declarations form.

In return for payment of the premium, The Housing Risk Retention Group agrees with the Named Insured to provide the insurance afforded by a Coverage Part forming part of this policy.

The Housing Risk Retention Group has executed this policy, but it is valid only if countersigned on the Common Policy Declarations by our authorized representative.


Chief Executive Officer

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:

A. Under any Liability Coverage, to "bodily injury" or "property damage":

- (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:

- (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
- (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A. The **Cancellation** Common Policy Condition is replaced by the following:

CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by writing or giving notice of cancellation.

2. **Cancellation Of Policies In Effect For Less Than 60 Days**

We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least 30 days before the effective date of cancellation.

3. **Cancellation Of Policies In Effect For 60 Days Or More**

If this policy has been in effect for 60 days or more or if this policy is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

- a. You have made a material misrepresentation which affects the insurability of the risk. Notice of cancellation will be mailed or delivered at least 15 days before the effective date of cancellation.

- b. You have failed to pay a premium when due, whether the premium is payable directly to us or our agents or indirectly under a premium finance plan or extension of credit. Notice of cancellation will be mailed at least 15 days before the effective date of cancellation.

- c. A condition, factor or loss experience material to insurability has changed substantially or a substantial condition, factor or loss experience material to insurability has become known during the policy period. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.

- d. Loss of reinsurance or a substantial decrease in reinsurance has occurred, which loss or decrease, at the time of cancellation, shall be certified to the Insurance Commissioner as directly affecting in-force policies. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.

- e. Material failure to comply with policy terms, conditions or contractual duties. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.
- f. Other reasons that the Insurance Commissioner may approve. Notice of cancellation will be mailed or delivered at least 60 days before the effective date of cancellation.

This policy may also be cancelled from inception upon discovery that the policy was obtained through fraudulent statements, omissions or concealment of facts material to the acceptance of the risk or to the hazard assumed by us.

- 4. We will mail or deliver our notice to the first Named Insured's last mailing address known to us. Notice of cancellation will state the specific reasons for cancellation.
- 5. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- 6. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata and will be returned within 10 business days after the effective date of cancellation. If the first Named Insured cancels, the refund may be less than pro rata and will be returned within 30 days after the effective date of cancellation. The cancellation will be effective even if we have not made or offered a refund.

- 7. If notice is mailed, it will be by registered or first class mail. Proof of mailing will be sufficient proof of notice.

B. The following are added and supersede any provisions to the contrary:

1. Nonrenewal

If we decide not to renew this policy, we will mail or deliver written notice of nonrenewal, stating the specific reasons for nonrenewal, to the first Named Insured at least 60 days before the expiration date of the policy.

2. Increase Of Premium

If we increase your renewal premium, we will mail or deliver to the first Named Insured written notice of our intent to increase the premium at least 30 days before the effective date of the premium increase.

Any notice of nonrenewal or renewal premium increase will be mailed or delivered to the first Named Insured's last known address. If notice is mailed, it will be by registered or first class mail. Proof of mailing will be sufficient proof of notice.

PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. Surveys;
2. Consultation or advice; or
3. Inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. If the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. To consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. If any acts or omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

Instruction to Policy Writers

Attach the Pennsylvania Notice to all new and renewal certificates insuring risks located in Pennsylvania.

BUSINESS AUTO COVERAGE PART DECLARATIONS

Housing Authority Risk Retention Group Inc.
189 Commerce Court
Cheshire Connecticut 06410-0189

ITEM ONE

NAMED INSURED:	Housing Authority of the City of Pittsburgh
MAILING ADDRESS:	200 Ross Street
	Pittsburgh, PA 15219

POLICY PERIOD:	From	01/01/2011	To	01/01/2012	12:01 A.M. Standard Time at your mailing address shown above.
PREVIOUS POLICY NUMBER:	HGAU-578-90965-2010				

THE BUSINESS AUTO COVERAGE PART CONSISTS OF THESE DECLARATIONS AND THE ATTACHED BUSINESS AUTO COVERAGE FORM, OTHER COVERAGE FORM(S), SCHEDULE(S) AND ENDORSEMENTS. IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

*ESTIMATED TOTAL PREMIUM			
Premium shown is payable:	At inception.		
	Each installment	On:	\$
		On:	\$
		On:	\$

Audit period (if applicable)	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
*This policy may be subject to final audit.				

ENDORSEMENTS ATTACHED TO THIS POLICY:

See attached SCHEDULE OF FORMS -HACA-SF-09-03

COUNTERSIGNED

01/04/2011

(Date)

BY

(Authorized Representative)

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS	POLICY NUMBER: HGAU-578-98813-2011 NAMED INSURED: Housing Authority of the City of Pittsburgh
---	--

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$ 1,000,000 Combined Single Limit \$10,000 Deductible	
HIRED NON-OWNED AUTO-MOBILE	Symbol Included with Liability	Limit Included with Liability	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)	Not Covered	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)	Not Covered	SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS	Not Covered	\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)	Not Covered	SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS UNDERINSURED MOTORISTS	2	\$1,000,000	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	Not Covered	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 500 DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	Not Covered	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE	Not Covered	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 500 DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR	Not Covered	\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			

*This policy may be subject to final audit.

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS	POLICY NUMBER: HGAU-578-98813-2011 NAMED INSURED: Housing Authority of the City of Pittsburgh
---	--

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Pri- mary)	PREMIUM
PA	\$ If Any	\$		\$ Included
TOTAL PREMIUM				\$ Included

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY	
---	--

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than A Social Service Agency	Number Of Employees	100	\$ Included
	Number Of Partners		\$
Social Service Agency	Number Of Employees		\$
	Number Of Volunteers		\$
TOTAL			\$ Included

Housing Authority Risk Retention Group, Inc.
BUSINESS AUTO COVERAGE FORM

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BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
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B. Owned Autos You Acquire After The Policy Begins

1. If Symbols 1, 2, 3, 4, 5, 6 or 19 are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol 7 is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Liability Coverage is provided by this coverage form, the following types of vehicles are also covered "autos" for Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

(2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.

(3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.

(4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".

(5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.

c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

(1) All expenses we incur.

(2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

(3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.

(5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

(6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed we will:

(1) Increase the Limit of Insurance for Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.

(2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or

b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the coverage form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph a. above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed.
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site.
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

- a. **Comprehensive Coverage**

From any cause except:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

- b. **Specified Causes Of Loss Coverage**

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

- c. **Collision Coverage**

Caused by:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

2. **Towing**

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. **Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles**

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and

- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

- a. **Transportation Expenses**

We will pay up to \$20 per day to a maximum of \$600 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- b. **Loss Of Use Expenses**

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

- a. **Nuclear Hazard**

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
 - (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.
3. We will not pay for "loss" due and confined to:
- a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.
- This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".
4. We will not pay for "loss" to any of the following:
- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
 - b. Any device designed or used to detect speed-measuring equipment such as radar or laser detectors and any jamming apparatus intended to elude or disrupt speed-measurement equipment.
 - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
 - d. Any accessories used with the electronic equipment described in Paragraph c. above.
5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
- a. Permanently installed in or upon the covered "auto";

- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
 - c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
 - d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.
6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limit Of Insurance

1. The most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
2. \$1,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
 - a. Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
 - b. Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
 - c. An integral part of such equipment.
3. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
4. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
 - (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
 - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
 - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
 - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
 - (4) Authorize us to obtain medical records or other pertinent information.

- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

c. If there is "loss" to a covered "auto" or its equipment you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this coverage form until:

- a. There has been full compliance with all the terms of this coverage form; and
- b. Under Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this coverage form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this coverage form.

2. Concealment, Misrepresentation Or Fraud

This coverage form is void in any case of fraud by you at any time as it relates to this coverage form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

- a. This coverage form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this coverage form.

3. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this coverage form.

5. Other Insurance

- a. For any covered "auto" you own, this coverage form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this coverage form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this coverage form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own.
- (2) Primary while it is connected to a covered "auto" you own.

- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

- c. Regardless of the provisions of Paragraph a. above, this coverage form's Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this coverage form and any other coverage form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our coverage form bears to the total of the limits of all the coverage forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this coverage form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this coverage form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this coverage form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if:

- (a) A covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and
- (b) The "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this coverage form and any other coverage form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the coverage forms or policies shall not exceed the highest applicable Limit of Insurance under any one coverage form or policy. This condition does not apply to any coverage form or policy issued by us or an affiliated company specifically to apply as excess insurance over this coverage form.

SECTION V – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
 2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.
- However, "auto" does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
 2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants".

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
 - (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
- 1. A lease of premises;
 - 2. A sidetrack agreement;
 - 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 - 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
 - 5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;
 - 6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J. "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
- 1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 - 2. Vehicles maintained for use solely on or next to premises you own or rent;
 - 3. Vehicles that travel on crawler treads;
 - 4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
 - 5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or

6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

M. "Property damage" means damage to or loss of use of tangible property.

N. "Suit" means a civil proceeding in which:

1. Damages because of "bodily injury" or "property damage"; or
 2. A "covered pollution cost or expense";
- to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.

O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA CHANGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Changes In Liability Coverage

2. The following is added to Supplementary Payments:

Prejudgment interest awarded against the "insured" on the part of the judgment we pay. Any prejudgment interest awarded against the "insured" is subject to the applicable Pennsylvania Rules of Civil Procedure.

B. Changes In Conditions

1. The following is added to the Loss Conditions Section:

Paragraph A.2.b.(5) of the Duties In The Event Of An Accident, Claim, Suit Or Loss Condition is replaced by the following:

After we show good cause, submit to examination at our expense, by physicians of our choice.

The following is added to the Transfer Of Rights Of Recovery Against Others To Us Condition:

If we make any payment due to an "accident" and the "insured" recovers from another party in a separate claim or "suit", the insured shall hold the proceeds in trust for us and pay us back the amount we have paid less reasonable attorneys' fees, costs and expenses incurred by the "insured" to the extent such payment duplicates any amount we have paid under this coverage.

2. The following is added to the General Conditions Section:

CONSTITUTIONALITY CLAUSE

The premium for, and the coverages of, this Coverage Form have been established in reliance upon the provisions of the Pennsylvania Motor Vehicle Financial Responsibility Law.

In the event a court, from which there is no appeal, declares or enters a judgment, the effect of which is to render the provisions of such statute invalid or unenforceable in whole or in part, we shall have the right to recompute the premium payable for the Coverage Form and void or amend the provisions of the Coverage Form, subject to the approval of the Insurance Commissioner.

POLICY NUMBER:

COMMERCIAL AUTO
CA 03 02 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Housing Authority of the City of Pittsburgh

Endorsement Effective Date: 01/01/2011

SCHEDULE

Liability Coverage is subject to one of the following two deductibles shown below:

Liability Deductible:	\$ 10,000	Per "Accident"
OR		
"Property Damage" Only Liability Deductible:	\$	Per "Accident"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

Liability Coverage is changed as follows:

A. Liability Coverage Deductible

If a Liability Deductible, and not a "Property Damage" Only Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage will be reduced by the Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

B. Property Damage Only Liability Coverage Deductible

If a "Property Damage" Only Liability Deductible, and not a Liability Deductible, is shown in the Schedule, the damages resulting from any one "accident" that are otherwise payable under Liability Coverage for "property damage" will be reduced by the "Property Damage" Only Liability Deductible shown in the Schedule prior to the application of the Limit of Insurance provision.

C. Our Right To Reimbursement

To settle any claim or "suit" we will pay all or any part of any deductible shown in the Schedule. You must reimburse us for the deductible or the part of the deductible we paid.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA UNINSURED MOTORISTS COVERAGE – NONSTACKED

For a covered "motor vehicle" licensed or principally garaged in, or "garage operations" conducted in, Pennsylvania, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Housing Authority of the City of Pittsburgh

Endorsement Effective Date: 01/01/2011

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of an "uninsured motor vehicle".
2. No judgment for damages arising out of a "suit" brought against the owner or operator of an "uninsured motor vehicle" is binding on us unless we:
 - a. Received reasonable notice of the pendency of the "suit" resulting in the judgment; and
 - b. Had a reasonable opportunity to protect our interests in the "suit".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".
 - b. Anyone else "occupying" a covered "motor vehicle" or a temporary substitute for a covered "motor vehicle". The covered "motor vehicle" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
 - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "motor vehicle" or a temporary substitute for a covered "motor vehicle". The covered "motor vehicle" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. Any claim settled without our consent. However, this exclusion does not apply if such settlement does not adversely affect our rights of recovery under this coverage.
2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
4. Punitive or exemplary damages.
5. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other coverage form or policy.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "motor vehicles", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Uninsured Motorists Coverage shown in the Schedule or Declarations.
2. Any amount payable for damages under this coverage shall be reduced by all sums paid by or for anyone who is legally responsible. This includes all sums paid for the same damages under this coverage form's Liability Coverage. This also includes all sums paid for an "insured's" attorney either directly or as part of the amount paid to the "insured".
3. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, Medical Payments Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The **Conditions** are changed for Pennsylvania Uninsured Motorists Coverage – Nonstacked as follows:

1. **Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:
 - a. Promptly notify the police if a hit-and-run driver is involved; and
 - b. Promptly send us copies of the legal papers if a "suit" is brought.
2. **Legal Action Against Us** is replaced by the following:
 - a. No one may bring a legal action against us under this coverage form until there has been full compliance with all the terms of this coverage form.

b. Any legal action against us under this coverage form must be brought within four years after the date on which the "insured" knows of the uninsured status of the owner or driver of the "uninsured motor vehicle". However, this Paragraph b. does not apply to an "insured" if, within four years after the date on which the "insured" knows of the uninsured status of the owner or driver of the "uninsured motor vehicle", we or the "insured" have made a written demand for arbitration in accordance with the provisions of this endorsement.

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment due to an "accident" involving an "uninsured motor vehicle" and the "insured" recovers from another party in a separate claim or "suit", the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid, less reasonable attorneys' fees, costs and expenses incurred by the "insured" to the extent such payment duplicates any amount we have paid under this coverage.

4. Other Insurance in the Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

a. If there is other applicable similar insurance available under more than one coverage form or policy, the following priorities of recovery apply:

First	The Uninsured Motorists Coverage applicable to the vehicle the "insured" was "occupying" at the time of the "accident".
Second	The coverage form or policy affording Uninsured Motorists Coverage to the "insured" as an individual Named Insured or "family member".

b. Where there is no applicable insurance available under the first priority, the maximum recovery under all coverage forms or policies in the second priority may equal but not exceed the highest applicable limit for any one vehicle under any one coverage form or policy affording coverage to an individual Named Insured or "family member".

c. Where there is applicable insurance available under the first priority:

- (1) The Limit of Insurance applicable to the vehicle the "insured" was "occupying" under the coverage form or policy in the first priority shall first be exhausted; and
- (2) The maximum recovery under all coverage forms or policies in the second priority may equal but not exceed the highest applicable limit for any one vehicle under any one coverage form or policy affording coverage to an individual Named Insured or "family member".

d. If two or more coverage forms or policies have equal priority:

- (1) The insurer against whom the claim is first made shall process and pay the claim as if wholly responsible for all insurers with equal priority;
- (2) The insurer thereafter is entitled to recover pro rata contribution from any other insurer on the same level of priority for the benefits paid and the costs of processing the claim.

5. The following condition is added:

Arbitration

a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "uninsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.

b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
 - a. For which no liability bond or policy applies at the time of an "accident".
 - b. For which an insuring or bonding company:
 - (1) Denies coverage;
 - (2) Is or becomes insolvent; or
 - (3) Is or becomes involved in insolvency proceedings.
 - c. For which neither the driver nor owner can be identified. The vehicle or "trailer" must:
 - (1) Hit an "insured", a covered "motor vehicle" or a vehicle an "insured" is "occupying"; or
 - (2) Cause an "accident" resulting in "bodily injury" to an "insured" without hitting an "insured", a covered "motor vehicle" or a vehicle an "insured" is "occupying".

If there is no physical contact with the hit-and-run vehicle, the facts of the "accident" must be proved.

However, an "uninsured motor vehicle" does not include any vehicle:

- a. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer who is or who becomes insolvent and cannot provide the amounts required by that motor vehicle law; or
 - b. Designed for use mainly off public roads while not on public roads.
4. "Motor vehicle" means a vehicle which is self-propelled except one which is propelled solely by human power or by electric power obtained from overhead trolley wires, but does not mean a vehicle operated upon rails.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE – NONSTACKED

For a covered "motor vehicle" licensed or principally garaged in, or "garage operations" conducted in, Pennsylvania, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Named Insured: Housing Authority of the City of Pittsburgh

Endorsement Effective Date: 01/01/2011

SCHEDULE

Limit Of Insurance: \$ 1,000,000

Each "Accident"

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of an "underinsured motor vehicle".
2. We will pay under this coverage only if Paragraph a. or b. below applies:
 - a. The limits of any applicable liability bonds or policies have been exhausted by payment of judgments or settlements; or
 - b. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle" and we:
 - (1) Have been given prompt written notice of such tentative settlement; and

- (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

3. No judgment for damages arising out of a "suit" brought against the owner or operator of an "underinsured motor vehicle" is binding on us unless we:

- a. Received reasonable notice of the pendency of the "suit" resulting in the judgment; and
- b. Had a reasonable opportunity to protect our interests in the "suit".

B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
 - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "motor vehicle" or a temporary substitute for a covered "motor vehicle". The covered "motor vehicle" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":

- a. Anyone "occupying" a covered "motor vehicle" or a temporary substitute for a covered "motor vehicle". The covered "motor vehicle" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

C. Exclusions

This insurance does not apply to any of the following:

1. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
2. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
3. Punitive or exemplary damages.
4. "Bodily injury" sustained by:
 - a. An individual Named Insured while "occupying" or when struck by any vehicle owned by that Named Insured that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form;
 - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Underinsured Motorists Coverage under this coverage form; or
 - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Underinsured Motorists Coverage on a primary basis under any other coverage form or policy.
5. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;

- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

D. Limit Of Insurance

1. Regardless of the number of covered "motor vehicles", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the Limit Of Insurance for Underinsured Motorists Coverage shown in the Schedule or Declarations.
2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, Medical Payments Coverage endorsement or Uninsured Motorists Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

E. Changes In Conditions

The **Conditions** are changed for Pennsylvania Underinsured Motorists Coverage – Nonstacked as follows:

1. **Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:
 - a. Promptly send us copies of the legal papers if a "suit" is brought.
 - b. A person seeking Underinsured Motorists Coverage must also promptly notify us, in writing, of a tentative settlement between the "insured" and the insurer of the "underinsured motor vehicle" and allow us 30 days to advance payment to the "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle".

2. Legal Action Against Us is replaced by the following:

- a. No one may bring a legal action against us under this coverage form until there has been full compliance with all the terms of this coverage form.
- b. Any legal action against us under this coverage form must be brought within four years after the date on which the "insured" either settles with, or receives a judgment against, the owner or driver of the "underinsured motor vehicle".
- c. Paragraph 2.b. above of this condition does not apply if, within four years after the date on which the "insured" either settles with, or receives a judgment against, the owner or driver of the "underinsured motor vehicle":
 - (1) We or the "insured" have made a written demand for arbitration in accordance with the provisions of this endorsement; or
 - (2) The "insured" has filed an action for "bodily injury" against the owner or operator of the "underinsured motor vehicle" and such action is:
 - (a) Filed in a court of competent jurisdiction; and
 - (b) Not barred by the applicable state statute of limitations.

In the event that the four-year time limitation identified in this condition does not apply, the applicable state statute of limitations will govern legal action against us under this coverage form.

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment due to an "accident" involving an "underinsured motor vehicle" and the "insured" recovers from another party in a separate claim or "suit", the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid less reasonable attorneys' fees, costs and expenses incurred by the "insured" to the extent such payment duplicates any amount we have paid under this coverage.

Our rights do not apply under this provision with respect to Underinsured Motorists Coverage if we:

- a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle"; and

- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Underinsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

4. Other Insurance in the Business Auto and Garage Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms are replaced by the following:

- a. If there is other applicable similar insurance available under more than one coverage form or policy, the following priorities of recovery apply:

First	The Underinsured Motorists Coverage applicable to the vehicle the "insured" was "occupying" at the time of the "accident".
Second	The coverage form or policy affording Underinsured Motorists Coverage to the "insured" as an individual Named Insured or "family member".

- b. Where there is no applicable insurance available under the first priority, the maximum recovery under all coverage forms or policies in the second priority may equal but not exceed the highest applicable limit for any one vehicle under any one coverage form or policy affording coverage to an individual Named Insured or "family member".

- c. Where there is applicable insurance available under the first priority:

- (1) The Limit of Insurance applicable to the vehicle the "insured" was "occupying" under the coverage form or policy in the first priority, shall first be exhausted; and
- (2) The maximum recovery under all coverage forms or policies in the second priority may equal but not exceed the highest applicable limit for any one vehicle under any one coverage form or policy affording coverage to an individual Named Insured or "family member".

d. If two or more coverage forms or policies have equal priority:

- (1) The insurer against whom the claim is first made shall process and pay the claim as if wholly responsible for all insurers with equal priority;
- (2) The insurer thereafter is entitled to recover pro rata contribution from any other insurer for the benefits paid and the costs of processing the claim.

5. The following condition is added:

Arbitration

- a. If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.

- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.

2. "Occupying" means in, upon, getting in, on, out or off.

3. "Underinsured motor vehicle" means a vehicle for which the sum of all liability bonds or policies that apply at the time of an "accident" do not provide at least the amount an "insured" is legally entitled to recover as damages.

However, an "underinsured motor vehicle" does not include any vehicle designed for use mainly off public roads while not on public roads.

4. "Motor vehicle" means a vehicle which is self-propelled except one which is propelled solely by human power or by electric power obtained from overhead trolley wires, but does not mean a vehicle operated upon rails.

POLICY NUMBER: **HGAU-578-98813-2011**

COMMERCIAL AUTO
CA 22 37 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

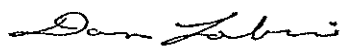
PENNSYLVANIA BASIC FIRST PARTY BENEFIT

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Pennsylvania, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Housing Authority of the City of Pittsburgh	
Endorsement Effective Date: 1/1/2011	
Countersignature Of Authorized Representative	
Name:	Dan Labrie
Title:	Chief Executive Officer
Signature:	
Date:	1/04/2011

SCHEDULE

Benefits	Limit Of Insurance
Medical Expense Benefits	Up to \$5,000 per insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

We will pay the Basic First Party Benefit in accordance with the "Act" to or for an "insured" who sustains "bodily injury" caused by an "accident" arising out of the maintenance or use of an "auto".

BENEFITS

Subject to the limit shown in the Schedule or Declarations, the Basic First Party Benefit consists of Medical Expense Benefits. These benefits consist of reasonable and necessary medical expenses incurred for an "insured's":

1. Care;
2. Recovery; or
3. Rehabilitation.

This includes remedial care and treatment rendered in accordance with a recognized religious method of healing.

Medical expenses will be paid if incurred within 18 months from the date of the "accident" causing "bodily injury". If within 18 months from the date of the "accident" causing "bodily injury" it is ascertainable with reasonable medical probability that further expenses may be incurred as a result of the "bodily injury", medical expenses will be paid without limitation as to the time such further expenses are incurred.

B. Who Is An Insured

1. You.
2. If you are an individual, any "family member".
3. Any person while "occupying" a covered "auto".
4. Any person while not "occupying" an "auto" if injured as a result of an "accident" in Pennsylvania involving a covered "auto".

If a covered "auto" is parked and unoccupied, it is not an "auto" involved in an "accident" unless it was parked in a manner as to create an unreasonable risk of injury.

C. Exclusions

We will not pay First Party Benefits for "bodily injury":

1. Sustained by any person injured while intentionally causing or attempting to cause injury to himself or herself or any other person.
2. Sustained by any person while committing a felony.
3. Sustained by any person while seeking to elude lawful apprehension or arrest by a law enforcement official.

4. Sustained by any person while maintaining or using an "auto" knowingly converted by that person. However, this exclusion does not apply to:

- a. You; or
- b. Any "family member".

5. Sustained by any person who, at the time of the "accident":

- a. Is the owner of one or more currently registered "autos" and none of those "autos" is covered by the financial responsibility required by the "Act"; or
- b. Is "occupying" an "auto" owned by that person for which the financial responsibility required by the "Act" is not in effect.

6. Sustained by any person maintaining or using an "auto" while located for use as a residence or premises.

7. Sustained by a pedestrian if the "accident" occurs outside of Pennsylvania. This exclusion does not apply to:

- a. You; or
- b. Any "family member".

8. Sustained by any person while "occupying":

- a. A recreational vehicle designed for use off public roads; or
- b. A motorcycle, moped or similar type vehicle.

9. Arising directly or indirectly out of:

- a. A discharge of a nuclear weapon (even if accidental);
- b. War, including undeclared or civil war;
- c. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- d. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

10. From or as a consequence of the following whether controlled or uncontrolled or however caused:

- a. Nuclear reaction;
- b. Radiation; or
- c. Radioactive contamination.

D. Limit Of Insurance

- 1. Regardless of the number of covered "autos", premiums paid, claims made, "autos" involved in the "accident" or insurers providing First Party Benefits, the most we will pay to or for an "insured" as the result of any one "accident" is the limit shown in the Schedule or in the Declarations.
- 2. Any amount payable under First Party Benefits shall be excess over any sums paid, payable or required to be provided under any workers' compensation law or similar law.

E. Changes In Conditions

The Conditions are changed for First Party Benefits as follows:

- 1. **Transfer Of Rights Of Recovery Against Others To Us** does not apply.
- 2. The following Conditions are added:

NON-DUPLICATION OF BENEFITS

No person may recover duplicate benefits for the same expenses or loss under this or any other similar automobile coverage including self-insurance.

PRIORITIES OF POLICIES

We will pay First Party Benefits in accordance with the order of priority set forth by the "Act". We will not pay if there is another insurer at a higher level of priority. The "First" category listed below is the highest level of priority and the "Fourth" category listed below is the lowest level of priority. The priority order is:

- First** The insurer providing benefits to the "insured" as a named insured.
- Second** The insurer providing benefits to the "insured" as a family member who is not a named insured under another policy providing coverage under the "Act".
- Third** The insurer of the "auto" which the "insured" is "occupying" at the time of the "accident".
- Fourth** The insurer providing benefits on any "auto" involved in the "accident" if the "insured" is:
 - a. Not "occupying" an "auto"; and
 - b. Not provided First Party Benefits under any other policy.

If two or more policies have equal priority within the highest applicable number in the priority order:

- 1. The insurer against whom the claim is first made shall process and pay the claim as if wholly responsible;
- 2. If we are the insurer against whom the claim is first made, our payment to or for an "insured" will not exceed the applicable limit shown in the Schedule or Declarations;
- 3. The insurer thereafter is entitled to recover pro rata contribution from any other insurer for the benefits paid and the costs of processing the claim. If contribution is sought among insurers under the Fourth priority, proration shall be based on the number of involved motor vehicles; and
- 4. The maximum recovery under all policies shall not exceed the amount payable under the policy with the highest dollar limits of benefits.

F. Additional Definitions

As used in this endorsement:

- 1. "Auto" means a self-propelled motor vehicle, or trailer required to be registered, operated or designed for use on public roads. However, "auto" does not include a vehicle operated:
 - a. By muscular power; or
 - b. On rails or tracks.
- 2. The "Act" means the Pennsylvania Motor Vehicle Financial Responsibility Law.
- 3. "Family member" means a resident of your household who is:
 - a. Related to you by blood, marriage or adoption; or
 - b. A minor in your custody or in the custody of any other "family member".
- 4. "Occupying" means in, upon, getting in, on, out or off.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEES AS INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II – Liability Coverage, Paragraph A.1. Who Is An Insured** Provision:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

COMPANY
Housing Authority Risk Retention Group

POLICY NUMBER
HGAU-578-98813-2011

EFFECTIVE DATE
01/01/2011

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL

Fleet

AGENCY/COMPANY ISSUING CARD

Housing Authority Risk Retention Group

AGENCY/COMPANY TELEPHONE NUMBER

800-873-0242

INSURED

Housing Authority of the City of Pittsburgh
200 Ross Street, 9th Floor
Pittsburgh, PA 15219

VEHICLE IDENTIFICATION NUMBER

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND KEEP THIS CARD IN THE INSURED VEHICLE

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

NOTE - THIS CARD IS REQUIRED WHEN:

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Commercial Property Renewal Proposal for:

PHA: Housing Authority of the City of Pittsburgh
200 Ross Street, 7th Floor
Pittsburgh, PA 15219

Renewal of Policy No: HAPI-578-89231-2010

Effective Date: 1/1/2011

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL. 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 HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY. PLEASE REVIEW THIS PROPOSAL CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR UNDERWRITER.

Coverage / Deductible	Limits	Premium	Revisions
Commercial Property	\$315,695,775 Building & Business Personal Property Limit Per Schedule		
\$10,000 Deductible	\$100,000,000 Loss Limit Per Occurrence		
	\$2,500,000 Business Income Limit Per Schedule		
Terrorism See Property Deductible			
Earthquake See Special Conditions	\$1,000,000 Earthquake Limit Aggregate		
	\$1,000,000 Earthquake Limit Per Occurrence		
	\$1,000,000 Earthquake Limit Catastrophe		
Flood See Special Conditions	\$1,000,000 Flood Aggregate		
	\$1,000,000 Flood Per Occurrence		

Commercial Property Renewal Proposal for:

PHA: Housing Authority of the City of Pittsburgh
200 Ross Street, 7th Floor
Pittsburgh, PA 15219

Renewal of Policy No: HAPI-578-89231-2010

Effective Date: 1/1/2011

Coverage / Deductible	Limits	Premium	Revisions
Flood <i>See Special Conditions</i>	\$1,000,000 Flood Catastrophe		
Accounts Receivable <i>See Property Deductible</i>	\$100,000 Accounts Receivable Limit Per Schedule		
Spoilage <i>\$1,000 Deductible</i>	\$25,000 Spoilage Limit Per Occurrence		
Total Premium			

THIS PROPOSAL DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

Print Date: 11/12/2010

PHA: Housing Authority of the City of Pittsburgh

Comments and Special Conditions For Commercial Property:

PHA: Housing Authority of the City of Pittsburgh
200 Ross Street, 7th Floor

Pittsburgh, PA 15219

Policy No: HAPI-578-89231-2010

Policy Effective Date: 1/1/2011

Comments/ Special Conditions:

Cause of Loss Special Perils Basis

Special Conditions Income coverage limit will be the greater of 1% of the total Building and Business Personal Property Limits shown in the Location Schedule or \$25,000. We will not pay more than \$1,000,000 in any one occurrence, regardless of the number of covered locations involved in the occurrence unless higher limits are shown below for those coverages. .

Flood Coverage applies at "covered locations" except for those locations in areas shown as A, B, V or shaded X on FEMA FIRMs (Flood Insurance Rate Maps); or otherwise excluded by endorsement.

Flood Coverage is excess of National Flood Insurance Program policies. This coverage will not pay for that part of any Deductible in National Flood Insurance Program policies.

Your property coverage will be subject to an Earthquake Deductible with a \$100,000 minimum deductible per occurrence.

Your property coverage will be subject to a Flood Deductible with a \$100,000 minimum deductible per occurrence.

3
J 1052 04 02

This Endorsement changes
the policy

PLEASE READ THIS CAREFULLY

Named Insured: Housing Authority of the City of Pittsburgh

Policy Number:

Effective :

LOCATION SCHEDULE

The sum of the Business Personal Property limits applies on a blanket basis on any one covered location.

Coverage provided by the Commercial Output Program applies only to "covered locations" described below. Refer to "schedule of coverages" for applicable "limits" for other coverages, coverage extensions and supplemental coverages.

Earthquake coverage applies at "covered locations" shown with an "X."

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
2025 Bentley Drive Pittsburgh, PA 15219 PA 01-01	B	\$22,555,913	RC	N/A			X
1702 Belleau Drive Pittsburgh, PA 15212 PA 01-05	B	\$16,817,241	RC	N/A			X
3123 Cordell Place Pittsburgh, PA 15210 PA 01-04	B	\$10,157,414	RC	N/A			X
6290 Auburn Street Pittsburgh, PA 15206 PA 01-11	B	\$3,531,045	RC	N/A			X
2305 Bedford Avenue Pittsburgh, PA 15219 PA 01-02	B	\$23,337,544	RC	N/A			X
801 E. Warrington Avenue Pittsburgh, PA 15210 PA 01-41	B	\$11,944,738	RC	N/A			X
2129 Brownsville Road Pittsburgh, PA 15210 PA 01-46	B	\$6,332,150	RC	N/A			X
3206 Niagara Street Pittsburgh, PA 15213 PA 01-44	B	\$5,947,616	RC	N/A			X

B = Building; BPP = Business Personal Property; IN = Earnings, Rents and Extra Expense; EEE = Earnings and Extra Expense; REE = Rents and Extra Expense EE = Extra Expense Only; T = Theft; WD = Water Damage; S = Named Storm or Windstorm Hail

ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
945 Roselle Court Pittsburgh, PA 15207 PA 01-32	B	\$12,239,496	RC	N/A			X
2125 Los Angeles Pittsburgh, PA 15216 PA 01-47	B	\$3,166,075	RC	N/A			X
7030 Kelly Street Pittsburgh, PA 15208 PA 01-14	B	\$14,592,227	RC	N/A			X
920 Brookline Boulevard Pittsburgh, PA 15226 PA 01-40	B	\$253,728	RC	N/A			X
2416 Sarah Street Pittsburgh, PA 15203 PA 01-45	B	\$7,471,937	RC	N/A			X
2835 Murray Towers Pittsburgh, PA 15217 PA 01-31	B	\$7,138,060	RC	N/A			X
533 Mt. Pleasant Road Pittsburgh, PA 15214 PA 01-09	B	\$73,000,630	RC	N/A			X
	BPP	\$13,500	RC	N/A			X
1014 Sheffield Street Pittsburgh, PA 15233 PA 01-15	B	\$19,017,979	RC	N/A			X
601 Pressley Street PA 01-17	B	\$27,653,305	RC	N/A			X
Stanhope St, Faulkner, Sacramen Pittsburgh, PA 15220 PA 01-51	B	\$2,851,652	RC	N/A			X
Wymore, Lakewood, Valonia, Bon Pittsburgh, PA 15220 PA 01-52	B	\$3,671,130	RC	N/A			X
Amber, Montooth, Ballinger, Sebr Pittsburgh, PA 15220 PA 01-22	B	\$9,729,113	RC	N/A			X

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ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
Woodbourne, Dunster, Walton, La Pittsburgh, PA 15220 PA 01-38	B	\$5,645,288	RC	N/A			X
E. Black, Beechwood, Rosemoor Pittsburgh, PA 15220 PA 01-43	B	\$480,450	RC	N/A			X
Canton Ave, Monongahela St., All Pittsburgh, PA 15220 PA 01-50	B	\$3,086,399	RC	N/A			X
Merle, Aple, Woodward, Robinsor Pittsburgh, PA 15220 PA 01-39	B	\$1,201,125	RC	N/A			X
945 Roselle Court Pittsburgh, PA 15220 PA 01-33	B	\$12,157,728	RC	N/A			X
Roselle Court & Johnston Avenue Pittsburgh, PA 15220 PA 01-57	B	\$377,745	RC	N/A			X
1900 Bradhead Road Pittsburgh, PA 15205	B	\$525,550	RC	N/A			X
1205 Liverpool St. Pittsburgh, PA 15233	B	\$568,612	RC	N/A			X
930 Creswell St. Pittsburgh, PA 15210	B	\$525,550	RC	N/A			X
2200 Arlington Pittsburgh, PA 15210	B	\$468,750	RC	N/A			X
533 Mt. Pleasant Rd. Pittsburgh, PA 15214	B	\$525,550	RC	N/A			X
647 Mt. Pleasant Rd. Pittsburgh, PA 15214	B	\$468,750	RC	N/A			X
2136 Elmore Sq. Pittsburgh, PA 15219	B	\$525,550	RC	N/A			X

B = Building; BPP = Business Personal Property; IN = Earnings, Rents and Extra Expense; EEE = Earnings and Extra Expense; REE = Rents and Extra Expense EE = Extra Expense Only; T = Theft; WD = Water Damage; S = Named Storm or Windstorm Hail

ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
2136 Bently Dr. Pittsburgh, PA 15219	B	\$97,000	RC	N/A			X
2166 Elmore Sq. Pittsburgh, PA 15219	B	\$93,750	RC	N/A			X
201 Kirkpatrick St. Pittsburgh, PA 15219	B	\$1,287,150	RC	N/A			X
	BPP	\$400,000	RC	N/A			X
2305 Bedford St. Pittsburgh, PA 15219	B	\$525,550	RC	N/A			X
2285 Sommers Dr. Pittsburgh, PA 15219	B	\$93,750	RC	N/A			X
10 Albertise St. Pittsburgh, PA 15208	B	\$568,612	RC	N/A			X
895 Johnson Ave. Pittsburgh, PA 15207	B	\$525,550	RC	N/A			X
1305 Allegheny Ave. Pittsburgh, PA 15233	B	\$241,000	RC	N/A			X
200 Ross St. Pittsburgh, PA 15219	B	\$0	RC	N/A			X
	BPP	\$1,860,000	RC	N/A			X
100 Ross St. Pittsburgh, PA 15219	B	\$0	RC	N/A			X
	BPP	\$20,000	RC	N/A			X

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ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
400 N. Lexington Ave. Pittsburgh, PA 15208	B	\$0	RC	N/A			X
	BPP	\$350,000	RC	N/A			X
1305 Allegheny Ave. Pittsburgh, PA 15210	B	\$332,630	RC	N/A			X
1380 Harlow Street Pittsburgh, PA 15220	B	\$120,113	RC	N/A			X
1612 Cumberland Street Pittsburgh, PA 15219	B	\$120,113	RC	N/A			X
1309 Dickens Street Pittsburgh, PA 15220	B	\$120,113	RC	N/A			X
1311 Justine Street Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X
1312 Cumberland Street Pittsburgh, PA 15205	B	\$120,113	RC	N/A			X
3836 Haven Street Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X
2838 Middletown road Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X
1240 Straka Street Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X
1380 Harlow Street Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X
3844 Windgap Avenue Pittsburgh, PA 15204	B	\$120,113	RC	N/A			X

B = Building; BPP = Business Personal Property; IN = Earnings, Rents and Extra Expense; EEE = Earnings and Extra Expense; REE = Rents and Extra Expense EE = Extra Expense Only; T = Theft; WD = Water Damage; S = Named Storm or Windstorm Hail

ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Covered Locations HUD Number / AMP Number	Commercial Property	Limit	Valuation	Coinsurance	Exclusions	Automatic Increase	Earthquake
138 Bodkin Street Pittsburgh, PA 15226	B	\$120,113	RC	N/A			X

B = Building; BPP = Business Personal Property; IN = Earnings, Rents and Extra Expense; EEE = Earnings and Extra Expense; REE = Rents and Extra Expense EE = Extra Expense Only; T = Theft; WD = Water Damage; S = Named Storm or Windstorm Hail

ACV=Actual Cash Value; RC=Replacement Cost; FRC=Functional Replacement Cost

Schedule Of Additional Interests
Commercial Property

Quote ID: 251988

Name
Bank of America Leasing & Capital L.L. Po Box 4431

City
Atlanta

State
GA

Zip
303024431

Account Or
Loan Number

Interest Type

Loss Payee -
Lender's Loss
Payable

Locations:

Name	Address
Addison Terrace	2025 Bentley Drive Pittsburgh, PA.
Allegheny Dwellings	1702 Belleau Drive Pittsburgh, PA.
Arlington Heights	3123 Cordell Place Pittsburgh, PA.
[REDACTED] Hamilton Larkmar	6290 Auburn Street Pittsburgh, PA.
Bedford Dwellings	2305 Bedford Avenue Pittsburgh, P
Caligutti Hi-Rise	801 E. Warrington Avenue Pittsbu
Carrick Regency Hi-Rise	2129 Brownsville Road Pittsburgh,
Finello Pavilion Hi-Rise	3208 Niagara Street Pittsburgh, PA
Glen Hazel Townhomes	945 Roselle Court Pittsburgh, PA. 1
Guatieri Manor Hi-Rise	2125 Los Angeles Pittsburgh, PA. 1
Homewood North	7030 Kelly Street Pittsburgh, PA. 15
Mazza Pavilion Hi-Rise	920 Brookline Boulevard Pittsburgh

As of: 11/12/20

HACP 2020 09 08

Schedule Of Additional Interests
Commercial Property

Quote ID: 251988

Name	Address	City	State	Zip	Account Or Loan Number	Interest Type
	Morse Gardens Hi-Rise				2416 Sarah Street Pittsburgh, PA.	
	Murray Tower Hi-Rise				2835 Murray Towers Pittsburgh, PA	
	Northview Heights				533 Mt. Pleasant Road Pittsburgh,	
	Pennsylvania Bidwell Hi-Rise				1014 Sheffield Street Pittsburgh, PA	
	Pressley Street Hi-Rise					
Scattered Sites					Stanhope St, Faulkner, Sacramento	
Scattered Sites					Wymore, Lakewood, Valonia, Bond	
Scattered Sites					Amber, Montooth, Ballinger, Sebring	
Scattered Sites					Woodbourne, Dunster, Walton, Ladi	
Scattered Sites					E. Black, Beechwood, Rosemoor &	
Scattered Sites					Canton Ave, Monongahela St., Alluv	
Scattered Sites					Merle, Apple, Woodward, Robinson, J	

Schedule Of Additional Interests
Commercial Property

Quote ID: 251988

Name	Address	City	State	Zip	Account Or Loan Number	Interest Type
Glen Hazel High Rise					945 Roselle Court Pittsburgh, PA. 1	
Glen Hazel Disabled Units					Roselle Court & Johnston Avenue	
Ujamma Center					1900 Bradhead Road Pittsburgh, P.	
Computer Center					1205 Liverpool St. Pittsburgh, PA. '	
Garage					2200 Arlington Pittsburgh, PA. 152'	
Recreation Center					533 Mt. Pleasant Rd. Pittsburgh, P.	
Maintenance Garage					647 Mt. Pleasant Rd. Pittsburgh, P.	
Community Building					2136 Elmore Sq. Pittsburgh, PA. 15	
Boiler Room					2136 Bently Dr. Pittsburgh, PA. 152	
Elmore Square Boiler Room					2166 Elmore Sq. Pittsburgh, PA. 15	
Central Maintenance					201 Kirkpatrick St. Pittsburgh, PA. '	
Recreation Center					2306 Bedford St. Pittsburgh, PA. 15	
Bedford Boiler House					2285 Sommers Dr. Pittsburgh, PA.	
Family Investment Center					10 Albertise St. Pittsburgh, PA. 152	
Community Building					895 Johnson Ave. Pittsburgh, PA. 1	

Schedule Of Additional Interests
Commercial Property

Quote ID: 251988

Name	Address	City	State	Zip	Account Or Loan Number	Interest Type
Allegheny House					1305 Allegheny Ave. Pittsburgh, P	
Leased Office Space					200 Ross St. Pittsburgh, PA. 15215	
Leased Office Space					100 Ross St. Pittsburgh, PA. 15215	
Leased Storage Space					400 N. Lexington Ave. Pittsburgh, F	
Historical Building - Storage					1305 Allegheny Ave. Pittsburgh, P	
Scattered Site					1380 Harlow Street Pittsburgh, PA.	
Scattered Site					1612 Cumberland Street Pittsburgh	
Scattered Site					1309 Dickens Street Pittsburgh, PA	
Scattered Site					1311 Justine Street Pittsburgh, PA.	
Scattered Site					1312 Cumberland Street Pittsburgh	
Scattered Site					3836 Haven Street Pittsburgh, PA.	
Scattered Site					2838 Middletown road Pittsburgh, F	
Scattered Site					1240 Straka Street Pittsburgh, PA.	
Scattered Site					1380 Harlow Street Pittsburgh, PA.	
Scattered Site					3844 Windgap Avenue Pittsburgh, I	
Scattered Site					138 Bodkin Street Pittsburgh, PA. 1	

Schedule Of Additional Interests
Commercial Property

Quote ID: 251988

Name	Address	City	State	Zip	Account Or Loan Number	Interest Type
Pac-Van, Inc	2004 McKees Rocks Road	McKees Rocks	PA	15136		Loss Payee - Loss Payable

Locations:

Name	Address
Northview Heights	533 Mt. Pleasant Road Pittsburgh,

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2003		BIGL	H9A06		02/03/2004	SLIP, TRIP OR FALL	AUBURN TOWERS, IN FRONT, Pittsburgh	\$0.00	CL	\$813.04
2003		BIGL	H9EJ2		04/30/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,509.71
2003		BIGL	H9FV5		08/25/2004	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$26,062.64
2003		BIGL	H9B79		03/17/2004	NOT OTHERWISE CLASSIFIED		\$0.00	CL	\$618.54
2003		BIGL	H9PB2		02/07/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$20,826.81
2003		BIGL	H9DA5		05/31/2004	SLIP, TRIP OR FALL	647 MOUNT PLEASANT ROAD APT 263,	\$0.00	CL	\$1,203.46
2003		BIGL	H8ZJ2		01/21/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$668.53
2003		BIGL	H8ZK4		01/19/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$16,202.46
2003		BIGL	H9CD3		05/03/2004	STRUCK BY FALLING OR MOVING (	2155 ELMORE SQUARE, Pittsburgh	\$0.00	CL	\$626.36
2003		BIGL	H9ET7		09/01/2004	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,418.64
2003		BIGL	H8ZJ0		12/20/2003	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$2,843.89
2003		BIGL	H9CD4		05/09/2004	SLIP, TRIP OR FALL	2126 ELMORE SQUARE, Pittsburgh	\$0.00	CL	\$1,888.85
2003		BIGL	H9EX7		09/18/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,136.02
2003		BIGL	H9ET1		09/14/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$467.08
2003		BIGL	H9CG6		05/13/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,174.57
2003		BIGL	H9GG5		09/01/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,067.01
2003		BIGL	H9EE4		08/16/2004	SLIP, TRIP OR FALL		\$0.00	CL	\$487.25
2003		BIGL	H9A08		03/02/2004	SLIP, TRIP OR FALL	803 E. WASHINGTONAVE, REAR OF BLDG.	\$0.00	CL	\$472.88
2003		BIGL	H9DW3		07/08/2004	SLIP, TRIP OR FALL	2287 BEDFORD AVENUE # 84,	\$0.00	RC	\$16,507.02
2003		BIGL	H9FD9		02/03/2004	SLIP, TRIP OR FALL	5327 CORNWALL STREET, Pittsburgh	\$0.00	CL	\$5,593.83
2003		BIGL	H9EJ1		07/10/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$11,682.24
2003		BIGL	H9IUZ		08/18/2004	ASSAULT	NORTHVIEW HEIGHTS,	\$0.00	CL	\$141.84
2003		BIGL	H8ZS7		02/04/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$360.34
Totals for coverage BIGL (23 claims)								\$0.00		\$119,783.81
2003		PDGL	H9ECO		06/01/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	RC	\$748.30
2003		PDGL	H9DY9		08/03/2004	LOSS OR DAMAGE TO PROPERTY	2261 BEDFORD AVENUE REAR),	\$0.00	CL	\$393.34
2003		PDGL	H8ZS8		02/02/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$2,853.03
2003		PDGL	H9DD0		06/21/2004	LOSS OR DAMAGE TO PROPERTY	CORNER OF BEDFORD AVENUE AND WHIN	\$0.00	CL	\$1,216.66

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2003	\$50,000 PDGL	H82J1	CORA EGGLETON	01/06/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$631.15
Totals for coverage PDGL (6 claims)							\$0.00		\$6,842.48
Totals for policy year 2003 (28 claims)							\$0.00		\$125,626.29
2004	BIGL	H9GU0		11/29/2004	SLIP, TRIP OR FALL		\$0.00	CL	\$580.53
2004	BIGL	H9KJ5		05/09/2005	NOT OTHERWISE CLASSIFIED	CARRICK REGENCY HIGHRISE 2129 BROW	\$0.00	CL	\$610.62
2004	BIGL	H9JV1		04/14/2005	SLIP, TRIP OR FALL	2281 BEDFORD AVENUE,	\$0.00	CL	\$7,493.72
2004	BIGL	H9KY3		06/16/2005	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$20,794.23
2004	BIGL	H9LR8		07/29/2005	SLIP, TRIP OR FALL	GARFIELD HEIGHTS 5304 FERN STREET #	\$0.00	OP	\$27,500.00
2004	BIGL	H9MY9		09/18/2005	STRUCK BY FALLING OR MOVING (	128 HAZLETT STREET,	\$0.00	CL	\$964.09
2004	BIGL	H9OC4		09/30/2005	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$19,866.61
2004	BIGL	H9OAS		11/03/2005	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$827.36
2004	BIGL	H9NE1		09/16/2005	SLIP, TRIP OR FALL	127 HAZLETT STREET,	\$0.00	CL	\$6,128.97
2004	BIGL	H9MO8		08/11/2005	SLIP, TRIP OR FALL	1216 HAMLIN STREET,	\$0.00	CL	\$716.49
2004	BIGL	H9LR9		07/28/2005	ASSAULT	LOU MASON HI-RISE,	\$0.00	CL	\$509.28
Totals for coverage BIGL (11 claims)							\$0.00		\$85,893.90
2004	PDGL	H9NM0		08/23/2005	STRUCK BY FALLING OR MOVING (	218 CLOVER STREET,	\$0.00	CL	\$670.20
2004	PDGL	H9NM1		10/20/2005	LOSS OR DAMAGE TO PROPERTY		\$0.00	CL	\$491.27
2004	PDGL	H9MY8		08/19/2005	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,196.95
Totals for coverage PDGL (3 claims)							\$0.00		\$2,358.42
Totals for policy year 2004 (14 claims)							\$0.00		\$88,252.32
2005	BIGL	H9WC3		10/28/2006	SLIP, TRIP OR FALL	Various, Pittsburgh	\$0.00	CL	\$781.29
2005	BIGL	H9RY5		04/29/2006	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$11,222.98
2005	BIGL	H9TV8		06/12/2006	SLIP, TRIP OR FALL	Pittsburgh	\$0.00	CL	\$2,157.99
2005	BIGL	H9OU2		11/18/2005	SLIP, TRIP OR FALL		\$0.00	CL	\$4,243.43
2005	BIGL	H9OU1		12/30/2005	SLIP, TRIP OR FALL	2100 BLDG ELMORE SQUARE APT COMPLI	\$0.00	OP	\$37,000.00
2005	BIGL	H9OU8		01/02/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$26,000.00	OP	\$75,000.00
2005	BIGL	H9SR7		01/19/2006	NOT OTHERWISE CLASSIFIED	200 Ross Street, Pittsburgh	\$0.00	CL	\$422.78
2005	BIGL	H9RO4		03/12/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$21,854.14
2005	BIGL	H9RO2		04/11/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$18,845.71

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2005	BIGL		H9RY4		05/01/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$882.47
2005	BIGL		H9SR6		05/04/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$25,263.96
2005	BIGL		H9TH1		07/16/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$6,231.22
2005	BIGL		H9UB0		08/19/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$26,000.00	OP	\$75,000.00
Totals for coverage BIGL (13 claims)								\$50,000.00		\$278,905.97
2005	PDGL		H9TC4		05/11/2006	LOSS OR DAMAGE TO PROPERTY		\$0.00	CL	\$792.27
2005	PDGL		H9VT3		10/12/2006	LOSS OR DAMAGE TO PROPERTY	Various, Pittsburgh	\$0.00	CL	\$628.95
Totals for coverage PDGL (2 claims)								\$0.00		\$1,421.22
2005	PIGL		H9XG7		01/26/2006	PERSONAL INJURY	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,334.85
Totals for coverage PIGL (1 claim)								\$0.00		\$4,334.85
2005	WALE		H9RD1		03/01/2006	LAW ENFORCEMENT		\$0.00	CL	\$15,747.30
Totals for coverage WALE (1 claim)								\$0.00		\$15,747.30
Totals for policy year 2006 (17 claims)								\$50,000.00		\$300,409.34
2006	BIGL		H9WY7		01/26/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$647.83
2006	BIGL		H9XE3		02/06/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$27,818.04
2006	BIGL		H9YC6		02/17/2007	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$441.81
2006	BIGL		H9XU6		02/20/2007	SLIP, TRIP OR FALL	920 Cresswell Street, Pittsburgh	\$0.00	CL	\$548.18
2006	BIGL		10AY8		07/21/2007	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	OP	\$42,500.00
2006	BIGL		10AM9		07/23/2007	STRUCK BY FALLING OR MOVING (Various, Pittsburgh		\$0.00	OP	\$42,500.00
2006	BIGL		10AZ2		08/09/2007	STRUCK BY FALLING OR MOVING (533 Mt. Pleasant Road, Pittsburgh		\$0.00	CL	\$7,113.29
2006	BIGL		10BK8		08/10/2007	STRUCK BY FALLING OR MOVING (5180 Columbo Street (GARFIELD HEIGHTS),		\$0.00	CL	\$1,449.68
2006	BIGL		10BA3		08/27/2007	SLIP, TRIP OR FALL	601 Pressley Street	\$0.00	CL	\$830.15
2006	BIGL		10EM4		08/28/2007	SLIP, TRIP OR FALL	2305 Bedford Avenue, Pittsburgh	\$37,500.00	OP	\$67,500.00
2006	BIGL		10BK9		08/31/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$603.34
2006	BIGL		10ED0		10/01/2007	SLIP, TRIP OR FALL	2305 Bedford Avenue, Pittsburgh	\$0.00	CL	\$3,367.85
Totals for coverage BIGL (12 claims)								\$37,500.00		\$215,218.17
2006	PDGL		10FO4	ELDRIE McCULLOUGH	10/16/2007	LOSS OR DAMAGE TO PROPERTY	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$539.24
Totals for coverage PDGL (1 claim)								\$0.00		\$539.24

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2006	PIGL		H9WM7		01/08/2007	PERSONAL INJURY	6290 Auburn Street, Pittsburgh	\$0.00	CL	\$1,104.00
2006	PIGL		IOBMO		07/20/2007	PERSONAL INJURY		\$0.00	CL	\$7,971.99
Totals for coverage PIGL (2 claims)								\$0.00		\$9,076.99
Totals for policy year 2006 (15 claims)								\$37,500.00		\$224,833.40
2007	BIGL		IOJL7		11/08/2008	SLIP, TRIP OR FALL	2415 Sarah Street, Pittsburgh	\$8,500.00	OP	\$18,500.00
2007	BIGL		IODM5		12/31/2007	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$1,098.10
2007	BIGL		IODJ3		01/04/2008	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$1,578.66
2007	BIGL		IOEU9		01/28/2008	SLIP, TRIP OR FALL	801 E. Warrington Avenue, Pittsburgh	\$150,000.00	OP	\$160,000.00
2007	BIGL		IOES5		02/25/2008	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$531.00
2007	BIGL		IOFY1		03/03/2008	SLIP, TRIP OR FALL	1702 Baileu Drive, Pittsburgh	\$9,021.45	CL	\$19,021.45
2007	BIGL		IOFO4		04/11/2008	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$2,178.39	CL	\$12,178.39
2007	BIGL		IOJH8		05/19/2008	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$33,500.00	OP	\$43,500.00
2007	BIGL		IOHF2		07/30/2008	SLIP, TRIP OR FALL	Various, Pittsburgh	\$0.00	CL	\$1,326.21
2007	BIGL		IOK08		08/14/2008	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$1,799.73
2007	BIGL		IOIL5		08/30/2008	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$1,111.50
2007	BIGL		IOIL6		09/15/2008	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$646.28
2007	BIGL		IOJF7		10/02/2008	SLIP, TRIP OR FALL	2416 Sarah Street, Pittsburgh	\$0.00	CL	\$978.48
2007	BIGL		IOJG6		10/12/2008	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$33,000.00	OP	\$43,000.00
2007	BIGL		IOJF6		10/17/2008	SLIP, TRIP OR FALL	2129 Brownsville Road, Pittsburgh	\$0.00	CL	\$661.12
Totals for coverage BIGL (15 claims)								\$236,199.84		\$305,931.93
2007	MDGI		IOHW5		09/02/2008	MOLD	920 Brookline Boulevard, Pittsburgh	\$0.00	CL	\$1,910.32
2007	MDGI		IOHVA		09/02/2008	MOLD	920 Brookline Boulevard, Pittsburgh	\$0.00	CL	\$1,260.93
Totals for coverage MDGI (2 claims)								\$0.00		\$3,171.25
Totals for policy year 2007 (17 claims)								\$236,199.84		\$309,103.18
2008	BIGL		IOJZ6		12/03/2008	NOT OTHERWISE CLASSIFIED	2125 Los Angeles, Pittsburgh	\$0.00	OP	\$5,000.00
2008	BIGL		IOOU6		08/27/2009	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$303.60
2008	BIGL		IOKE5		12/20/2008	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL		IOLO7		01/09/2009	SLIP, TRIP OR FALL	Elmore & Devillers Streets, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL		IOOY7		08/30/2009	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$1,000.00	OP	\$11,000.00

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2008	BI GL		100T5		12/19/2009	SLIP, TRIP OR FALL	601 Pressley Street	\$3,500.00	OP	\$13,500.00
2008	BI GL		10KP2		01/15/2009	SLIP, TRIP OR FALL	3123 Cordell Place, Pittsburgh	\$3,500.00	OP	\$13,500.00
2008	BI GL		10LO7		02/04/2009	SLIP, TRIP OR FALL	10 Alberlise St., Pittsburgh	\$0.00	CL	\$807.08
2008	BI GL		10ON9		08/30/2009	SLIP, TRIP OR FALL	2129 Brownsville Road, Pittsburgh	\$0.00	CL	\$170.85
2008	BI GL		10LA7		02/05/2009	STRUCK BY FALLING OR MOVING (	1014 Sheffield Street, Pittsburgh	\$3,500.00	OP	\$13,500.00
2008	BI GL		10NW0		02/13/2009	SLIP, TRIP OR FALL	945 Roselle Court, Pittsburgh	\$33,500.00	OP	\$43,500.00
2008	BI GL		10PB4		09/16/2009	NO LOSS TYPE ENTERED	2416 Sarah Street, Pittsburgh	\$0.00	CL	\$218.15
2008	BI GL		10MU4		04/21/2009	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$2,473.80
2008	BI GL		10MU3		04/21/2009	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$1,485.81
2008	BI GL		10PM6		09/26/2009	SHOT	533 Mt. Pleasant Road, Pittsburgh	\$11,000.00	OP	\$21,000.00
2008	BI GL		10ND6		04/24/2008	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$0.00	CL	\$273.35
2008	BI GL		10PS3		10/23/2009	SLIP, TRIP OR FALL	601 Pressley Street	\$0.00	OP	\$8,500.00
2008	BI GL		10NE6		06/13/2009	SLIP, TRIP OR FALL	3123 Cordell Place, Pittsburgh	\$3,000.00	OP	\$13,000.00
2008	BI GL		10NW1		07/29/2009	SLIP, TRIP OR FALL	Johnston Ave. & Rivermont Drive, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BI GL		10RY1		10/26/2009	ASSAULT	2416 Sarah Street, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BI GL		10OK1		08/05/2009	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$0.00	CL	\$379.55
2008	BI GL		10OO0		08/10/2009	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$163.43
2008	BI GL		10QT6		10/30/2009	SLIP, TRIP OR FALL	920 Grasswell Street, Pittsburgh	\$1,000.00	OP	\$11,000.00
Totals for coverage BIGL (23 claims)										
								\$60,000.00		\$193,776.83
								\$0.00	CL	\$394.80
Totals for coverage PDGL (1 claim)										
								\$0.00		\$394.80
Totals for policy year 2008 (24 claims)										
								\$60,000.00		\$194,170.73
2010	BI GL		10TK4		01/10/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$16,000.00	OP	\$26,000.00
2010	BI GL		10SM1		02/25/2010	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$1,000.00	OP	\$11,000.00
2010	BI GL		10RC2		01/11/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$34,000.00	OP	\$44,000.00
2010	BI GL		10RS1		02/02/2010	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$13,500.00	OP	\$23,500.00
2010	BI GL		10VX8		03/05/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$5,000.00	OP	\$15,000.00

HARRG Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2010	BIGL	10VX6		09/15/2010	SLIP, TRIP OR FALL	3208 Niagara Street, Pittsburgh	\$0.00	OP	\$10,000.00
Totals for coverage BIGL (6 claims)							\$68,500.00		\$128,500.00
Totals for policy year 2010 (6 claims)							\$68,500.00		\$128,500.00
Totals for all policy years (121 claims)							\$452,199.84		\$1,370,895.26

**Commercial Property Loss Run For:
Pittsburgh Housing Authority, PA**

Pgm Year	Claim Number	Incident Date	Coverage	Loss Type Description	Total Paid	Total Experience	Status
24	A7DW5	09/05/2010	PRPD	FIRE	\$19,743.43	\$52,000.00	OP
24	A7DD6	02/17/2010	PRPD	FIRE	\$33,427.48	\$47,500.00	OP
24	A7DD7	02/08/2010	PRPD	FIRE	\$5,596.01	\$5,596.01	CL
Totals for program year 24					\$58,766.92	\$105,096.01	
22	A6ZY7	01/02/2009	PRPD	WATER DAMAGE	\$26,785.14	\$26,785.14	CL
22	A6ZU5	01/01/2009	PRPD	FIRE	\$42,703.14	\$42,703.14	CL
Totals for program year 22					\$69,488.28	\$69,488.28	
21	A6ZJ9	09/24/2008	PROP	FIRE	\$18,902.99	\$18,902.99	CL
21	A6YZ4	08/14/2008	PROP	WATER DAMAGE	\$1,244.88	\$1,244.88	CL
21	A6YP8	06/24/2008	PROP	FIRE	\$5,105.56	\$5,105.56	CL
21	A6YT8	05/24/2008	PROP	FIRE	\$36,733.54	\$36,733.54	CL
21	A6YL3	05/23/2008	PROP	STRUCK BY OBJECT	\$48,033.15	\$95,000.00	OP
21	A6YE1	04/06/2008	PROP	FIRE	\$12,900.02	\$12,900.02	CL
21	A6YM3	03/20/2008	PROP	FIRE	\$60,035.95	\$60,035.95	CL
21	A6XZ6	03/14/2008	PROP	FIRE	\$20,761.94	\$20,761.94	CL
21	A6XR3	01/25/2008	PROP	FIRE	\$15,106.18	\$15,106.18	CL
21	A6XP3	12/26/2007	PROP	FIRE	\$2,940.50	\$2,940.50	CL
Totals for program year 21					\$221,764.71	\$268,731.56	
Totals for all program years					\$350,019.91	\$443,315.85	

Object-Based Cost Breakdown

Premium for Renewal Effective 01/01/2011

Commercial Liability Insurance sponsored by HARRG Policy # HARRG-578-89397-2010

Pittsburgh Housing Authority
200 Ross Street, 7th Floor
Pittsburgh, PA 15219

AMP #	Cost Center	Property Name/Address	HUD #'s	Units	
		Allegheny Dwellings	PA 01-05	282	|||||
		Arlington Heights	PA 01-04	150	|||||
		Auburn Towers/Hamilton Larimar	PA 01-11	30	|||||
		Bedford Dwellings	PA 01-02	420	|||||
		Caliguiri Hi-Rise	PA 01-41	104	|||||
		Carrick Regency Hi-Rise	PA 01-46	66	|||||
		Finello Pavilion Hi-Rise	PA 01-44	60	|||||
		Glen Hazel Disabled Units	PA 01-57	6	|||||
		Glen Hazel High Rise	PA 01-33	111	|||||
		Glen Hazel Townhomes	PA 01-32	132	|||||
		Gualtieri Manor Hi-Rise	PA 01-47	30	|||||
		Homewood North	PA 01-14	135	|||||
		Mazza Pavilion Hi-Rise	PA 01-40	30	|||||
		Morse Gardens Hi-Rise	PA 01-45	70	|||||
		Murray Tower Hi-Rise	PA 01-31	68	|||||
		Northview Heights	PA 01-09	592	|||||
		Pennsylvania Bidwell Hi-Rise	PA 01-15	130	|||||
		Pressley Street Hi-Rise	PA 01-17	211	|||||
		Scattered Site		1	|||||
		Scattered Sites, Amber, Montooth, Ballinger, Sebring	PA 01-22	81	|||||
		Scattered Sites, Woodbourne, Dunster, Wallon, Ladoga	PA 01-38	47	|||||
		Scattered Sites, Merle, Aple, Woodward, Robinson, Berry	PA 01-39	10	|||||
		Scattered Sites, E. Black, Beechwood, Rosemoor & Wilkins	PA 01-43	4	|||||
		Scattered Sites, Canton Ave, Monongahela St., Alluvian St	PA 01-50	25	|||||
		Scattered Sites, Stanhope St, Faulkner, Sacramento,	PA 01-51	23	|||||
		Scattered Sites, Wymore, Lakewood, Valonia, Bond	PA 01-52	36	|||||

Note: Coverage premiums for individual policies have been calculated in accordance with company rating methods and regulatory requirements. Coverage premiums that are directly related to specific properties (based on units or values) have been directly assigned to the respective property. Coverage premiums that are not directly related to specific properties, have been allocated proportionately to each property based on their unit counts or property values.

Project-Based Cost Breakdown

Premium for Renewal Effective 01/01/2011

Commercial Liability Insurance sponsored by HARRG Policy # HARRG-578-89397-2010

Pittsburgh Housing Authority

200 Ross Street, 7th Floor

Pittsburgh, PA 15219

AMP #	Cost Center	Property Name/Address	HUD #'s	Units	
		Addison Terrace	PA 01-01	736	
				Totals	3,590

Note: Coverage premiums for Individual policies have been calculated in accordance with company rating methods and regulatory requirements. Coverage premiums that are directly related to specific properties (based on units or values) have been directly assigned to the respective property. Coverage premiums that are not directly related to specific properties, have been allocated proportionately to each property based on their unit counts or property values.

Project-Based Cost Breakdown

Premium for Renewal Effective 01/01/2011

Property Policy # HAPI-578-89231-2010

Pittsburgh Housing Authority
200 Ross Street, 7th Floor
Pittsburgh, PA 15219

AMP #	Cost Center	Property Name/Address	HUD #'s	Units	
		Allegheny Dwellings	PA 01-05	282	
		Allegheny House		0	
		Arlington Heights	PA 01-04	150	
		Auburn Towers/Hamilton Larimar	PA 01-11	30	
		Bedford Boiler House		0	
		Bedford Dwellings	PA 01-02	420	
		Boiler Room		0	
		Caliguiri Hi-Rise	PA 01-41	104	
		Carrick Regency Hi-Rise	PA 01-46	66	
		Central Maintenance		0	
		Community Building		0	
		Community Building		0	
		Computer Center		0	
		Elmore Square Boiler Room		0	
		Family Investment Center		0	
		Finello Pavilion Hi-Rise	PA 01-44	60	
		Garage		0	
		Glen Hazel Disabled Units	PA 01-57	6	
		Glen Hazel High Rise	PA 01-33	111	
		Glen Hazel Townhomes	PA 01-32	132	
		Gualtieri Manor Hi-Rise	PA 01-47	30	
		Gym		0	
		Historical Building - Storage		0	
		Homewood North	PA 01-14	135	
		Leased Office Space		0	
		Leased Storage Space		0	
		Maintenance Garage		0	
		Mazza Pavilion Hi-Rise	PA 01-40	30	
		Morse Gardens Hi-Rise	PA 01-45	70	
		Murray Tower Hi-Rise	PA 01-31	68	

Note: Coverage premiums for individual policies have been calculated in accordance with company rating methods and regulatory requirements. Coverage premiums that are directly related to specific properties (based on units or values) have been directly assigned to the respective property. Coverage premiums that are not directly related to specific properties, have been allocated proportionately to each property based on their unit counts or property values.

Project-Based Cost Breakdown

Premium for Renewal Effective 01/01/2011

Property Policy # HAPI-578-89231-2010

Pittsburgh Housing Authority

200 Ross Street, 7th Floor

Pittsburgh, PA 15219

AMP #	Cost Center	Property Name/Address	HUD #'s	Units	
		Northview Heights	PA 01-09	592	|||||
		Pennsylvania Bidwell Hi-Rise	PA 01-15	130	|||||
		Pressley Street Hi-Rise	PA 01-17	211	|||||
		Recreation Center		0	|||||
		Scattered Site		1	|||||
		Scattered Sites, Amber, Montooth, Ballinger, Sebring	PA 01-22	81	|||||
		Scattered Sites, Woodbourne, Dunster, Walton, Ladoga	PA 01-38	47	|||||
		Scattered Sites, Merle, Aple, Woodward, Robinson, Berry	PA 01-39	10	|||||
		Scattered Sites, E. Black, Beechwood, Rosemoor & Wilkins	PA 01-43	4	|||||
		Scattered Sites, Canton Ave, Monongahela St., Alluvian St	PA 01-50	25	|||||
		Scattered Sites, Stanhope St, Faulkner, Sacramento,	PA 01-51	23	|||||
		Scattered Sites, Wymore, Lakewood, Valonia, Bond	PA 01-52	36	|||||
		Ujamma Center		0	|||||
		Addison Terrace	PA 01-01	736	|||||
Totals				3,590	|||||

Note: Coverage premiums for individual policies have been calculated in accordance with company rating methods and regulatory requirements. Coverage premiums that are directly related to specific properties (based on units or values) have been directly assigned to the respective property. Coverage premiums that are not directly related to specific properties, have been allocated proportionately to each property based on their unit counts or property values.

TERRORISM INSURANCE COVERAGE OFFER

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, 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 concurrence with the Secretary of State, 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; 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.


YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE INDICATE ACCEPTANCE OR REJECTION BY "x" in applicable ☐ below.

Acceptance of Terrorism Insurance Coverage (X)	
<input checked="" type="checkbox"/> I accept the offer to purchase Terrorism coverage for the Terrorism Premium shown.	Terrorism Premium
<input type="checkbox"/> Commercial Liability	

Rejection of Terrorism Insurance Coverage (X)	
<input type="checkbox"/> Commercial Liability	
<input type="checkbox"/> I reject terrorism coverage. I understand that I will not have coverage for losses resulting from certified acts of terrorism, whether arising from domestic or foreign-inspired acts.	

Pittsburgh Housing Authority, PA
Named Insured
TBD/1/1/2011-12
Policy Number / Policy Period


Signed by Authorized Representative / Date
C. A. F. + 200 / Contracting Officer
Print Name / Title

TERRORISM INSURANCE COVERAGE OFFER

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, 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 concurrence with the Secretary of State, 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; 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE INDICATE ACCEPTANCE OR REJECTION BY "x" in applicable ☐ below.

Acceptance of Terrorism Insurance Coverage	
<input type="checkbox"/>	I accept the offer to purchase Terrorism coverage for the Terrorism Premium shown.
<input type="checkbox"/>	Commercial Property Insurance

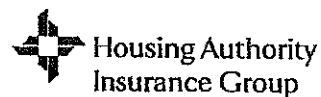
Rejection of Terrorism Insurance Coverage	
<input checked="" type="checkbox"/>	Commercial Property Insurance
<input checked="" type="checkbox"/>	I reject terrorism coverage. I understand that I will not have coverage for losses resulting from certified acts of terrorism, whether arising from domestic or foreign-inspired acts.
<input checked="" type="checkbox"/>	The following applies only to Commercial Property in AZ, CA, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WI, WV.
<input checked="" type="checkbox"/>	When I reject Terrorism coverage, I also understand that certain covered fire losses resulting from a certified act of terrorism may be covered.
<input checked="" type="checkbox"/>	The premium for such Fire Following coverage is: \$

Pittsburgh Housing Authority, PA
Named Insured

TBD/1/1/2011-12
Policy Number / Policy Period

CA [Signature]
Signed by Authorized Representative / Date
CH [Signature]
Print Name / Title
[Signature]

**COMMERCIAL INSURANCE
APPLICATION**



Proposed Effective Date: _____

This Application (pages 1 - 5) must be completed with each submission, as it is the basis for all coverages that you request. You must complete additional applications for property, liability and auto coverage. We will accept ACORD Applications or the HUD Bid Form in lieu of this application. Please use a separate sheet of paper if additional space is needed. Contact your Underwriter if you need assistance completing these applications.

Named Insured	Housing Authority of the City of Pittsburgh		
Mailing Address (incl. State, Zip)	200 Ross Street Pittsburgh PA 15219		
E-Mail Address	Fitzgibbon.haap.org	FEIN #	
Phone #	[REDACTED]	Fax #	[REDACTED]
Executive Director	A Fulton Macchem Jr	Insurance Contact	
Inspection Contact		Billing Contact	ED MAUK
Agent	[REDACTED]	Mailing Address (incl. State, Zip)	[REDACTED]

1. Current Policy Information

Coverage Provided	Carrier	Premium	Expiration Date
Property	TRAVELERS	[REDACTED]	1-1-11
Liability	HARRIS		1-1-11
Auto	HARRIS / TRAVELERS		12/1-1-11
Public Officials	National Union Fire		1-1-11
Employee Benefits	National Union Fire		1-1-11
Other (describe)			

2. Claim History

Provide the present value of all claims for the last 5 years. Include current carrier loss runs.

Coverage	Date of Loss	Description	Amount Paid	Amount Reserved

Housing Authority Insurance Group is a trade name for a family of affiliated companies which includes Housing Authority Risk Retention Group, Inc.; Housing Authority Property Insurance, A Mutual Company; Housing Authority Insurance Inc.; Housing Insurance Services, Inc.; Housing Telecommunications, Inc.; Satellite Telecommunications, Inc.; Housing Investment Group, Inc.; and Housing Enterprise Insurance Company, Inc.

3. Additional Exposures

Indicate with an (x) those exposures present on your premises and whether operated by you or others.

Operated By		Exposures	Describe
You	Others*		
		Assisted Living	
		Beauty Salon	
	✓	Before/After School Care	YOUTH PACIS, BTWL, Pancakes + Jesus + WPPAL
✓		Bollers/Mechanical Equipment **	
✓		Commercial Cooking Equipment **	
✓		Community Centers	
✓		Counseling Services	
✓		Day Care (adult or child) **	
✓		Demolitions Scheduled	
		Hope VI Projects	
	✓	Liquor (serve or sell)	
	✓	Medical, or Substance Abuse Clinic	NORTHVIEW HEIGHTS + Bidwell
		Mobile Home/Trailers	
✓		Office Space Rented to Others	
		Parking Garage	
✓		Pesticide or Herbicide Application *	
✓		Recreational/Vocational Facilities (gym, exercise equipment, playground, skills training)	
✓		Renovations Scheduled **	
		Resident Police Officer	
		Restaurant	
✓		Security Forces **	
		Sewage treatment facility	
		Shelter/Migrant Housing	
✓		Special Events	
✓		Store/Market	
		Swimming Pools **	
		Tenant Patrols **	
✓		Underground Storage Tanks	
✓		Vacant Buildings	
✓		Vacant Land	
✓		Warehouse	
	✓	Other (specify) PUM for 2011	Additional Services

- * Provide a certificate of insurance with the contractor's insurance carrier and limits of liability. Advise if you are included as an additional insured or if there is a hold harmless agreement in place. **Complete Supplement.

4. Services You Provide For Others

Indicate with an (x) only if you provide these services for others.

	Service	Describe
X	Pesticide or Herbicide Application	
X	Construction, Maintenance, Repair	
X	Cleaning or Janitorial Service	
X	Law Enforcement or Security Force	
	Other (specify)	
	Other (specify)	

5. Additional Information

a. Provide: (1) total number of employees; (2) total number of volunteers	(1) 320	(2) 0
b. Does your organization own any vehicles (complete Auto Application for coverage)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c. What is your unit vacancy rate (for PHA's use the figures that you report to HUD)	1090	
d. Do you own any Non-Profit corporations? If yes, list and describe operations.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e. Do you own any For-Profit corporations? If yes, list and describe operations.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
f. Do you have interest in any Limited Partnerships? If yes, explain Allus and Boro Management	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
g. Are any of your properties considered "historic"? If yes, provide property location(s) Morse Gardens, Allegheny House	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
h. Do you inspect units for evidence of mold? If yes, describe any remediation action.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
i. Have any of your units had water damage? If yes, describe any remediation action. Provide claims details in please describe in question 2.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

6. Other Interests

<p>a. List all Property Management companies hired by you, including name(s) and location(s) managed. Provide details for any properties not included in this submission.</p> <p>NONE except Allus + Ross</p>
<p>b. Describe all Property Management services provided by you, for others, including name(s) and location(s) managed</p> <p>NONE at this time</p>
<p>c. List all entities which have an additional interest in your properties. (Additional Insured, Mortgagee, Loss Payee, Lessor, etc.) Include name, address of entity and applicable premises; include any partners/investors</p> <p>Bank of America P.O. Box 100918 ATLANTA GA 30384</p>

7. Renovations

<p>a. Do you have any buildings undergoing renovation work or rehabilitation? If yes, complete a separate Renovations Supplement.</p> <p>b. If insurance is needed for new construction, please complete a Builders Risk Application.</p> <p>Construction operations are not the intent of our Commercial General Liability policy – certain types of exposures may need to be written on a separate Owners and Contractors Protective Liability form.</p>	<p>Yes</p> <p>✓</p>		<p>No</p>	
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RISK RETENTION GROUP - IMPORTANT NOTICE ~~FOR PUBLIC HOUSING POLICYHOLDERS ONLY~~

This policy may be issued by a risk retention group formed under the Federal Risk Retention Act of 1986 and licensed in the State of Vermont. The Housing Authority Risk Retention Group, Inc. may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for a risk retention group.

FRAUD STATEMENT - ~~APPLICABLE TO ALL POLICYHOLDERS~~

COUNTRYWIDE (EXCEPT AS NOTED BELOW): Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ALASKA - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA - Any person who knowingly and with intent to injure, defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

HAWAII - For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK - Auto Only - Any person knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK - All Other - Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA - Auto Only - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

PENNSYLVANIA - All Other - Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

RHODE ISLAND - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

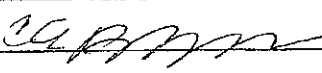
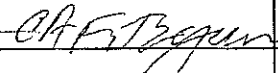

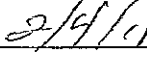
TENNESSEE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE, TO THE BEST OF MY KNOWLEDGE.

			
Authorized Signature (required)	Print or Type Name	Title	Date

Company Information

Housing Authority Insurance, Inc. (HAI)

HAI is a nonprofit association incorporated in 1987. Its membership includes PHA's and low and mixed income housing entities. HAI is principally responsible for the development of public housing insurance programs. This association provides access to a risk management video library, loss control bulletins, and risk management publications, including *InSite*. Members may also attend various risk management training programs that are conducted. HAI serves as an umbrella organization for information on sponsored insurance programs and it provides advocacy services for members' risk management related issues. HAI also sponsors an internship program, a scholarship program, and other charitable programs. HAI Group Companies now carry an A.M. Best Group rating of A.

Housing Authority Risk Retention Group, Inc. (HARRG)

HARRG is a nonprofit, tax-exempt mutual insurance company owned by public housing authorities. It was licensed in 1987 in the State of Vermont and operates under the Federal Risk Retention Act. It began operations on June 1, 1987. This company writes the following liability insurance coverage: General Liability; Public Officials; Law Enforcement; Lead-based Paint and Mold Liability; Employee Benefits Liability; and Excess Auto Liability.

Housing Authority Property Insurance, A Mutual Company (HAPI)

HAPI is a nonprofit, tax-exempt, traditional mutual insurance company owned by public housing authorities. It was licensed in 1988 as an association captive insurer in the State of Vermont. HAPI commenced operations August 1, 1988. HAPI now issues its own policies in many states and also utilizes a fronting insurer in some cases. Effective in 2003, HAPI converted its charter in the state of Vermont to a traditional mutual insurer and is currently licensed in 44 states and the District of Columbia. HAPI also acts as a reinsurer for Property (fire), Automobile Liability and Physical Damage, Inland Marine, Equipment Breakdown/Boiler & Machinery, Fidelity and Crime, and Liability insurance. In 2003, HAPI began issuing policies to selected PHA's on a direct basis.

Housing Enterprise Insurance Company, Inc. (HEIC)

HEIC is a stock insurance company that is licensed and domiciled in the state of Vermont. The company is a jointly-owned subsidiary of HARRG and HAPI. The net income generated by HEIC is fully taxable. HEIC provides insurance and risk management services to affordable or low and mixed-income housing entities that are not in the public housing authority program.

Housing Insurance Services, Inc. (HIS)

HIS is a licensed insurance agency that is a wholly-owned subsidiary of Housing Investment Group, Inc. HIS serves as an agent for The Travelers Companies, Inc. (Travelers) and American Alternative Insurance Corporation, a subsidiary of Munich Re America. HIS issues insurance policies for those HAI sponsored programs where it is necessary to have a fronting carrier. HIS also serves as an independent agency for insurance products not provided by HARRG, HAPI, and HEIC. HIS is authorized to provide you with this quotation and will receive compensation for services it provides to you. Commercial Property, Commercial Auto and Fidelity insurance provided by Travelers is placed through HIS. HIS receives compensation from Travelers for services it provides to you.

CHARTIS
1650 Market Street
Philadelphia PA 19103

EXECUTIVE LIABILITYSM
Insurance provided by a member company of
American International Group, Inc.

November 3, 2010

VIA EMAIL

Re: Loss Runs for Pittsburgh Housing Authority

Policy	Claim Number	CLAIMANT	DATE OF LOSS	OPEN/ CLOSED	PAID	DESCRIPTION OF CLAIM
D&O, EPL, CRIME						
4737610	371-015763-1		05/18/01	Closed		ECONOMIC LOSS
	371-016351-1		06/29/01	Closed		ECONOMIC LOSS
	371-016352-1		06/29/01	Closed		ECONOMIC LOSS
	371-016355-1		07/11/01	Closed		ECONOMIC LOSS
8744971	434-003154-1		07/19/02	Closed		ALLEGED FAILURE TO COMPLY WITH ADA
	434-003392-1		10/29/02	Closed		CLAIM ALLEGING VIOLATION OF CIVIL RIGHTS AND DISCRIMINATION
2637113	None		None	None		No claims
5479548	371-030892-1		04/12/04	Inactive Notice Only		PHRC COMPLAINT ALLEGING DISABILITY DISCRIMINATION
	371-031639-1		05/18/04	Closed		CLAIM ALLEGING DISCRIMINATION
	371-032842-1		08/09/04	Inactive Notice Only		NOTICE OF A PHRC COMPLAINT FOR RACE DISCRIMINATION OF A RECRUITMENT CLERK
	371-032843-1		08/09/04	Inactive Notice Only		NOTICE OF PHRC COMPLAINT FOR RACE DISCRIMINATION AND RETALIATION
	371-032844-1		08/09/04	Inactive Notice Only		NOTICE OF PHRC COMPLAINT FOR RACE DISCRIMINATION AND RETALIATION

	371-033946-1		10/26/04	Inactive Notice Only		POTENTIAL CLAIM - CHARGE DISCRIMINATION (NOT INCLUDED IN NOTICE TO US)
	497-017098-1		04/12/04	Inactive Notice Only		CLAIM CREATED IN ERROR
4772216	371-037765-1		06/27/05	Inactive Notice Only		NOTICE OF CIRCUMSTANCES.
	861-000796-1		11/09/05	Inactive Notice Only		LAWSUIT ALLEGING WROGNEFUL DENIAL OF CONTRACT BID
4947262	367-004062-1		10/31/06	Closed		ALLEGED DISCRIMINATION IN VIOLATION OF HUD FAIR HOUSING ACT.
	371-039847-1		01/03/06	Inactive Notice only		PHRC - WORKPLACE HARASSMENT BASED ON RACE (BLACK).
	371-039940-1		01/03/06	Inactive Notice only		PHRC WORKPLACE DISCRIMINATION BASED ON RACE (BLACK).
	371-041293-1		04/12/06	Inactive Notice only		PHRC RACE (BLACK) DISCRIMINATION 2 DAY SUSPENSION OF POLICE OFFICER.
	371-041378-1		04/20/06	Inactive Notice only		POTENTIAL ATTORNEY SENT LETTER TO INSURED CLAIMING THEY ARE NOT FULFILLING THEIR END OF THE CONTRACT
9654683	861-002831-1		01/16/07	Closed		LAWSUIT ALLEGING FALSIFICATION OF RECORDS
	861-003229-1		02/27/07	Closed		PROPE COMPLAINT BROUGHT IN 9/06 ALLEGING THAT SHE WAS ADMITTED TO THE PSYCH WARD AND LOST HER BELONGINGS.
0752382	861-006165-1		01/21/08	Closed		SUIT
	861-006653-1		03/04/08	Closed		SUIT
	861-007950-1		07/24/08	Open		SUIT; EMPLOYEES ALLEGES AGE, SEX AND RACIAL DISCRIMINATION.
	861-009914-1		11/09/08	Closed		LETTER WRITTEN BY WIDOW REQUESTING TO APPEAL AMOUNT RECEIVED FROM HUSBAND'S PENSION. SHE ALLEGES THAT SHE DID NOT RECEIVE THE CORRECT

945557686	861-009978-1		02/23/09	Closed		FORMS AND HER CLAIM WAS NOT PROCESSED IN A TIMELY MANNER.
						LETTER ISSUED BY WIDOW OF DECEASED EMPLOYEE ALLEGING FAILURE TO PROCESS BENEFICIARY CLAIM IN TIMELY MANNER, AND FAILURE TO PROVIDE CORRECT FORMS AND INFORMATION.
13512682	None	None	None	None	None	No claims
PTL						
8736912	None	None	None	None	None	No claims
5617017	None	None	None	None	None	No claims
5479609	434-004138-1		04/12/04	Closed		DISCRIMINATION CLAIM REGARDING SUBSIDIZED HOUSING.
4745000	None	None	None	None	None	No claims
4947255	None	None	None	None	None	No claims
9654695	None	None	None	None	None	No claims
0752472	None	None	None	None	None	No claims
945557707	654-003805-1		02/23/09	Open		CLAIMANT ALLEGES TPA (FIDELITY) MISHANDLED BENEFICIARY REQUEST SUCH THAT ACCIDENT VALUE LOWER & REQUESTING THAT INSURED ADVISE FIDELITY TO MAKE UP DIFFERENCE.
CRIME						
54739488	None	None	None	None	None	No claims
4745003	None	None	None	None	None	No claims
4947258	None	None	None	None	None	No claims
9654707	None	None	None	None	None	No claims
0738674	None	None	None	None	None	No claims

Regards,
Deborah Hogg
Underwriter Technician
Private and Non-Profit Management Liability Unit
215-255-6038

Detail Loss Report

Losses From: 11/02/2005 To 11/02/2010

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
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No losses were found based on report selection criteria

HOUSING AUTHORITY OF THE CITY
Policy Number(s): 8140L905



Detail Loss Report

Report Parameters

Losses From: 11/02/2005 To 11/02/2010

Report Name: Detail Loss
Losses From: 11/02/2005 To 11/02/2010

Policy Number(s): 8140L905

Sorts

Sort Name	Sort Label
1 Policy Number	Policy Number

Subtotal	Page Break
Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria

**Commercial Property Loss Run For:
Pittsburgh Housing Authority, PA**

Pgm Year	Claim Number	Incident Date	Coverage	Loss Type Description	Total Paid	Total Experience	Status
24	A7DW5	09/05/2010	PRPD	FIRE	██████████	\$52,000.00	OP
24	A7DD6	02/17/2010	PRPD	FIRE	██████████	\$47,500.00	OP
24	A7DD7	02/08/2010	PRPD	FIRE	██████████	\$5,596.01	CL
Totals for program year 24					██████████	\$105,096.01	
22	A6ZY7	01/02/2009	PRPD	WATER DAMAGE	██████████	\$26,785.14	CL
22	A6ZU5	01/01/2009	PRPD	FIRE	██████████	\$42,703.14	CL
Totals for program year 22					██████████	\$69,488.28	
21	A6ZJ9	09/24/2008	PROP	FIRE	██████████	\$18,902.99	CL
21	A6YZ4	08/14/2008	PROP	WATER DAMAGE	██████████	\$1,244.88	CL
21	A6YP8	06/24/2008	PROP	FIRE	██████████	\$5,105.56	CL
21	A6YT8	05/24/2008	PROP	FIRE	██████████	\$36,733.54	CL
21	A6YL3	05/23/2008	PROP	STRUCK BY OBJECT	██████████	\$95,000.00	OP
21	A6YE1	04/06/2008	PROP	FIRE	██████████	\$12,900.02	CL
21	A6YM3	03/20/2008	PROP	FIRE	██████████	\$60,035.95	CL
21	A6XZ6	03/14/2008	PROP	FIRE	██████████	\$20,761.94	CL
21	A6XR3	01/25/2008	PROP	FIRE	██████████	\$15,106.18	CL
21	A6XP3	12/26/2007	PROP	FIRE	██████████	\$2,940.50	CL
Totals for program year 21					██████████	\$268,731.56	
Totals for all program years					██████████	\$443,315.85	

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2003	BI GL		H9A06		02/03/2004	SLIP, TRIP OR FALL	AUBURN TOWERS, IN FRONT, Pittsburgh	\$0.00	CL	\$813.04
2003	BI GL		H9E12		04/30/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,509.71
2003	BI GL		H9FV5		08/26/2004	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$26,082.64
2003	BI GL		H9B19		03/17/2004	NOT OTHERWISE CLASSIFIED		\$0.00	CL	\$618.54
2003	BI GL		H9P32		02/07/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$20,826.81
2003	BI GL		H9DA5		05/31/2004	SLIP, TRIP OR FALL	647 MOUNT PLEASANT ROAD APT 283,	\$0.00	CL	\$1,203.46
2003	BI GL		H8Z12		01/21/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$668.53
2003	BI GL		H8ZK4		01/19/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$16,202.46
2003	BI GL		H9CD3		05/03/2004	STRUCK BY FALLING OR MOVING (	2155 ELMORE SQUARE, Pittsburgh	\$0.00	CL	\$626.36
2003	BI GL		H9ET7		09/01/2004	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,418.64
2003	BI GL		H8Z10		12/20/2003	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$2,843.89
2003	BI GL		H9CD4		05/08/2004	SLIP, TRIP OR FALL	2126 ELMORE SQUARE, Pittsburgh	\$0.00	CL	\$1,889.85
2003	BI GL		H9EX7		09/18/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,136.02
2003	BI GL		H9ET1		09/14/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$457.08
2003	BI GL		H9CG6		05/13/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,174.57
2003	BI GL		H9CG6		09/01/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,067.01
2003	BI GL		H9EE4		08/16/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$467.25
2003	BI GL		H9A08		03/02/2004	SLIP, TRIP OR FALL	803 E. WASHINGTONAVE; REAR OF BLDG,	\$0.00	CL	\$472.68
2003	BI GL		H9DW3		07/08/2004	SLIP, TRIP OR FALL	2267 BEDFORD AVENUE # 64,	\$0.00	RC	\$16,507.02
2003	BI GL		H9FD9		02/03/2004	SLIP, TRIP OR FALL	6327 CORNWALL STREET, Pittsburgh	\$0.00	CL	\$5,593.83
2003	BI GL		H9EJ1		07/10/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$11,682.24
2003	BI GL		H9IU2		08/18/2004	ASSAULT	NORTHVIEW HEIGHTS,	\$0.00	CL	\$141.84
2003	BI GL		H8Z57		02/04/2004	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$360.34
Totals for coverage BI GL (23 claims)								\$0.00		\$119,783.81
2003	PD GL		H9EC0		06/01/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	RC	\$748.30
2003	PD GL		H9DY8		08/03/2004	LOSS OR DAMAGE TO PROPERTY	2261 BEDFORD AVENUE REAR),	\$0.00	CL	\$393.34
2003	PD GL		H8ZS8		02/02/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$2,853.03
2003	PD GL		H8DD0		06/21/2004	LOSS OR DAMAGE TO PROPERTY	CORNER OF BEDFORD AVENUE AND WHIT	\$0.00	CL	\$1,216.66

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2003	\$50,000	PDGL	H8ZJ4	CORA EGGLETON	01/06/2004	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$631.15
Totals for coverage PDGL (5 claims)								\$0.00		\$5,842.48
Totals for policy year 2003 (28 claims)								\$0.00		\$125,826.29
2004		BIGL	H9GUD		11/29/2004	SLIP, TRIP OR FALL		\$0.00	CL	\$560.53
2004		BIGL	H9KJ5		05/09/2005	NOT OTHERWISE CLASSIFIED	CARRICK REGENCY HIGHRISE 2129 BROW	\$0.00	CL	\$510.62
2004		BIGL	H9JV1		04/14/2005	SLIP, TRIP OR FALL	2281 BEDFORD AVENUE,	\$0.00	CL	\$7,493.72
2004		BIGL	H9KY3		06/16/2005	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$20,794.23
2004		BIGL	H9LR8		07/29/2005	SLIP, TRIP OR FALL	GARFIELD HEIGHTS 5304 FERN STREET #	\$0.00	OP	\$27,500.00
2004		BIGL	H9MY9		09/18/2005	STRUCK BY FALLING OR MOVING (	128 HAZLETT STREET,	\$0.00	CL	\$964.09
2004		BIGL	H9OC4		09/30/2005	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$19,898.61
2004		BIGL	H9OA6		11/09/2005	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$827.36
2004		BIGL	H9NE1		09/16/2005	SLIP, TRIP OR FALL	127 HAZLETT STREET,	\$0.00	CL	\$6,128.97
2004		BIGL	H9MO8		08/11/2005	SLIP, TRIP OR FALL	1216 HAWLIN STREET,	\$0.00	CL	\$716.49
2004		BIGL	H9LR8		07/29/2005	ASSAULT	LOU MASON HI-RISE,	\$0.00	CL	\$509.28
Totals for coverage BIGL (11 claims)								\$0.00		\$85,893.90
2004		PDGL	H9NM0		09/23/2005	STRUCK BY FALLING OR MOVING (	218 CLOVER STREET,	\$0.00	CL	\$670.20
2004		PDGL	H9NM1		10/20/2005	LOSS OR DAMAGE TO PROPERTY		\$0.00	CL	\$491.27
2004		PDGL	H9MY8		08/19/2005	LOSS OR DAMAGE TO PROPERTY	200 Ross Street, Pittsburgh	\$0.00	CL	\$1,196.95
Totals for coverage PDGL (3 claims)								\$0.00		\$2,358.42
Totals for policy year 2004 (14 claims)								\$0.00		\$88,252.32
2005		BIGL	H9WC3		10/29/2006	SLIP, TRIP OR FALL	Various, Pittsburgh	\$0.00	CL	\$781.29
2005		BIGL	H8RY6		04/29/2006	STRUCK BY FALLING OR MOVING (	200 Ross Street, Pittsburgh	\$0.00	CL	\$11,222.98
2005		BIGL	H9TY8		06/12/2006	SLIP, TRIP OR FALL	Pittsburgh	\$0.00	CL	\$2,167.99
2005		BIGL	H8OU2		11/18/2005	SLIP, TRIP OR FALL		\$0.00	CL	\$4,243.43
2005		BIGL	H8OU1		12/30/2005	SLIP, TRIP OR FALL	2100 BLDG ELMORE SQUARE APT COMPLI	\$0.00	OP	\$37,000.00
2005		BIGL	H9OU8		01/02/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$25,000.00	OP	\$75,000.00
2005		BIGL	H8SR7		01/19/2006	NOT OTHERWISE CLASSIFIED	200 Ross Street, Pittsburgh	\$0.00	CL	\$422.78
2005		BIGL	H9RQ4		03/12/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$21,854.14
2005		BIGL	H9RO2		04/11/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$18,845.71

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2005	BI GL		H8RY4		05/01/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$682.47
2005	BI GL		H8SR6		05/04/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$25,263.96
2005	BI GL		H8TH1		07/16/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$0.00	CL	\$6,231.22
2005	BI GL		H9UB0		08/19/2006	SLIP, TRIP OR FALL	200 Ross Street, Pittsburgh	\$25,000.00	OP	\$75,000.00
Totals for coverage BI GL (13 claims)								\$50,000.00		\$278,906.97
2005	PD GL		H8TC4		05/11/2006	LOSS OR DAMAGE TO PROPERTY		\$0.00	CL	\$792.27
2005	PD GL		H9VT3		10/12/2006	LOSS OR DAMAGE TO PROPERTY	Various, Pittsburgh	\$0.00	CL	\$628.95
Totals for coverage PD GL (2 claims)								\$0.00		\$1,421.22
2005	PI GL		H9XG7		01/26/2006	PERSONAL INJURY	200 Ross Street, Pittsburgh	\$0.00	CL	\$4,334.85
Totals for coverage PI GL (1 claim)								\$0.00		\$4,334.85
2005	WALE		H9RD1		03/01/2006	LAW ENFORCEMENT		\$0.00	CL	\$15,747.30
Totals for coverage WALE (1 claim)								\$0.00		\$15,747.30
Totals for policy year 2005 (17 claims)								\$50,000.00		\$300,409.34
2006	BI GL		H9WY7		01/26/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$647.83
2006	BI GL		H9XE3		02/06/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$27,818.04
2006	BI GL		H9YC6		02/17/2007	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$441.81
2006	BI GL		H9XU6		02/20/2007	SLIP, TRIP OR FALL	920 Crosswell Street, Pittsburgh	\$0.00	CL	\$546.18
2006	BI GL		IOAY8		07/21/2007	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	OP	\$32,500.00
2006	BI GL		IOAM9		07/23/2007	STRUCK BY FALLING OR MOVING (Various, Pittsburgh		\$0.00	OP	\$42,500.00
2006	BI GL		IOAZ2		08/09/2007	STRUCK BY FALLING OR MOVING (533 Mt. Pleasant Road, Pittsburgh		\$0.00	CL	\$7,113.29
2006	BI GL		IOBK8		08/10/2007	STRUCK BY FALLING OR MOVING (5180 Columbo Street (GARFIELD HEIGHTS),		\$0.00	CL	\$1,449.68
2006	BI GL		IOBA3		08/27/2007	SLIP, TRIP OR FALL	601 Pressley Street	\$0.00	CL	\$830.15
2006	BI GL		IOEM4		08/28/2007	SLIP, TRIP OR FALL	2305 Bedford Avenue, Pittsburgh	\$37,500.00	OP	\$87,500.00
2006	BI GL		IOBK9		08/31/2007	SLIP, TRIP OR FALL	3206 Niagara Street, Pittsburgh	\$0.00	CL	\$503.34
2006	BI GL		IOED0		10/01/2007	SLIP, TRIP OR FALL	2305 Bedford Avenue, Pittsburgh	\$0.00	CL	\$3,367.85
Totals for coverage BI GL (12 claims)								\$37,500.00		\$205,218.17
2006	PD GL		IOFC4		10/16/2007	LOSS OR DAMAGE TO PROPERTY	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$539.24
Totals for coverage PD GL (1 claim)								\$0.00		\$539.24

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2006	PIGL	H8WM7			01/08/2007	PERSONAL INJURY	6290 Auburn Street, Pittsburgh	\$0.00	CL	\$1,104.00
2006	PIGL	10BMO			07/20/2007	PERSONAL INJURY		\$0.00	CL	\$7,971.99
Totals for coverage PIGL (2 claims)								\$0.00		\$9,075.99
Totals for policy year 2006 (15 claims)								\$37,600.00		\$214,833.40
2007	BIGL	10JL7			11/08/2008	SLIP, TRIP OR FALL	2416 Sarah Street, Pittsburgh	\$8,600.00	OP	\$18,500.00
2007	BIGL	10DM5			12/31/2007	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$1,098.10
2007	BIGL	10DJ3			01/04/2008	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$1,579.66
2007	BIGL	10EU9			01/28/2008	SLIP, TRIP OR FALL	801 E. Warrington Avenue, Pittsburgh	\$150,000.00	OP	\$160,000.00
2007	BIGL	10ES5			02/26/2008	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$0.00	CL	\$531.00
2007	BIGL	10FY1			03/03/2008	SLIP, TRIP OR FALL	1702 Belleau Drive, Pittsburgh	\$32,500.00	OP	\$42,500.00
2007	BIGL	10FO4			04/11/2008	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$2,178.39	CL	\$12,178.39
2007	BIGL	10JH9			05/19/2008	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$33,500.00	OP	\$43,500.00
2007	BIGL	10HF2			07/30/2008	SLIP, TRIP OR FALL	Various, Pittsburgh	\$0.00	CL	\$1,326.21
2007	BIGL	10KQ6			08/14/2008	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$1,799.73
2007	BIGL	10L5			08/30/2008	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$1,111.50
2007	BIGL	10L6			09/15/2008	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$646.29
2007	BIGL	10JF7			10/02/2008	SLIP, TRIP OR FALL	2416 Sarah Street, Pittsburgh	\$0.00	CL	\$979.48
2007	BIGL	10JC6			10/12/2008	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$33,000.00	OP	\$43,000.00
2007	BIGL	10JF6			10/17/2008	SLIP, TRIP OR FALL	2129 Brownsville Road, Pittsburgh	\$0.00	CL	\$661.12
Totals for coverage BIGL (15 claims)								\$269,678.39		\$329,410.48
2007	MDGL	10HW5			09/02/2008	MOLD	920 Brookline Boulevard, Pittsburgh	\$0.00	CL	\$1,910.32
2007	MDGL	10HW4			09/02/2008	MOLD	920 Brookline Boulevard, Pittsburgh	\$0.00	CL	\$1,260.93
Totals for coverage MDGL (2 claims)								\$0.00		\$3,171.25
Totals for policy year 2007 (17 claims)								\$269,678.39		\$332,581.73
2008	BIGL	10JZ6			12/03/2008	NOT OTHERWISE CLASSIFIED	2125 Los Angeles, Pittsburgh	\$0.00	OP	\$5,000.00
2008	BIGL	10OU6			08/27/2009	STRUCK BY FALLING OR MOVING (	533 Mt. Pleasant Road, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL	10KE5			12/20/2008	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL	10LO7			01/09/2009	SLIP, TRIP OR FALL	Elmore & Devillers Streets, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL	10CY7			08/30/2009	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$1,000.00	OP	\$11,000.00

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2008	BIGL	10QTS		12/19/2009	SLIP, TRIP OR FALL	601 Presley Street	\$3,500.00	OP	\$13,500.00
2008	BIGL	10KP2		01/15/2009	SLIP, TRIP OR FALL	3123 Cordell Place, Pittsburgh	\$3,500.00	OP	\$13,500.00
2008	BIGL	10LQ7		02/04/2009	SLIP, TRIP OR FALL	10 Albertise St., Pittsburgh	\$0.00	CL	\$807.09
2008	BIGL	10ON9		08/30/2009	SLIP, TRIP OR FALL	2129 Brownsville Road, Pittsburgh	\$0.00	CL	\$170.85
2008	BIGL	10LA7		02/05/2009	STRUCK BY FALLING OR MOVING (	1014 Sheffield Street, Pittsburgh	\$3,500.00	OP	\$13,500.00
2008	BIGL	10NW0		02/13/2009	SLIP, TRIP OR FALL	945 Roselle Court, Pittsburgh	\$33,500.00	OP	\$43,500.00
2008	BIGL	10PB4		08/16/2009	NO LOSS TYPE ENTERED	2416 Sarah Street, Pittsburgh	\$0.00	CL	\$218.15
2008	BIGL	10MU4		04/21/2009	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$2,473.60
2008	BIGL	10MU3		04/21/2009	SLIP, TRIP OR FALL	2025 Bentley Drive, Pittsburgh	\$0.00	CL	\$1,485.81
2008	BIGL	10PM6		09/26/2009	SHOT	533 Mt. Pleasant Road, Pittsburgh	\$11,000.00	OP	\$21,000.00
2008	BIGL	10ND6		04/24/2009	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$0.00	CL	\$273.35
2008	BIGL	10PS3		10/23/2009	SLIP, TRIP OR FALL	601 Presley Street	\$0.00	OP	\$8,500.00
2008	BIGL	10NE6		06/13/2009	SLIP, TRIP OR FALL	3123 Cordell Place, Pittsburgh	\$3,000.00	OP	\$13,000.00
2008	BIGL	10NW1		07/29/2009	SLIP, TRIP OR FALL	Johnston Ave. & Rivermont Drive, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL	10RY1		10/26/2009	ASSAULT	2416 Sarah Street, Pittsburgh	\$0.00	OP	\$8,500.00
2008	BIGL	10QK1		08/05/2009	STRUCK BY FALLING OR MOVING (	Various, Pittsburgh	\$0.00	CL	\$379.95
2008	BIGL	10OCO		08/10/2009	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$0.00	CL	\$163.43
2008	BIGL	10QTE		10/30/2009	SLIP, TRIP OR FALL	920 Cresswell Street, Pittsburgh	\$1,000.00	OP	\$11,000.00
Totals for coverage BIGL (23 claims)							\$60,000.00		\$201,972.23
2008	PDGL	10MW8		06/01/2009	LOSS OR DAMAGE TO PROPERTY	1702 Belleau Drive, Pittsburgh	\$0.00	CL	\$394.90
Totals for coverage PDGL (1 claim)							\$0.00		\$394.90
Totals for policy year 2008 (24 claims)							\$60,000.00		\$202,367.13
2010	BIGL	10TK4		01/10/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$15,000.00	OP	\$25,000.00
2010	BIGL	10SM1		02/25/2010	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$1,000.00	OP	\$11,000.00
2010	BIGL	10RC2		01/11/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$34,000.00	OP	\$44,000.00
2010	BIGL	10RS1		02/02/2010	SLIP, TRIP OR FALL	533 Mt. Pleasant Road, Pittsburgh	\$13,500.00	OP	\$23,500.00
2010	BIGL	10VX8		03/05/2010	SLIP, TRIP OR FALL	7030 Kelly Street, Pittsburgh	\$5,000.00	OP	\$15,000.00

Commercial Liability Loss Run for Pittsburgh Housing Authority, PA

Policy Year	Deduct	Covg	Claim Number	Claimant	Incident Date	Loss Type Description	Location Description	Our Total Experience	Status	Total Experience
2010		BIGL	10VX6		09/15/2010	SLIP, TRIP OR FALL	3206 Niagara Street , Pittsburgh	\$0.00	OP	\$10,000.00
Totals for coverage BIGL (6 claims)								\$68,500.00		\$128,500.00
Totals for policy year 2010 (6 claims)								\$68,500.00		\$128,500.00
Totals for all policy years (121 claims)								\$475,678.39		\$1,392,570.21

Commercial Liability Renewal Proposal for:

PHA: Housing Authority of the City of Pittsburgh

200 Ross Street, 7th Floor
Pittsburgh, PA 15219

Renewal of Policy No: HARRG-578-89397-2010

Effective Date: 1/1/2011

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL. 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 HOUSING AUTHORITY RISK RETENTION GROUP (HARRG). PLEASE REVIEW THIS PROPOSAL CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR UNDERWRITER.

No. of Units	Family	Elderly	Section 8
	2782	818	0

Commercial Liability: General Aggregate: \$5,000,000

Coverage / Deductible	Limits	Premium
Commercial Liability \$10,000 Deductible	\$5,000,000 Commercial Liability Limit Per Occurrence	
	\$250,000 Fire Damage Liability Sub-Limit Per Occurrence	
	\$250,000 Athletic Sports Liability Sub-Limit Per Occurrence	
	\$250,000 Athletic Sports Liability Sub-Limit Aggregate	
Pesticide \$2,500 Deductible	\$50,000 Pesticide Liability Limit Per Occurrence	
	\$50,000 Pesticide Liability Limit Aggregate	
Employee Benefits Administration Liability - Claims Made	\$1,000,000 Employee Benefits Liability Limit Each Employee	
\$1,000 Deductible	\$1,000,000 Employee Benefits Liability Limit Aggregate	

Commercial Liability Renewal Proposal for:

PHA: Housing Authority of the City of Pittsburgh

200 Ross Street, 7th Floor
Pittsburgh, PA 15219

Renewal of Policy No: HARRG-578-89397-2010

Effective Date: 1/1/2011

No. of Units	Family	Elderly	Section 8
	2782	818	0

Coverage / Deductible	Limits	Premium
Terrorism		
Mold, Other Fungi or Bacteria Liability - Claims Made \$50,000 Deductible	\$500,000 Mold, Other Fungi or Bacteria Liability Limit of Coverage	

Work plan Credit - No. of work plan credits that your PHA met were 0. As a result, your PHA saved \$0. Savings are already reflected in the Commercial Liability premium

Total Premium	
---------------	--

THIS PROPOSAL DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY HARRG. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

HARRG COMMERCIAL LIABILITY INSURANCE

SCHEDULE OF LOCATIONS

As Of: 11/12/2010

FOR EACH PROPERTY, if a unit count, funding, occupancy or insurance coverage is/are incorrect, please cross out the invalid value and write in the correct value.

Add additional properties in the blank lines provided at end of table. If you do not have enough blank lines, attach a separate sheet of paper listing the new properties (name, address, units, funding, occupancy and what coverages they should incorporate).

Please return this form if you have changes.

<u>Name Address</u>	<u>Units*</u>	<u>Funding</u>	<u>Occupancy</u>	<u>General Liability</u>	<u>Public Officials</u>	<u>Employment Practices</u>	<u>Pesticide</u>	<u>Lead Paint</u>	<u>Mold</u>
Addison Terrace 2025 Bentley Drive	736	Federal	Family	X			X		X
Allegheny Dwellings 1702 Belleau Drive	282	Federal	Family	X			X		X
Allegheny House 1305 Allegheny Ave.	0	Federal	Warehouse	X			X		
Arlington Heights 3123 Cordell Place	150	Federal	Family	X			X		X
Auburn Towers/Hamilton Larimar 6290 Auburn Street	30	Federal	Family	X			X		X
Bedford Boiler House 2285 Sommers Dr.	0	Federal	Garage	X			X		
Bedford Dwellings 2305 Bedford Avenue	420	Federal	Family	X			X		X
Boiler Room 2136 Bently Dr.	0	Federal	Garage	X			X		
Caliguir Hi-Rise 801 E. Warrington Avenue	104	Federal	Elderly	X			X		X
Carrick Regency Hi-Rise 2129 Brownsville Road	66	Federal	Elderly	X			X		X
Central Maintenance 201 Kirkpatrick St.	0	Federal	Garage	X			X		
Community Building 2136 Elmore Sq.	0	Federal	Community Buik	X			X		X
Community Building 895 Johnson Ave.	0	Federal	Community Buik	X			X		X
Computer Center 1205 Liverpool St.	0	Federal	Office	X			X		X
Elmore Square Boiler Room 2166 Elmore Sq.	0	Federal	Garage	X			X		

*Unit counts must include
vacant units

<u>Name Address</u>	<u>Units*</u>	<u>Funding</u>	<u>Occupancy</u>	<u>General Liability</u>	<u>Public Officials</u>	<u>Employment Practices</u>	<u>Pesticide</u>	<u>Lead Paint</u>	<u>Mold</u>
Family Investment Center 10 Albertise St.	0	Federal	Office	X			X		X
Finello Pavilion Hi-Rise 3206 Niagara Street	60	Federal	Elderly	X			X		X
Garage 2200 Arlington	0	Federal	Garage	X			X		
Glen Hazel Disabled Units Roselle Court & Johnston Avenue	6	Federal	Elderly	X			X		X
Glen Hazel High Rise 945 Roselle Court	111	Federal	Elderly	X			X		X
Glen Hazel Townhomes 945 Roselle Court	132	Federal	Family	X			X		X
Gualtieri Manor Hi-Rise 2125 Los Angeles	30	Federal	Elderly	X			X		X
Gym 930 Creswell St.	0	Federal	Community Buil	X			X		X
Historical Building - Storage 1305 Allegheny Ave.	0	Federal	Warehouse	X			X		
Homewood North 7030 Kelly Street	135	Federal	Family	X			X		X
Leased Office Space 200 Ross St.	0	Federal	Office	X			X		X
Leased Office Space 100 Ross St.	0	Federal	Office	X			X		X
Leased Storage Space 400 N. Lexington Ave.	0	Federal	Warehouse	X			X		
Maintenance Garage 647 Mt. Pleasant Rd.	0	Federal	Garage	X			X		
Mazza Pavilion Hi-Rise 920 Brookline Boulevard	30	Federal	Elderly	X			X		X
Morse Gardens Hi-Rise 2416 Sarah Street	70	Federal	Elderly	X			X		X
Murray Tower Hi-Rise 2835 Murray Towers	68	Federal	Family	X			X		X
Northview Heights 533 Mt. Pleasant Road	592	Federal	Family	X			X		X
Oak Hill Child Care 373 Burrows St.	0	Federal	Community Buil	X			X		X
Oak Hill Recreation Center 415 Wadsworth St.	0	Federal	Community Buil	X			X		X
Pennsylvania Bidwell Hi-Rise 1014 Sheffield Street	130	Federal	Elderly	X			X		X
Pressley Street Hi-Rise 601 Pressley Street	211	Federal	Elderly	X			X		X

*Unit counts must include
vacant units

<u>Name Address</u>	<u>Units*</u>	<u>Funding</u>	<u>Occupancy</u>	<u>General Liability</u>	<u>Public Officials</u>	<u>Employment Practices</u>	<u>Pesticide</u>	<u>Lead Paint</u>	<u>Mold</u>
Recreation Center 2305 Bedford St.	0	Federal	Community Buil	X			X		X
Recreation Center 533 Mt. Pleasant Rd.	0	Federal	Community Buil	X			X		X
Scattered Site 1380 Harlow Street	1	Federal	Family	X			X		X
Scattered Site 1612 Cumberland Street	1	Federal	Family	X			X		X
Scattered Site 1309 Dickens Street	1	Federal	Family	X			X		X
Scattered Site 1311 Justine Street	1	Federal	Family	X			X		X
Scattered Site 1312 Cumberland Street	1	Federal	Family	X			X		X
Scattered Site 3836 Haven Street	1	Federal	Family	X			X		X
Scattered Site 2838 Middletown road	1	Federal	Family	X			X		X
Scattered Site 1240 Straka Street	1	Federal	Family	X			X		X
Scattered Site 1380 Harlow Street	1	Federal	Family	X			X		X
Scattered Site 3844 Windgap Avenue	1	Federal	Family	X			X		X
Scattered Site 138 Bodkin Street	1	Federal	Family	X			X		X
Scattered Sites Merle, Aple, Woodward, Robinson, Berry Hillsboro, McPherson,	10	Federal	Family	X			X		X
Scattered Sites Stanhope St, Faulkner, Sacramento, Glasgow & Wyckoff	23	Federal	Family	X			X		X
Scattered Sites Wymore, Lakewood, Valonia, Bond Fairview & Sherwood	36	Federal	Family	X			X		X
Scattered Sites Amber, Montooth, Ballinger, Sebring Penn Circle W, Broad et.	81	Federal	Family	X			X		X
Scattered Sites Woodbourne, Dunster, Walton, Ladoga Morgan, Mellon etc.	47	Federal	Family	X			X		X
Scattered Sites E. Black, Beechwood, Rosemoor & Wilkins	4	Federal	Family	X			X		X

*Unit counts must include
vacant units

<u>Name Address</u>	<u>Units*</u>	<u>Funding</u>	<u>Occupancy</u>	<u>General Liability</u>	<u>Public Officials</u>	<u>Employment Practices</u>	<u>Pesticide</u>	<u>Lead Paint</u>	<u>Mold</u>
Scattered Sites Canton Ave, Monongahela St, Alluvian St	25	Federal	Family	X			X		X
Ujamma Center 1900 Bradhead Road	0	Federal	Community Bulk	X			X		X
TOTALS:				3,600			3,600		3,600

*Unit counts must include vacant units

III. ENDORSEMENTS

Please review the endorsements listed below for Pittsburgh Housing Authority.

Policy Endorsements

<u>Endorsement</u>	<u>Issue Date</u>	<u>Effective Date</u>	<u>Endorsement Description</u>	<u>Additional Description and/or Name of Additional Insured (If Any)</u>
01-181-01-2010-1	1/25/2010	1/1/2010	Certified Acts of Terrorism Coverage	Certified Acts of Terrorism Coverage - 01/08 Edition
01-189-01-2010-2	1/25/2010	1/1/2010	Disclosure of Premium - Certified Acts of Terrorism Coverage	

Commercial Liability Endorsements

<u>Endorsement</u>	<u>Issue Date</u>	<u>Effective Date</u>	<u>Endorsement Description</u>	<u>Additional Description and/or Name of Additional Insured (If Any)</u>
01-06-01-2010-6	9/29/2010	10/20/2010	Special Event - Additional Insured	The Carnegie Institute, The Carnegie Institute as additional insured per Endorsement 01-06-01-2010-6
01-55-01-2010-5	5/13/2010	3/23/2010	Additional Insured - Leased Equipment	Pac-Van, Inc, Pac-Van, Inc is added as additional insured as it applies to the leased equipment
01-10A-01-2010-4	4/14/2010	1/1/2010	Additional Insureds - Designated Person or Organization	Banc of America Leasing & Capital LLC ISAOA, Banc of America Leasing & Capital, LLC is added as additional insured per Endorsement No. 01-10A-01
01-39b-01-2010-3	1/25/2010	1/1/2010	Pesticide or Herbicide Applicator Liability	

HOUSING AUTHORITY INSURANCE



Financial Summary/ Report

MEMBER TEXT : 000000578-PITTSBURGH HOUSING AUTH

Policy Number : 345D9134

Policy Year : 2004

Subline of Insurance Abbrev.

OTCF

\$0.00

\$0.00

\$0.00

1

0.00

Policy Number : 535D5353

Policy Year : 2003

Subline of Insurance Abbrev.

ALBI

\$0.00

\$0.00

\$0.00

1

0.00

ALPD

\$0.00

\$0.00

\$0.00

8

0.00

COLL

\$1,663.00

\$1,663.46

\$(0.46)

2

100.03

NFBI

\$0.00

\$0.00

\$0.00

2

0.00

OTCF

\$0.00

\$0.00

\$0.00

7

0.00

Policy Year : 2004

Subline of Insurance Abbrev.

ALPD

\$0.00

\$0.00

\$0.00

6

0.00

COLL

\$4,339.00

\$4,339.28

\$(0.28)

3

100.01

OTCF

\$0.00

\$0.00

\$0.00

8

0.00

Policy Year : 2005

Subline of Insurance Abbrev.

ALBI

\$0.00

\$0.00

\$0.00

1

0.00

ALPD

\$0.00

\$0.00

\$0.00

12

0.00

HOUSING AUTHORITY INSURANCE



Financial Summary Report

MEMBER TEXT : 000000578-PITTSBURGH HOUSING AUTH

Policy Number : 535D5353

Policy Year : 2005

Subline of Insurance Abbrev.

COLL

\$7,382.00

\$7,382.50

\$(0.50)

7

100.01

NFBI

\$0.00

\$0.00

\$0.00

4

0.00

OTC

\$1,289.00

\$1,288.92

\$0.08

1

99.99

OTCF

\$0.00

\$0.00

\$0.00

8

0.00

Policy Year : 2006

Subline of Insurance Abbrev.

ALPD

\$0.00

\$0.00

\$0.00

1

0.00

NFBI

\$0.00

\$0.00

\$0.00

0

0.00

OTCF

\$0.00

\$0.00

\$0.00

0

0.00

Policy Year : 2007

Subline of Insurance Abbrev.

ALBI

\$0.00

\$0.00

\$0.00

1

0.00

ALPD

\$0.00

\$0.00

\$0.00

6

0.00

COLL

\$119.00

\$119.89

\$(0.89)

4

100.75

OTCF

\$0.00

\$0.00

\$0.00

4

0.00

Policy Year : 2008

Subline of Insurance Abbrev.

ALPD

\$0.00

\$0.00

\$0.00

2

0.00

HOUSING AUTHORITY INSURANCE



Financial Summary Report

MEMBER TEXT : 00000578-PITTSBURGH HOUSING AUTH

Policy Number : 535D5353

Policy Year : 2008

Subline of Insurance Abbrev.

COLL

\$0.00

\$0.00

\$0.00

1

0.00

OTCF

\$0.00

\$0.00

\$0.00

2

0.00

Policy Year : 2010

Subline of Insurance Abbrev.

ALPD

\$0.00

\$0.00

\$0.00

3

0.00

COLL

\$0.00

\$0.00

\$0.00

1

0.00

OTCF

\$0.00

\$0.00

\$0.00

2

0.00

Policy Number : 535D605A

Policy Year : 2005

Subline of Insurance Abbrev.

ALPD

\$0.00

\$0.00

\$0.00

1

0.00

COLL

\$12.00

\$11.50

\$0.50

0

95.83

*Subtotals for MEMBER TEXT: 00000578-PITTSBURGH HOUSING AUTH

\$14,804.00

\$14,805.55

\$(1.56)

97

100.01

HOUSING AUTHORITY INSURANCE



Financial Summary Report

	Incurred Cln+Med+Exp	Paid Cln+Med+Exp	Outstanding Cln+Med+Exp	Number of Claims	Percent Paid/Inc
Report Grand Totals	\$14,804.00	\$14,805.55	\$(1.55)	97	100.01

Report Parameters

Report ID Name: Financial Summary Report

Report Name: Financial Summary Report

Accident Date Range:

To

History Date:

Alias: HAJAUTO

Sorts

Sort Name	Sort Label	Subtotal	Page Break	Page Repeat	Grand Total
1. MEMBER TEXT	MEMBER TEXT	Y	Y	Y	Y
2. Policy Number	Policy Number	N	N	N	N
3. Policy Year	Policy Year	N	N	N	N
4. Subline of Insurance Abbrev.	Subline of Insurance Abbrev.	Y	N	N	N

Limiting Statements

MEMBER CODE

Equal To

000000576

Large Loss Limit

Claim Group

Claim Method Expense

Loss Limit Cap

Travelers Losses as of: 10/30/2010

Run Date: 11/01/2010

Policy :

0000752382-006-000 HOUSING AUTHORITY OF THE CITY
0004947262-029-000 HOUSING AUTHORITY OF THE CITY
0009654683-011-000 HOUSING AUTHORITY OF THE CITY
0945557686-029-001 HOUSING AUTHORITY OF THE CITY
0013512682-029-001 HOUSING AUTHORITY OF THE CITY

Filters:

Status = ALL

Requester ID:

025758

Report Date / Time: 11/03/2010 10:24 EST

Valuation Date: 10/31/2010

The Chartis Loss Run is a detail report, providing claim and financial information.

Certain claim information may not be available in this report, since data availability can vary based on the insurance program.

Some of the content contained in this report is subject to confidentiality laws and may be privileged. This report is intended for review and use by authorized representatives of the insured or other parties authorized by the insured. If you are not the intended recipient, you are hereby notified that any disclosure, copy or distribution of this information is strictly prohibited, as is the taking of any action by you in reliance on its contents. If you received this communication in error, please notify us immediately.

Chartis Loss Run Financial Lines Claims

PAGE: 2

Policy : DO 0000752382-006-000 HOUSING AUTHORITY OF THE CITY 11/09/2007 - 11/09/2008 Report Date / Time: 11/03/2010 10:24 EST
 Valuation Date: 10/31/2010 Currency: USD

Claimant Name Claim Number Loss Date	Loss State Receipt Date	Div / H/O Status Closed Date	Adjuster Name Manager Name	Loss Description	Loss Paid
[REDACTED] 861-009814-001 11/09/2008	PA 02/23/2009	039/861 Closed 02/25/2009	[REDACTED]	LETTER WRITTEN BY WIDOW REQUESTING TO APPEAL AMOUNT RECEIVED FROM HUSBAND'S PENSION. SHE ALLEGES TI	.00
[REDACTED] 861-007960-001 07/24/2008	PA 07/24/2008	039/861 Open	[REDACTED]	SUIT. EMPLOYEES ALLEGES AGE, SEX AND RACIAL DISCRIMINATION.	35,951.66
[REDACTED] 861-006653-001 03/04/2008	PA 03/04/2008	039/861 Closed 04/14/2009	[REDACTED]	SUIT	.00
[REDACTED] 861-006165-001 01/21/2008	PA 01/21/2008	039/861 Closed 06/16/2008	[REDACTED]	SUIT	.00
Total Claim Count = 4					35,951.66

Policy-Mod: 0000752382-006-000
 Claim Count = 4

Chartis Loss Run
Financial Lines Claims

PAGE: 3

Policy: 0004947262-029-000

HOUSING AUTHORITY OF THE CITY

11/09/2005 - 11/09/2006

Report Date / Time: 11/03/2010 10:24 EST
Valuation Date: 10/31/2010
Currency: USD

Claimant Name Claim Number Loss Date	Loss State Receipt Date	Div / H.O. Status Closed Date	Adjuster Name Manager Name	Loss Description	Loss Paid
[REDACTED] 367-004062-001 10/31/2006	PA 11/08/2006	039/367 Closed 09/22/2009	[REDACTED]	ALLEGED DISCRIMINATION IN VIOLATION OF HUD FAIR HOUSING ACT.	.00
[REDACTED] 371-041378-001 04/20/2006	PA 04/24/2006	039/167 N/O	[REDACTED]	POTENTIAL ATTORNEY SENT LETTER TO INSURED CLAIMING THEY ARE NOT FULFILLING THEIR END OF THE CONTRACT	.00
[REDACTED] 371-041293-001 04/12/2006	PA 04/17/2006	039/167 N/O	[REDACTED]	PHRC RACE (BLACK) DISCRIMINATION 2 DAY SUSPENSION OF POLICE OFFICER.	.00
[REDACTED] 371-039847-001 01/03/2006	PA 01/12/2006	039/167 N/O	[REDACTED]	PHRC - WORKPLACE HARASSMENT BASED ON RACE (BLACK).	.00
[REDACTED] 371-039840-001 01/03/2006	PA 01/20/2006	039/167 N/O	[REDACTED]	PHRC WORKPLACE DISCRIMINATION BASED ON RACE (BLACK).	.00
Pol-Acco-Mod: 0004947262-029-000					.00
Claim Count = 5					

Chartis Loss Run
Financial Lines Claims

PAGE: 4

Policy: DO 0009654683-011-000 HOUSING AUTHORITY OF THE CITY 11/09/2006 - 11/09/2007 Report Date / Time: 11/03/2010 10:24 EST
Valuation Date: 10/31/2010
Currency: USD

Claimant Name	Loss State	Div / H/O	Adjusted Name	Loss Description	Loss Paid
Claim Number	Recap Date	Status	Manager Name		
Loss Date		Closed Date			
851-003229-001	PA	039/861		PROPE COMPLAINT BROUGHT IN 9/06 ALLEGING THAT SHE	.00
02/27/2007	02/27/2007	Closed		WAS ADMITTED TO THE PSYCH WARD AND LOST HER BELONG	
		06/08/2007			
851-002631-001	PA	039/861		LAWUIT ALLEGING FALSIFICATION OF RECORDS	.00
01/19/2007	01/16/2007	Closed			
		05/09/2007			
Pol Asso Mod: 0009654683-011-000					.00
Claim Count = 2					

Chartis Loss Run
Financial Lines Claims

PAGE: 5

Policy : 0013512682-029-001 HOUSING AUTHORITY OF THE CITY 11/09/2009 - 01/01/2011 Report Date / Time: 11/03/2010 10:24 EST
Valuation Date: 10/31/2010
Currency: USD

Claimant Name	Loss State	DIV / HQ	Adjuster Name	Loss Description	Loss Paid
Claim Number	Receipt Date	Status	Manager Name		
Loss Date		Closed Date			

039/

No Claims for Policy 0013512682-029-001 / Criteria

Policy Ascend Mod: 0013512682-029-001

Claim Count = 0

.00

.00

Chartis Loss Run
Financial Lines Claims

PAGE: 6

Policy : 0945557686-029-001 HOUSING AUTHORITY OF THE CITY 11/09/2008 - 11/09/2009 Report Date / Time: 11/03/2010 10:24 EST
Valuation Date: 10/31/2010
Currency: USD

Claimant Name	Loss State	DM / HO	Adjuster Name	Loss Description	Loss Paid
861-009978-001 02/23/2009	PA 02/23/2009	039/861 Closed 07/01/2009	[REDACTED] [REDACTED]	LETTER ISSUED BY WIDOW OF DECEASED EMPLOYEE ALLEGING FAILURE TO PROCESS BENEFICIARY CLAIM IN TIMELY	.00
Pol-Asco-Mod: 0945557686-029-001				Claim Count = 1	.00

Policy Year: 2010	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	02/11/2010	I0RU6 [REDACTED]	Re-Closed				
Claimant:	[REDACTED]			INC: \$1,843.42	\$0.00	\$1,718.42	\$125.00
Driver:	[REDACTED]			PD: \$1,843.42	\$0.00	\$1,718.42	\$125.00
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	iv backed into ov						
	02/09/2010	I0RY9 [REDACTED]	Closed				
Claimant:	[REDACTED]			INC: \$1,947.56	\$0.00	\$1,603.71	\$343.85
Driver:	[REDACTED]			PD: \$1,947.56	\$0.00	\$1,603.71	\$343.85
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	1FDAF57P74EC56957 INATTENTION						
Loss Type:	BACKING						
Description:	iv backed into ov						

			Totals for Policy Year: 2010	\$3,790.98	\$0.00	\$3,322.13	\$468.85
	10/14/2009	I0RV3 [REDACTED]	Closed				
Claimant:	[REDACTED]			INC: \$388.13	\$0.00	\$0.00	\$388.13
Driver:	[REDACTED]			PD: \$388.13	\$0.00	\$0.00	\$388.13
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	NOT OTHERWISE CLASSIFIED						
Loss Type:	NOT OTHERWISE CLASSIFIED						
Description:	clmnt alleges injuries exiting vehicle						

Policy Year: 2008	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	08/17/2008	100V7	Closed				
Claimant:	[REDACTED]			INC: \$1,082.79	\$0.00	\$936.99	\$145.80
Driver:	[REDACTED]			PD: \$1,082.79	\$0.00	\$936.99	\$145.80
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	1FTZR45E04TA17846						
Loss Type:	INATTENTION						
Description:	MERGING / LANE CHANGE /SIDE S						
	lv merged from parking spot into ov						
	07/14/2009	100C8	Closed				
Claimant:	[REDACTED]			INC: \$574.80	\$0.00	\$574.80	\$0.00
Driver:	[REDACTED]			PD: \$574.80	\$0.00	\$574.80	\$0.00
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	1FTZR45E54TA17843						
Loss Type:	INATTENTION						
Description:	MERGING / LANE CHANGE /SIDE S						
	lv hit parked ov						
	04/23/2009	10MW8	Closed				
Claimant:	[REDACTED]			INC: \$1,632.21	\$0.00	\$1,320.09	\$312.12
Driver:	[REDACTED]			PD: \$1,632.21	\$0.00	\$1,320.09	\$312.12
Vehicle:	*2001 Ford ECONOLINE E350 VAN			O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	1FTSE34L51HA73481						
Loss Type:	INATTENTION						
Description:	REAR END						
	lv re ov						

Policy Year: 2008	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	03/05/2009	10PE4	Open				
Claimant:				INC: \$20,000.00	\$0.00	\$0.00	\$20,000.00
Driver:				PD: \$14,064.20	\$0.00	\$0.00	\$14,064.20
Vehicle:				O/S: \$5,935.80	\$0.00	\$0.00	\$5,935.80
Loss Source:	INATTENTION						
Loss Type:	INTERSECTION						
Description:	HACP named in suit, involves employee operating personal vehicle - hit motorcyclist						
	01/21/2009	10LD5	Closed				
Claimant:				INC: \$251.58	\$0.00	\$251.58	\$0.00
Driver:				PD: \$251.58	\$0.00	\$251.58	\$0.00
Vehicle:	2005 GMC BOX VAN 1GDJG31U851109988			O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	INATTENTION						
Loss Type:	MERGING / LANE CHANGE /SIDE S						
Description:	lv hit parked ov						
	*****			Totals for Policy Year: 2008	\$23,929.51	\$0.00	\$20,846.05
	07/15/2008	10GY1	Closed				
Claimant:				INC: \$1,496.12	\$0.00	\$1,362.72	\$133.40
Driver:				PD: \$1,496.12	\$0.00	\$1,362.72	\$133.40
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	lv backed into parked ov						

Policy Year: 2007	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Claimant: Driver: Vehicle:	07/07/2008 [REDACTED] [REDACTED]	10GS9	Closed	INC: \$1,695.03 PD: \$1,695.03 O/S: \$0.00	\$0.00 \$0.00 \$0.00	\$1,581.03 \$1,581.03 \$0.00	\$115.00 \$115.00 \$0.00
Loss Source: Loss Type: Description:	INATTENTION REAR END iv struck stopped ov						
Claimant: Driver: Vehicle:	06/26/2008 [REDACTED] 2008 Ford E250 Van 1FTNE24W98DA75788	10GQ7	Closed	INC: \$546.82 PD: \$546.82 O/S: \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$546.82 \$546.82 \$0.00
Loss Source: Loss Type: Description:	OTHER DRIVER MERGING / LANE CHANGE /SIDE ST Intersection accident, both vehicle turning right when contact made.						
Claimant: Driver: Vehicle:	06/25/2008 [REDACTED] 1997 Ford F-250 Pick Up 1FTHF26H1VEA56467	10GO6	Closed	INC: \$899.31 PD: \$899.31 O/S: \$0.00	\$0.00 \$0.00 \$0.00	\$765.91 \$765.91 \$0.00	\$133.40 \$133.40 \$0.00
Loss Source: Loss Type: Description:	INATTENTION BACKING iv attempting three point turn, backed into co-workers parked and unoccupied 2002 Mits Galant						

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2007	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	12/20/2007	10D87	Closed				
Claimant:				INC: \$988.28	\$0.00	\$988.28	\$0.00
Driver:				PD: \$988.28	\$0.00	\$988.28	\$0.00
Vehicle:	2007 FORD SUPER DUTY			O/S: \$0.00	\$0.00	\$0.00	\$0.00
1FDXF47Y67EA95897							
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	iv backed into parked ov						

Totals for Policy Year: 2007				\$5,626.56	\$0.00	\$4,697.94	\$928.62
	09/14/2007	10FF8	Closed				
Claimant:				INC: \$468.85	\$0.00	\$468.85	\$0.00
Driver:				PD: \$468.85	\$0.00	\$468.85	\$0.00
Vehicle:	2002 Chevy G30 Cargo Van			O/S: \$0.00	\$0.00	\$0.00	\$0.00
1GCHG39R921145598							
Loss Source:	INATTENTION						
Loss Type:	REAR END						
Description:	iv r/a ov						
	06/15/2007	10AF4	Closed				
Claimant:				INC: \$1,517.54	\$0.00	\$1,383.31	\$134.23
Driver:				PD: \$1,517.54	\$0.00	\$1,383.31	\$134.23
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	iv parked into co-workers personal vehicle while it was parked						

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2006	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Re-Closed							
Claimant:	05/30/2007	H9Z03		INC: \$5,101.86	\$0.00	\$4,987.63	\$134.23
Driver:				PD: \$5,101.86	\$0.00	\$4,987.63	\$134.23
Vehicle:		1996 Chevy Pass Van		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		1GAGG39K8TF101460					
Loss Type:		INATTENTION					
Description:		BACKING					
		iv backed into ov					
Closed							
Claimant:	05/28/2007	H9ZR2		INC: \$1,275.12	\$0.00	\$1,275.12	\$0.00
Driver:				PD: \$1,275.12	\$0.00	\$1,275.12	\$0.00
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		1FTZR45E74TA17844					
Loss Type:		INATTENTION					
Description:		REAR END					
		iv r/e ov					
Closed							
Claimant:	03/27/2007	H9XY2		INC: \$1,774.72	\$0.00	\$1,217.83	\$556.89
Driver:				PD: \$1,774.72	\$0.00	\$1,217.83	\$556.89
Vehicle:		2001 Ford ECONOLINE E350 VAN		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		1FTSE34L71HA73479					
Loss Type:		INATTENTION					
Description:		MERGING / LANE CHANGE /SIDE S1					
		questionable liab, iv and ov merged into each other					

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2006	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	11/22/2006	H9VR7	Closed				
Claimant:				INC: \$904.90	\$0.00	\$716.09	\$188.81
Driver:				PD: \$904.90	\$0.00	\$716.09	\$188.81
Vehicle:		1997 Ford F-450 Stake Body 1FDLF47G3VEC59349		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		INATTENTION					
Loss Type:		REAR END					
Description:		IV R/E OV					

Totals for Policy Year: 2006				\$11,042.99	\$0.00	\$10,028.83	\$1,014.16
	10/17/2006	H9VB1	Closed				
Claimant:				INC: \$1,950.23	\$0.00	\$1,335.53	\$614.70
Driver:				PD: \$1,950.23	\$0.00	\$1,335.53	\$614.70
Vehicle:		1987 FORD PICKUP 1FDKF38G1VEC75943		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		INATTENTION					
Loss Type:		BACKING					
Description:		IV BACKED INTO OV IN BLIND SPOT					
	10/10/2006	H9UW8	Closed				
Claimant:				INC: \$724.22	\$0.00	\$0.00	\$724.22
Driver:				PD: \$724.22	\$0.00	\$0.00	\$724.22
Vehicle:		2002 Ford CROWN VIC POLICE 2FAFP71WX2X149284		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		OTHER DRIVER					
Loss Type:		INTERSECTION					
Description:		OV FAILED TO YEILD, MADE LFET INFRONT OF I/N					

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2005	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	10/06/2006	H9UR4 [REDACTED]	Re-Closed				
Claimant:				INC: \$2,507.83	\$750.00	\$1,089.57	\$668.26
Driver:				PD: \$2,507.83	\$750.00	\$1,089.57	\$668.26
Vehicle:		1998 Chevy K2500 Pick Up 1GCGK24R3WZZ77873		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		INATTENTION					
Loss Type:		REAR END					
Description:		iv r/e ov at red light.					
	09/18/2006	H9UV1 [REDACTED]	Closed				
Claimant:				INC: \$444.16	\$0.00	\$444.16	\$0.00
Driver:				PD: \$444.16	\$0.00	\$444.16	\$0.00
Vehicle:		1997 Ford F-450 Stake Body 1FDLF47G3VEC59348		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		INATTENTION					
Loss Type:		MERGING / LANE CHANGE /SIDE S					
Description:		IV STRUCK PASSENGER SIDE MIRROR OF OV					
	06/08/2006	H9SR1 [REDACTED]	Closed				
Claimant:				INC: \$2,262.26	\$0.00	\$2,130.23	\$132.03
Driver:				PD: \$2,262.26	\$0.00	\$2,130.23	\$132.03
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		OTHER DRIVER					
Loss Type:		REAR END					
Description:		IV/ REAR ENDED STOPPED OV					

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2005	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
	03/31/2006	H9RC9	Closed				
Claimant:				INC: \$1,837.90	\$0.00	\$1,252.66	\$585.24
Driver:				PD: \$1,837.90	\$0.00	\$1,252.66	\$585.24
Vehicle:		1997 Ford Dump Truck 1FDKF38G3VEC75944		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		OTHER DRIVER					
Loss Type:		REAR END					
Description:		IV REAR ENDED BY OM					
	03/25/2006	H9SY2	Closed				
Claimant:				INC: \$908.50	\$0.00	\$0.00	\$908.50
Driver:				PD: \$908.50	\$0.00	\$0.00	\$908.50
Vehicle:		1998 Ford CROWN VICTORIA 2FAFP74W3YX141970		O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		OTHER DRIVER					
Loss Type:		MERGING / LANE CHANGE /SIDE S					
Description:		If rammed iv, drove into claimant vehicle					
	03/01/2006	H9QZ9	Closed				
Claimant:				INC: \$83,290.55	\$82,500.00	\$0.00	\$790.55
Driver:				PD: \$83,290.55	\$82,500.00	\$0.00	\$790.55
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:		INATTENTION					
Loss Type:		BACKING					
Description:		pedestrian stepped off curb into iv police cruiser					

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2005	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
<hr/>							
Claimant:	01/25/2006	H9PR5	Closed	INC: \$661.81	\$0.00	\$661.81	\$0.00
Driver:				PD: \$661.81	\$0.00	\$661.81	\$0.00
Vehicle:	1997 Ford Dump Truck			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1FDKF38G8VEC76941						
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	IV BACKING INTO SPACE, STRUCK OV IN BLIND SPOT						
<hr/>							
Claimant:	01/09/2006	H9PA0	Closed	INC: \$423.36	\$0.00	\$0.00	\$423.36
Driver:				PD: \$423.36	\$0.00	\$0.00	\$423.36
Vehicle:	1997 Chevy Blazer			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1GNDT13W6V2209417						
Loss Source:	OTHER DRIVER						
Loss Type:	INTERSECTION						
Description:	INTERSECTION ACCIDENT						
<hr/>							
Claimant:	11/25/2005	H9ON9	Closed	INC: \$972.66	\$0.00	\$972.66	\$0.00
Driver:				PD: \$972.66	\$0.00	\$972.66	\$0.00
Vehicle:	1997 Chevy Blazer			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1GNDT13W7V2209818						
Loss Source:	INATTENTION						
Loss Type:	REAR END						
Description:	IV r/e stopped o/v						

Totals for Policy Year: 2005 \$96,983.48 \$83,250.00 \$7,686.62 \$4,946.86

	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Policy Year: 2004							

09/29/2006	H9NE2	Closed			
Claimant:			INC: \$3,882.47	\$0.00	\$3,395.17
Driver:			PD: \$3,882.47	\$0.00	\$3,395.17
Vehicle:	1999 Ford Van		O/S: \$0.00	\$0.00	\$0.00
Loss Source:	1FTNE24L4XH39497				
Loss Type:	OTHER DRIVER				
Description:	INTERSECTION				
	OV/ATTEMPTED LEFT TURN FROM RIGHT LANE, STOPPED DIRECTLY IN FRONT OF IV; IV DID NOT HAVE TIME TO STOP & STRUCK OV				

	08/15/2005	H9MK8	Closed					
Claimant:	[REDACTED]			INC:	\$1,020.42	\$0.00	\$835.33	\$185.09
Driver:	[REDACTED]			PD:	\$1,020.42	\$0.00	\$835.33	\$185.09
Vehicle:	1987 Chevy C3500-HD Dump Truck			OS:	\$0.00	\$0.00	\$0.00	\$0.00
	1GBKCS34JXVJ102092							
Loss Source:	INATTENTION							
Loss Type:	BACKING							
Description:	IV BACKING OUT OF LOT, STRUCK O/V							

Claimant:	06/29/2005	H9LB8	Closed					
Driver:	[REDACTED]			INC: \$1,070.63	\$0.00	\$843.67	\$226.96	
Vehicle:	2002 Ford CROWN VIC POLICE			PD: \$1,070.63	\$0.00	\$843.67	\$226.96	
	2FAFP71W12X151523			O/S: \$0.00	\$0.00	\$0.00	\$0.00	
Loss Source:	INATTENTION							
Loss Type:	REAR END							
Description:	iv r/e ov							

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2004	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
<hr/>							
Claimant:	06/25/2005	H9LD7	Closed	INC: \$379.08	\$0.00	\$0.00	\$379.08
Driver:				PD: \$379.08	\$0.00	\$0.00	\$379.08
Vehicle:	1998 Ford CROWN VIC POLICE			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	2FAFP71W6VX141978						
Loss Source:	OTHER DRIVER						
Loss Type:	STRUCK BY						
Description:	ov backed into iv						
<hr/>							
Claimant:	06/31/2005	H9KQ6	Closed	INC: \$639.23	\$0.00	\$412.78	\$126.45
Driver:				PD: \$639.23	\$0.00	\$412.78	\$126.45
Vehicle:	1997 Ford F-250 Pick Up			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1FTHF26H1VEA66470						
Loss Source:	INATTENTION						
Loss Type:	REAR END						
Description:	IV REAR ENDED OV						
<hr/>							
Claimant:	05/13/2005	H9KJ2	Closed	INC: \$1,088.25	\$0.00	\$416.77	\$671.48
Driver:				PD: \$1,088.25	\$0.00	\$416.77	\$671.48
Vehicle:	2002 Chevy G30 Cargo Van			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1GCHG39R921145598						
Loss Source:	INATTENTION						
Loss Type:	MERGING / LANE CHANGE /SIDE SI						
Description:	IV FAILED TO YIELD, OV HIT IV						

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2004	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Claimant:	12/16/2004	H9GR4	Closed	INC: \$18,158.08	\$13,500.00	\$4,213.72	\$444.36
Driver:				PD: \$18,158.08	\$13,500.00	\$4,213.72	\$444.36
Vehicle:	1999 Ford Van			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1FTNE24L4XHA39497						
Loss Source:	WEATHER CONDITIONS						
Loss Type:	MERGING / LANE CHANGE /SIDE S/						
Description:	IV SLID ON ICE INTO OV						
Claimant:	11/17/2004	H9GTO	Re-Closed	INC: \$2,033.45	\$0.00	\$1,823.23	\$210.22
Driver:				PD: \$2,033.45	\$0.00	\$1,823.23	\$210.22
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	INATTENTION						
Loss Type:	BACKING						
Description:	IV BACKED INTO OV						

Claimant:	10/18/2004	H9FO1	Closed	INC: \$6,524.43	\$0.00	\$6,206.70	\$317.73
Driver:				PD: \$6,524.43	\$0.00	\$6,206.70	\$317.73
Vehicle:	1997 Chevy Blazer			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1GNDT13W7V2209818						
Loss Source:	INATTENTION						
Loss Type:	TURNING						
Description:	IV TURNED LEFT INTO PASSING OV						
Totals for Policy Year: 2004				\$31,779.97	\$13,500.00	\$14,722.92	\$3,557.05

Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Policy Year: 2003						

[illegible][illegible]

07/02/2004	H9DQ1	Closed	INC: \$5,539.03	\$0.00	\$5,539.03	\$0.00
Claimant:			PD: \$5,539.03	\$0.00	\$5,539.03	\$0.00
Driver:			O/S: \$0.00	\$0.00	\$0.00	\$0.00
Vehicle:						
Loss Source:	INATTENTION					
Loss Type:	MERGING / LANE CHANGE /SIDE ST					
Description:	I/V rear-ended C/V					

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2003	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
Loss Source: OTHER DRIVER							
Loss Type: STRUCK BY							
Description: o/v struck i/v proceeded through intersection							
Claimant:	06/23/2004	H9DD4	Closed	INC: \$725.74	\$0.00	\$0.00	\$725.74
Driver:				PD: \$725.74	\$0.00	\$0.00	\$725.74
Vehicle:	2003 Ford CROWN VIC POLICE			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	2FAFP71W63X108226						
Loss Source: INATTENTION							
Loss Type: REAR END							
Description: i/v r/e o/v in intersection. Driver states o/v started , stopped while entering intersection							
Claimant:	06/07/2004	H9CU6	Closed	INC: \$3,683.29	\$0.00	\$3,376.81	\$306.48
Driver:				PD: \$3,683.29	\$0.00	\$3,376.81	\$306.48
Vehicle:	1997 Chevy Blazer			O/S: \$0.00	\$0.00	\$0.00	\$0.00
	1GNDT13W5V2240047						
Loss Source: NOT OTHERWISE CLASSIFIED							
Loss Type: INTERSECTION							
Description: i/v and o/v collided in intersection when i/v pulled forward from stop sign after noticing o/v had it's right turn signal on							
Claimant:	05/24/2004	H9CK8	Closed	INC: \$3,747.02	\$0.00	\$3,214.60	\$532.42
Driver:				PD: \$3,747.02	\$0.00	\$3,214.60	\$532.42
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00

Policy Year: 2003	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
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Claimant:	02/24/2004	H9AM5	Closed				
Driver:	[REDACTED]			INC: \$2,616.54	\$0.00	\$1,741.07	\$875.47
Vehicle:	2003 Ford CROWN VIC POLICE			PD: \$2,616.54	\$0.00	\$1,741.07	\$875.47
Loss Source:	2FAFP71W93X1D8226			O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Type:	OTHER DRIVER						
Description:	INTERSECTION						
	IV TRAVELLING THROUGH INTERSECTION WITH LIGHTS AND SIRENS, STRUCK BY OV THAT DID NOT YIELD						

Claimant:	01/27/2004	HBZN6	Closed	INC: \$1,322.29	\$0.00	\$1,067.28	\$255.01
Driver:	██████████			PD: \$1,322.29	\$0.00	\$1,067.28	\$255.01
Vehicle:	1987 Ford Dump Truck			O/S: \$0.00	\$0.00	\$0.00	\$0.00
Loss Source:	1FDKF38G8VEEC75941						
Loss Type:	INATTENTION						
Description:	BACKING						
	IV BACKED INTO OV/AS OV/ATTEMPTED TO GO AROUND IV/						

Auto Direct Member Loss Run for Pittsburgh Housing Authority, PA

Policy Year: 2003	Incident Date	Claim Number	Status	TOTAL	BI	PD	EXPENSE
<hr/>							
Claimant:	01/15/2004	H8ZNO	Closed				
Driver:				INC: \$1,721.67	\$0.00	\$1,378.97	\$342.70
				PD: \$1,721.67	\$0.00	\$1,378.97	\$342.70
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
1996 Chevy Dump Truck							
1GBJK34J9VE107632							
Loss Source:							
INATTENTION							
Loss Type:							
BACKING							
Description:							
IV ROLLED BACKWARDS INTO PARKED OV							
<hr/>							
Claimant:	01/08/2004	H8ZM6	Closed				
Driver:				INC: \$303.78	\$0.00	\$0.00	\$303.78
				PD: \$303.78	\$0.00	\$0.00	\$303.78
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
1996 Ford CROWN VIC POLICE							
2FALP71WXTX204889							
Loss Source:							
INATTENTION							
Loss Type:							
REAR END							
Description:							
Insd police car struck o/v on left rear quarter while responding to call w/lights and sirens.							
<hr/>							
Claimant:	12/15/2003	H8ZNG	Closed				
Driver:				INC: \$243.12	\$0.00	\$243.12	\$0.00
				PD: \$243.12	\$0.00	\$243.12	\$0.00
Vehicle:				O/S: \$0.00	\$0.00	\$0.00	\$0.00
1996 Ford F-250 Pick Up							
1FTHF26H3TEB64697							
Loss Source:							
WEATHER CONDITIONS							
Loss Type:							
REAR END							
Description:							
IV SLID ON ICE, STRIKING OV IN REAR							

Totals for Policy Year: 2003 \$28,962.42 \$0.00 \$24,636.53 \$4,325.89
Totals for coverage (64 claims) \$201,115.91 \$96,750.00 \$68,378.43 \$35,987.48

Commercial Liability Declarations

Policy No: [REDACTED]

Named Insured/Mailing Address:

Housing Authority of the City of Pittsburgh
200 Ross Street, 7th Floor
Pittsburgh, PA 15219

Company Name:

[REDACTED]

ALL COVERAGES:

General Aggregate: \$5,000,000 each Policy Year

Policy Effective: 1/1/2010

Policy Expiration: 1/1/2011

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

COVERAGE SECTIONS:

Coverage Section A: Bodily Injury and Property Damage Liability

Limits of Coverage

Per Occurrence: \$5,000,000

Fire Damage Liability Sub-Limit: \$250,000

Athletic Sports Liability Sub-Limits:

Per Occurrence: \$250,000

Aggregate: \$250,000

Deductible — Per Occurrence: \$10,000

Coverage Section B: Personal and Advertising Injury Liability

Limits of Coverage

Personal and Advertising Injury Limit: \$5,000,000

Deductible — Per Occurrence: \$10,000

Coverage Section C: Law Enforcement Liability - Claims Made

Limits of Coverage

Per Wrongful Act:

NOT COVERED

Aggregate:

NOT COVERED

Retroactive Date:

Deductible — Per Wrongful Act:

NONE

INSURANCE BINDER

DATE (MM/DD/YYYY)
1/20/2010

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY		COMPANY		BINDER #	
[REDACTED]		[REDACTED]		[REDACTED]	
PHONE [A/C No, Ext]: [REDACTED]		FAX [A/C No]: [REDACTED]			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID:		INSURED		DATE EFFECTIVE TIME 01/01/2010 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM EXPIRATION DATE TIME 02/01/2010 <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
Housing Authority of the City of Pittsburgh 200 Ross Street, 7th Floor Pittsburgh, PA 15219		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) On file with the company.			

COVERAGES		LIMITS	
PROPERTY	CAUSES OF LOSS	DEDUCTIBLE	COINS %
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC			
GENERAL LIABILITY			
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		EACH OCCURRENCE	\$
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES	\$
		MED EXP (Any one person)	\$
		PERSONAL & ADV INJURY	\$
		GENERAL AGGREGATE	\$
		PRODUCTS - COMPROP AGG	\$
RETRO DATE FOR CLAIMS MADE:		COMBINED SINGLE LIMIT	\$ 1,000,000
VEHICLE LIABILITY		BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> ALL OWNED AUTOS		PROPERTY DAMAGE	\$
<input checked="" type="checkbox"/> SCHEDULED AUTOS		MEDICAL PAYMENTS	\$
<input checked="" type="checkbox"/> HIRED AUTOS		PERSONAL INJURY PROT	\$ 5,000
<input checked="" type="checkbox"/> NON-OWNED AUTOS		UNINSURED MOTORIST	\$ 1,000,000
VEHICLE PHYSICAL DAMAGE DED		ACTUAL CASH VALUE	
<input checked="" type="checkbox"/> COLLISION: \$2,000		STATED AMOUNT	\$
<input checked="" type="checkbox"/> OTHER THAN COL: \$2,000			
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO		OTHER THAN AUTO ONLY:	
		EACH ACCIDENT	\$
		AGGREGATE	\$
EXCESS LIABILITY		EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM		AGGREGATE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM		SELF-INSURED RETENTION	\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS	
		E.L. EACH ACCIDENT	\$
		E.L. DISEASE - EA EMPLOYEE	\$
		E.L. DISEASE - POLICY LIMIT	\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES	\$
		TAXES	\$
		ESTIMATED TOTAL PREMIUM	\$

NAME & ADDRESS

MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #			
AUTH			