



# Housing Authority of the City of Pittsburgh

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

**November 10, 2016**  
**Multiple Insurance Lines**  
**RFP# 700-46-16**

## **ADDENDUM NO.1**

This addendum issued November 10, 2016 becomes in its entirety a part of the Request for Proposals RFP# 700-46-16 as is fully set forth herein:

**Item 1:** Q: I will need clarification on the ownership of the attached properties. According to attached report HACP is the owner of Manchester phase 1 and 2 ? I have also attached the listing we currently have for GL and Property schedule under the current policies. Please review and let me know if these are correct.

A: Please see Attachments A & B for the updated HACP property listing HACP's and to clarify ownership of Manchester phase 1 and 2. Please Disregard Attachment N in the original RFP.

**Item 2:** Q: As you know, the environmental liability policy with AIG is being non-renewed this year, since AIG has decided to stop writing this particular type of business. In order to obtain renewal quotes from other insurance companies, I will need a completed:

- 1 - Insurance Application
- 2 - Audited financial statement
- 3 - An Updated Statement of Values
- 4 - An updated list of non-owned locations
- 5 - A copy of the Housing Authority's Lead Based Paint Operations and Maintenance Plans
- 6 - Current General Liability Loss Run.

A: See Attachments:


- C - Updated Fee Sheet
- D – Insurance Application
- E – Audited financial statement
- A – An Updated Statement of Values
- F – An updated list of non-owned locations
- G - Current General Liability Loss Run


**Item 3:** Q: Would it be possible to extend the deadline on the RFP to the week of 12/5?

A: No. Please see item 4.

**Item 4:** The proposal due date for this RFP has been extended to Tuesday, November 28, 2016 and the time and location remain unchanged at 10:00 AM, at the HACP Procurement Dept., 100 Ross St. 2nd Floor, Suite 200, Pittsburgh, PA 15219.

**END OF ADDENDUM NO. 1**

  
\_\_\_\_\_  
Mr. Kim Detrick  
Procurement Director/Contracting Officer

  
\_\_\_\_\_  
Date



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# **Attachment A**

Updated HACP Property Listing  
&  
Updated Statement of Values

Property	Property Name	Property Addr. Line1	Occupancy	Building Class	Stories	Building Type	Number of Bldgs	Number of Units	Total Square Feet	Hapi Building Value	Use Hapi Value	Year	Engineer Evaluation
197802	Addison Terrace	2050 - 2052 Bentley Drive 791 - 802	Family	Masonry Joist	3	Apartment	1	7	8,366				
197801	Addison Terrace	2054 - 2058 Bentley Drive 773 - 790	Family	Masonry Joist	3	Apartment	1	9	10,756			1971	N
197800	Addison Terrace	2060 - 2066 Bentley Drive 749 - 772	Family	Masonry Joist	3	Apartment	1	13	15,536				Not Inspected
197799	Addison Terrace	2080 - 2086 Bentley Drive 725 - 748	Family	Masonry Joist	3	Apartment	1	14	16,731				Not Inspected
197798	Addison Terrace	2100 - 2104 Bentley Drive 707 - 724	Family	Masonry Joist	3	Apartment	1	16	19,121				Not Inspected
197797	Addison Terrace	2106 - 2110 Bentley Drive 689 - 706	Family	Masonry Joist	3	Apartment	1	10	11,951				Not Inspected
197796	Addison Terrace	2112 - 2118 Bentley Drive 671 - 688	Family	Masonry Joist	3	Apartment	1	16	19,121				Not Inspected
197795	Addison Terrace	2118 - 2122 Bentley Drive 653 - 670	Family	Masonry Joist	3	Apartment	1	12	14,341				Not Inspected
197794	Addison Terrace	2124 - 2128 Bentley Drive 635 - 652	Family	Masonry Joist	3	Apartment	1	14	16,731				1943 Not Inspected
197793	Addison Terrace	2132 - 2136 Bentley Drive 617 - 634	Family	Masonry Joist	3	Apartment	1	14	15,731				1943 Not Inspected
197792	Addison Terrace	2115 - 2127 Bentley Drive 599 - 616	Family	Masonry Joist	3	Apartment	1	13	15,536				1943 Not Inspected
197791	Addison Terrace	2101 - 2109 Bentley Drive 581 - 598	Family	Masonry Joist	3	Apartment	1	12	14,341				1943 Not Inspected
197790	Addison Terrace	2081 - 2087 Bentley Drive 557 - 580	Family	Masonry Joist	3	Apartment	1	14	16,731				1943 Not Inspected
197789	Addison Terrace	2071 - 2077 Bentley Drive 533 - 556	Family	Masonry Joist	3	Apartment	1	15	17,926				1943 Not Inspected
197788	Addison Terrace	2061 - 2067 Bentley Drive 511 - 532	Family	Masonry Joist	3	Apartment	1	14	16,731				1943 Not Inspected
197787	Addison Terrace	2051 - 2057 Bentley Drive 493 - 510	Family	Masonry Joist	3	Apartment	1	11	13,145				1943 Not Inspected
172455	Allegheny Dwellings	1611-1615 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	12	8,209				1943 Not Inspected
172454	Allegheny Dwellings	1625-1629 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	18	12,314				1943 Not Inspected
172453	Allegheny Dwellings	1630-1634 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	12	8,209				1943 Not Inspected
172452	Allegheny Dwellings	1631-1637 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	24	16,419				1943 Not Inspected
172451	Allegheny Dwellings	1734-1736 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	15	10,262				1943 Not Inspected
172450	Allegheny Dwellings	1728-1732 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	18	12,314				1944 Not Inspected
172449	Allegheny Dwellings	1716-1718 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	12	8,209				1974 N
172448	Allegheny Dwellings	1710-1714 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	21	14,367				1944 Not Inspected
172447	Allegheny Dwellings	1700-1704 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	12	8,209				1944 Not Inspected
172446	Allegheny Dwellings	1701-1707 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	18	12,314				1944 Not Inspected
172445	Allegheny Dwellings	1723-1735 LETSCHE ST	Family	Masonry Joist	3	Dwelling	1	12	8,209				1944 Not Inspected
172444	Allegheny Dwellings	1817-1829 LETSCHE ST	Family	Masonry Joist	3	Dwelling	1	18	12,314				1944 Not Inspected
172443	Allegheny Dwellings	1711-1723 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	18	12,314				1944 Not Inspected
172442	Allegheny Dwellings	1729-1741 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	18	12,314				1944 Not Inspected
172441	Allegheny Dwellings	1803-1815 BELLEAU DR	Family	Masonry Joist	3	Dwelling	1	18	12,317				1940 Not Inspected
172457	Allegheny Dwellings	1604-1614 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	18	12,314				N
172456	Allegheny Dwellings	1616-1624 SANDUSKY CT	Family	Masonry Joist	3	Dwelling	1	18	12,314				1940 Not Inspected
172440	Arlington Heights	3128-3140 CORDELL PL	Family	Masonry Joist	3	Apartment	1	24	15,437				1940 Not Inspected
172439	Arlington Heights	3142-3154 CORDELL PL	Family	Masonry Joist	3	Apartment	1	24	15,437				1940 Not Inspected
172438	Arlington Heights	3141-3155 CORDELL PL	Family	Masonry Joist	3	Apartment	1	24	15,437				1940 Not Inspected
172437	Arlington Heights	3111-3123 CORDELL PL	Family	Masonry Joist	3	Apartment	1	18	11,578				N
172436	Arlington Heights	3047-3059 ARLINGTON AVE	Family	Masonry Joist	3	Apartment	1	18	11,578				1940 Not Inspected
172435	Arlington Heights	3026-3038 ARLINGTON AVE	Family	Masonry Joist	3	Apartment	1	18	11,578				1940 Not Inspected
172434	Arlington Heights	3006-3018 ARLINGTON AVE	Family	Masonry Joist	3	Apartment	1	24	15,435				1940 Not Inspected
79892	Bedford Boiler House	2285 Sommers Dr.	Other	Frame	1	Garage	1	0	1,000				1940 Not Inspected
172433	Bedford Dwellings	2401-2405 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				N
172432	Bedford Dwellings	2407-2411 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1978 N
172431	Bedford Dwellings	2421-2425 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1985 N
172430	Bedford Dwellings	2427-2431 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1995 N
172429	Bedford Dwellings	2439-2443 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1940 Not Inspected
172428	Bedford Dwellings	2445-2449 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1940 Not Inspected
172427	Bedford Dwellings	2507-2511 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1940 Not Inspected
172426	Bedford Dwellings	2515-2519 BEDFORD AVE	Family	Masonry Joist	3	Dwelling	1	18	11,561				1940 Not Inspected
172425	Bedford Dwellings	2547-2549 CHAUNCEY DR	Family	Masonry Joist	3	Dwelling	1	12	7,708				1940 Not Inspected
172424	Bedford Dwellings	2543-2545 CHAUNCEY DR	Family	Masonry Joist	3	Dwelling	1	12	7,708				1940 Not Inspected
172423	Bedford Dwellings	2535-2541 CHAUNCEY DR	Family	Masonry Joist	3	Dwelling	1	24	15,415				1940 Not Inspected
172422	Bedford Dwellings	2527-2533 CHAUNCEY DR	Family	Masonry Joist	3	Dwelling	1	24	15,415				1940 Not Inspected
172421	Bedford Dwellings	2521-2525 CHAUNCEY DR	Family	Masonry Joist	3	Dwelling	1	18	11,561				1940 Not Inspected

172420 Bedford Dwellings	2505-2519 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	8	5,138	1940 Not inspected
172419 Bedford Dwellings	2469-2483 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	8	5,138	1940 Not inspected
172418 Bedford Dwellings	2457-2467 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	6	3,854	1940 Not inspected
172417 Bedford Dwellings	2435 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	12	7,708	1940 Not inspected
172416 Bedford Dwellings	2435-2437 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	12	7,708	1940 Not inspected
172415 Bedford Dwellings	2421-2423 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	12	7,708	1940 Not inspected
172414 Bedford Dwellings	2409-2411 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	12	7,708	1940 Not inspected
172413 Bedford Dwellings	2405-2407 CHAUNCEY DR	Family	Masonry Joist	3 Dwelling	1	12	7,708	1940 Not inspected
172412 Bedford Dwellings	2275-2281 BEDFORD AVE	Family	Masonry Joist	3 Dwelling	1	24	15,415	N
172411 Bedford Dwellings	2265-2269 BEDFORD AVE	Family	Masonry Joist	3 Dwelling	1	24	15,415	1940 Not inspected
172410 Bedford Dwellings	2255-2261 BEDFORD AVE	Family	Masonry Joist	3 Dwelling	1	24	15,415	1940 Not inspected
172409 Bedford Dwellings	2275-2283 SOMERS DR	Family	Masonry Joist	3 Dwelling	1	8	5,138	Not inspected
172408 Bedford Dwellings	2259-2273 SOMERS DR	Family	Masonry Joist	3 Dwelling	1	8	5,138	Not inspected
172407 Bedford Dwellings	2249-2257 SOMERS DR	Family	Masonry Joist	3 Dwelling	1	8	5,138	Not inspected
172406 Bedford Dwellings	2227-2241 SOMERS DR	Family	Masonry Joist	3 Dwelling	1	8	5,139	Not inspected
57703 Caliguiti Hi-Rise	801 E. Warrington Avenue	Elderly	Masonry Joist	11 Apartment	1	104	103,750	1995 Not inspected
57704 Carrick Regency Hi-Rise	2129 Brownsville Road	Elderly	Masonry Joist	8 Apartment	1	66	55,000	Not inspected
79890 Central Maintenance	201 Kirkpatrick St.	Other	Masonry Joist	1 Garage	1	0	15,000	Not inspected
79887 Community Building	2136 Elmora Sq.	Other	Frame	1 Community Center	1	0	5,000	Not inspected
79894 Community Building	895 Johnson Ave.	Other	Frame	1 Dwelling	1	8	3,600	1995 Not inspected
219790 East Liberty Gardens	2-8 Blanford Court	Family	Frame	3 Dwelling	1	8	7,368	Not inspected
219799 East Liberty Gardens	1-15 Hendon Court	Family	Frame	2 Dwelling	1	8	9,642	Not inspected
219791 East Liberty Gardens	1 Dudley Court	Family	Frame	3 Dwelling	1	8	5,400	Not inspected
219785 East Liberty Gardens	2-12 Edmond Court	Family	Frame	2 Dwelling	1	4	3,600	1995 Not inspected
219781 East Liberty Gardens	2-8 Ipswich Court	Family	Frame	1 Dwelling	1	8	10,068	Not inspected
219792 East Liberty Gardens	1-17 Fareham Court	Family	Frame	3 Dwelling	1	6	5,525	Not inspected
219788 East Liberty Gardens	3-15 Dudley Court	Family	Frame	3 Dwelling	1	12	9,756	Not inspected
219786 East Liberty Gardens	1-11 Cambria Court	Family	Frame	3 Dwelling	1	8	5,526	Not inspected
219784 East Liberty Gardens	1-23 Edmond Court	Family	Frame	3 Dwelling	1	8	7,368	1995 Not inspected
219782 East Liberty Gardens	1-11 Gifford Court	Family	Frame	3 Dwelling	1	8	10,068	1995 Not inspected
219797 East Liberty Gardens	1-15 Ipswich Court	Family	Frame	3 Dwelling	1	8	900	Not inspected
219800 East Liberty Gardens	2-22 Fareham Court	Family	Frame	3 Dwelling	1	8	5,400	Not inspected
219795 East Liberty Gardens	2-12 Hendon Court	Family	Frame	2 Dwelling	1	8	9,756	Not inspected
219793 East Liberty Gardens	13 Fareham Court	Family	Frame	3 Dwelling	1	8	7,368	Not inspected
219787 East Liberty Gardens	2-12 Dudley Court	Family	Frame	3 Dwelling	1	12	9,756	Not inspected
219783 East Liberty Gardens	2-24 Cambria Court	Family	Frame	3 Dwelling	1	8	7,368	Not inspected
79889 Elmora Square Boiler Room	2-16 Gifford Court	Family	Frame	1 Garage	1	0	1,000	Not inspected
57705 Finello Pavilion Hi-Rise	2166 Elmora Sq.	Other	Frame	6 Apartment	1	60	51,660	Not inspected
79884 Garage	2200 Arlington	Family	Masonry Joist	1 Garage	1	0	5,000	Not inspected
172405 Glen Hazel Disabled Units	1019 JOHNSTON AVE	Elderly	Masonry Joist	1 Dwelling	1	1	598	Not inspected
172404 Glen Hazel Disabled Units	1021 JOHNSTON AVE	Elderly	Masonry Joist	1 Dwelling	1	1	598	Not inspected
172403 Glen Hazel Disabled Units	909 JOHNSTON AVE	Elderly	Masonry Joist	1 Dwelling	1	1	598	Not inspected
172402 Glen Hazel Disabled Units	905 JOHNSTON AVE	Elderly	Masonry Joist	1 Dwelling	1	1	598	Not inspected
172401 Glen Hazel Disabled Units	985 ROSELLE CT	Elderly	Masonry Joist	1 Dwelling	1	1	598	Not inspected
79878 Glen Hazel High Rise	981 ROSELLE CT	Elderly	Masonry Joist	8 Apartment	1	111	105,600	Not inspected
172583 Glen Hazel Townhomes	945 Roselle Court	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172582 Glen Hazel Townhomes	641-643 JOHNSTON AVE	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172581 Glen Hazel Townhomes	633-635 JOHNSTON AVE	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172580 Glen Hazel Townhomes	627-629 JOHNSTON AVE	Family	Masonry Joist	1 Dwelling	1	2	2,749	Not inspected
172613 Glen Hazel Townhomes	621-623 JOHNSTON AVE	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172612 Glen Hazel Townhomes	972-974 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172611 Glen Hazel Townhomes	966-968 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172610 Glen Hazel Townhomes	960-962 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172609 Glen Hazel Townhomes	36-46 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	6	8,259	Not inspected
	30-32 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected

172608	Glen Hazel Townhomes	16-26 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	6	8,259	Not inspected
172607	Glen Hazel Townhomes	2-12 ROSELLE COURT	Family	Masonry Joist	1 Dwelling	1	6	8,259	Not inspected
172606	Glen Hazel Townhomes	833-839 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172605	Glen Hazel Townhomes	843-845 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172604	Glen Hazel Townhomes	849-851 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172603	Glen Hazel Townhomes	855-857 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172602	Glen Hazel Townhomes	758-760 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172601	Glen Hazel Townhomes	748-754 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172599	Glen Hazel Townhomes	732-744 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	6	8,259	Not inspected
172598	Glen Hazel Townhomes	728-730 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172597	Glen Hazel Townhomes	718-724 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172596	Glen Hazel Townhomes	712-714 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172595	Glen Hazel Townhomes	702-708 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	5,506	Not inspected
172594	Glen Hazel Townhomes	678-680 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172593	Glen Hazel Townhomes	672-674 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172592	Glen Hazel Townhomes	662-668 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172591	Glen Hazel Townhomes	735-737 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172590	Glen Hazel Townhomes	725-731 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172589	Glen Hazel Townhomes	719-721 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172588	Glen Hazel Townhomes	707-713 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172587	Glen Hazel Townhomes	701-703 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172586	Glen Hazel Townhomes	673-679 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
172585	Glen Hazel Townhomes	667-669 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	2	2,753	Not inspected
172584	Glen Hazel Townhomes	657-663 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
57708	Gualtieri Manor Ht-Rise	647-653 JOHNSTON AVE.	Family	Masonry Joist	1 Dwelling	1	4	5,506	Not inspected
79883	Gym	2125 Los Angeles	Elderly	Masonry Joist	5 Apartment	1	30	27,500	Not inspected
197812	Homewood North	930 Creswell St.	Other	Frame	1 Community Center	1	0	5,000	Not inspected
197821	Homewood North	1241 - 1255 Mohler Street 60 - 67	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197813	Homewood North	7330 - 7344 Upland Street 128 - 135	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197814	Homewood North	1294 - 1302 Ferris Court 68 - 72	Family	Frame	1 Dwelling	1	5	6,026	Not inspected
197816	Homewood North	7400 - 7414 Stranahan Street 107 - 114	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197819	Homewood North	1304 - 1316 Ferris Court 81 - 87	Family	Frame	1 Dwelling	1	7	8,437	Not inspected
197806	Homewood North	1208 - 1222 Nolan Court 19 - 26	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197819	Homewood North	7505 - 7519 Upland Street 115 - 122	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197817	Homewood North	7416 - 7422 Stranahan Street 103 - 106	Family	Frame	1 Dwelling	1	4	8,437	Not inspected
197815	Homewood North	1318 - 1330 Heart Court 88 - 94	Family	Frame	1 Dwelling	1	7	8,437	Not inspected
197809	Homewood North	1201 - 1211 Mohler Street 40 - 45	Family	Frame	1 Dwelling	1	5	6,026	Not inspected
197807	Homewood North	1260 - 1276 Nolan Court 27 - 35	Family	Frame	1 Dwelling	1	9	10,847	Not inspected
197804	Homewood North	1234 - 1244 Nolan Court 8 - 13	Family	Frame	1 Dwelling	1	6	7,231	Not inspected
197820	Homewood North	7335 - 7343 Upland Street 123 - 127	Family	Frame	1 Dwelling	1	5	6,026	Not inspected
197816	Homewood North	1332 - 1346 Heart Court 95 - 102	Family	Frame	1 Dwelling	1	8	9,642	Not inspected
197810	Homewood North	1213 - 1225 Mohler Street 46 - 52	Family	Frame	1 Dwelling	1	7	8,437	Not inspected
197808	Homewood North	1200 - 1206 Mohler Street 36 - 39	Family	Frame	1 Dwelling	1	4	4,821	Not inspected
197805	Homewood North	1224 - 1232 Nolan Court 14 - 18	Family	Frame	1 Dwelling	1	5	6,026	Not inspected
197803	Homewood North	1246 - 1258 Nolan Court 1 - 7	Family	Frame	1 Dwelling	1	7	8,437	Not inspected
79899	Leased Office Space	100 Ross St.	Other	Masonry Joist	1 Office	1	0	-	Not inspected
79898	Leased Office Space	200 Ross St.	Other	Masonry Joist	1 Office	1	0	-	Not inspected
79900	Leased Storage Space	400 N. Lexington Ave.	Other	Masonry Joist	1 Office	1	0	-	Not inspected
79886	Maintenance Garage	647 Mt. Pleasant Rd.	Other	Frame	1 Garage	1	0	5,000	Not inspected
238535	Manchester Commons-Phase 1	1406 Adams St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238536	Manchester Commons-Phase 1	1429 Nixon St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238526	Manchester Commons-Phase 1	1106 W. North Ave.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238532	Manchester Commons-Phase 1	1341 Adams St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238539	Manchester Commons-Phase 1	1431 Nixon St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238527	Manchester Commons-Phase 1	1108 W. North Ave.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238542	Manchester Commons-Phase 1	1443 Adams St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected

238540	Manchester Commons-Phase 1	1439 Adams St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238533	Manchester Commons-Phase 1	1402 Adams St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238528	Manchester Commons-Phase 1	1406 W. North Ave.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238525	Manchester Commons-Phase 1	1104 W. North Ave.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238548	Manchester Commons-Phase 2	1103 Pennsylvania Ave.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238553	Manchester Commons-Phase 2	1133 Sheffield St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238562	Manchester Commons-Phase 2	1307 Fulton St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238567	Manchester Commons-Phase 2	1335 N. Franklin St.	Family	Frame	2 Dwelling	1	1	1,788	Not inspected
238545	Manchester Commons-Phase 2	1017 Pennsylvania Ave.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238566	Manchester Commons-Phase 2	1333 N. Franklin St.	Family	Frame	2 Dwelling	1	1	1,788	Not inspected
238561	Manchester Commons-Phase 2	1305 Fulton St.	Family	Frame	2 Dwelling	1	1	1,788	N
238558	Manchester Commons-Phase 2	1241 Sheffield St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238554	Manchester Commons-Phase 2	1223 Sheffield St.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
238550	Manchester Commons-Phase 2	1107 Sheffield St.	Family	Frame	2 Dwelling	1	1	1,360	Not inspected
238546	Manchester Commons-Phase 2	1019 Pennsylvania Ave.	Family	Frame	2 Dwelling	1	1	1,596	Not inspected
57710	Mazza Pavilion Hi-Rise	920 Brookline Boulevard	Elderly	Masonry Joist	4 Apartment	1	1	30,000	Not inspected
57711	Moore Gardens Hi-Rise	2416 Sarah Street	Elderly	Masonry Joist	5 Apartment	1	1	64,900	Not inspected
57712	Murray Tower Hi-Rise	2835 Murray Towers	Family	Masonry Joist	8 Apartment	1	1	62,000	Not inspected
172467	Northview Heights	854-868 MT PLEASANT RD	Family	Frame	2 Dwelling	1	1	12,454	1996 Not inspected
172478	Northview Heights	600-610 MT PLEASANT RD	Family	Frame	2 Dwelling	1	1	9,341	1998 Not inspected
172483	Northview Heights	318-328 PENFORT ST	Family	Frame	2 Dwelling	1	1	9,341	2000 Not inspected
172476	Northview Heights	634-646 MT PLEASANT RD	Family	Frame	2 Dwelling	1	1	9,341	1998 Not inspected
172468	Northview Heights	840-852 MT PLEASANT RD	Family	Frame	2 Dwelling	1	1	9,341	1995 Not inspected
172482	Northview Heights	338-346 PENFORT ST	Family	Frame	2 Dwelling	1	1	7,784	1995 Not inspected
172481	Northview Heights	352-358 PENFORT ST	Family	Frame	2 Dwelling	1	1	6,227	1997 Not inspected
172480	Northview Heights	366-372 PENFORT ST	Family	Frame	2 Dwelling	1	1	6,227	1993 Not inspected
172479	Northview Heights	374-380 PENFORT ST	Family	Frame	2 Dwelling	1	1	6,227	N
194645	Northview Heights Hignrise	750-760 MT PLEASANT RD	Elderly	Fire Res	2 Dwelling	1	1	9,341	1995 Not inspected
57715	Pennsylvania Bidwell Hi-Rise	533 MT Pleasant Rd	Elderly	Fire Res	10 Apartment	1	1	90,000	1996 Not inspected
57716	Presley Street Hi-Rise	1014 Sheffield Street	Elderly	Masonry Joist	11 Apartment	1	1	165,187	Not inspected
79891	Recreation Center	601 Presley Street	Elderly	Fire Res	16 Apartment	1	1	240,192	Not inspected
80037	Scattered Site	2305 Bedford St.	Other	Frame	1 Community Center	1	1	5,000	N
80035	Scattered Site	1240 Strala Street	Family	Frame	1 Row	1	1	1,250	Not inspected
80036	Scattered Site	3836 Haven Street	Family	Frame	1 Row	1	1	1,250	N
80038	Scattered Site	2838 Middletown road	Family	Frame	1 Row	1	1	1,250	N
80039	Scattered Site	1380 Harlow Street	Family	Frame	1 Row	1	1	1,250	N
80040	Scattered Site	3844 Windgap Avenue	Family	Frame	1 Row	1	1	1,250	Not inspected
172397	Scattered Sites	138 Bodkin Street	Family	Frame	1 Row	1	1	1,250	N
172619	Scattered Sites	1212 STANHOPE ST	Family	Frame	1 Dwelling	1	1	2,500	N
172620	Scattered Sites	2746-2748 SACRAMENTO AVE	Family	Frame	1 Dwelling	1	1	7,500	Not inspected
79874	Scattered Sites	817-827 SHERWOOD AVE	Family	Frame	1 Dwelling	1	1	2,500	Not inspected
172386	Scattered Sites	Merle, Apple, Woodward, Robinson, Berry	Family	Frame	1 Dwelling	1	1	12,500	Not inspected
172621	Scattered Sites	4632-4634 MONONGAHELA ST	Family	Frame	1 Dwelling	10	1	2,500	N
172388	Scattered Sites	714-716 VALONIA ST	Family	Frame	1 Dwelling	1	1	2,500	Not inspected
172617	Scattered Sites	1111-1113 FAULKNER ST	Family	Frame	1 Dwelling	1	1	2,500	Not inspected
172615	Scattered Sites	1234-1240 LAKEWOOD ST	Family	Frame	1 Dwelling	1	1	5,000	Not inspected
172398	Scattered Sites	208-214 FAIRVIEW ST	Family	Frame	1 Dwelling	1	1	5,000	Not inspected
79871	Scattered Sites	1214 STANHOPE ST	Family	Frame	1 Dwelling	1	1	2,500	N
172371	Scattered Sites	Woodbourne, Dunster, Walton, Ladoga	Family	Frame	1 Dwelling	47	47	58,750	Not inspected
172373	Scattered Sites	3757 BEECHWOOD BLVD	Family	Frame	1 Dwelling	1	1	1,250	Not inspected
172374	Scattered Sites	5811 EAST BLACK ST	Family	Frame	1 Dwelling	1	1	1,250	Not inspected
172375	Scattered Sites	6510 ROSEMOOR ST	Family	Frame	1 Dwelling	1	1	1,250	Not inspected
172376	Scattered Sites	5527 WILKINS AVE	Family	Frame	1 Dwelling	1	1	1,250	Not inspected
172377	Scattered Sites	147-149 ALLUVIAN ST	Family	Frame	1 Dwelling	1	1	2,500	Not inspected
		151-153 ALLUVIAN ST	Family	Frame	1 Dwelling	1	1	2,500	Not inspected
		155-157 ALLUVIAN ST	Family	Frame	1 Dwelling	1	2	2,500	Not inspected

172378 Scattered Sites	1605-1607 CANTON AVE	Family	Frame	1 Dwelling	1	2	2,500	Not Inspected
172379 Scattered Sites	1609-1611 CANTON AVE	Family	Frame	1 Dwelling	1	2	2,500	Not Inspected
172380 Scattered Sites	1613-1615 CANTON AVE	Family	Frame	1 Dwelling	1	2	2,500	N
172381 Scattered Sites	315 FLOWERS AVE	Family	Frame	1 Dwelling	1	1	1,250	Not Inspected
79881 Ujamma Center	1900 Bradhead Road	Other	Frame	1 Community Center	1	0	5,000	





## **Housing Authority of the City of Pittsburgh**

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2<sup>nd</sup> Floor Suite 200  
Pittsburgh, PA 15219  
(414) 456-5248  
Fax: (412) 456-5007  
[www.hacp.org](http://www.hacp.org)

# **Attachment B**

Manchester Phase 1 and 2 Property Listing

# Manchester Commons Properties

Address	Owner	Lot/Block	Units	Unit Type	Phase	Appraised Value
1104 W. North Ave.	HACP	0022-R-00287-0000-00	1	Single Family Home	I	\$83,500
1106 W. North Ave.	HACP	0022-R-00286-0000-00	1	Single Family Home	I	\$124,000
1108 W. North Ave.	HACP	0022-R-00285-0000-00	1	Single Family Home	I	\$124,000
1406 W. North Ave.	HACP	0007-B-00344-0000-00	1	Single Family Home	I	\$124,000
1412 W. North Ave.	HACP	0007-B-00341-0000-00	1	Single Family Home	I	\$124,000
1331 Adams St.	HACP	0022-F-00134-0000-00	1	Single Family Home	I	\$135,000
1337 Adams St.	HACP	0022-F-00131-0000-00	1	Single Family Home	I	\$124,000
1341 Adams St.	HACP	0022-F-00129-0000-00	1	Single Family Home	I	\$124,000
1402 Adams St.	HACP	0022-F-00090-0000-00	1	Single Family Home	I	\$124,000
1404 Adams St.	HACP	0022-F-00092-0000-00	1	Single Family Home	I	\$83,500
1406 Adams St.	HACP	0022-F-00098-0000-00	1	Single Family Home	I	\$83,500
1422 Nixon St.	HACP	0022-E-00338-0000-00	1	Single Family Home	I	\$83,500
1424 Nixon St.	HACP	0022-E-00337-0000-00	1	Single Family Home	I	\$136,800
1429 Nixon St.	HACP	0022-E-00305-0000-00	1	Single Family Home	I	\$83,500
1431 Nixon St.	HACP	0022-E-00307-0000-00	1	Single Family Home	I	\$124,000
1439 Adams St.	HACP	0022-E-00262-0000-00	1	Single Family Home	I	\$83,500
1441 Adams St.	HACP	0022-E-00263-0000-00	1	Single Family Home	I	\$83,500
1443 Adams St.	HACP	0022-E-00264-0000-00	1	Single Family Home	I	\$124,000
1205 Juniata St.	HACP	0022-L-00018-0000-00	1	Single Family Home	I	\$83,500
1207 Juniata St.	HACP	0022-L-00015-0000-00	1	Single Family Home	I	\$124,000
Total Value						\$2,179,800
Partnership						
I	Appraised Value					
II	\$2,179,800					
III	\$2,945,000					
IV	\$726,000					
Total	\$1,597,000					
						\$7,447,800

# Manchester Commons Properties

Address	Owner	Lot/Block	Units	Unit Type	Phase	Appraised Value
1017 Pennsylvania Ave.	HACP	0022-R-00067-0000-00	1	Single Family Home	II	\$124,000
1019 Pennsylvania Ave.	HACP	0022-R-00068-0000-00	1	Single Family Home	II	\$124,000
1101 Pennsylvania Ave.	HACP	0022-R-00074-0000-00	1	Single Family Home	II	\$124,000
1103 Pennsylvania Ave.	HACP	0022-R-00075-0000-00	1	Single Family Home	II	\$124,000
1105 Pennsylvania Ave.	HACP	0022-R-00076-0000-00	1	Single Family Home	II	\$83,500
1107 Sheffield St.	HACP	0022-R-00198-0000-00	1	Single Family Home	II	\$83,500
1109 Sheffield St.	HACP	0022-R-00199-0000-00	1	Single Family Home	II	\$124,000
1131 Sheffield St.	HACP	0022-R-00214-0000-00	1	Single Family Home	II	\$135,000
1133 Sheffield St.	HACP	0022-R-00215-0000-00	1	Single Family Home	II	\$124,000
1223 Sheffield St.	HACP	0022-R-00319-0000-00	1	Single Family Home	II	\$83,500
1225 Sheffield St.	HACP	0022-R-00317-0000-00	1	Single Family Home	II	\$135,000
1227 Sheffield St.	HACP	0022-R-00315-0000-00	1	Single Family Home	II	\$135,000
1229 Sheffield St.	HACP	0022-R-00313-0000-00	1	Single Family Home	II	\$135,000
1241 Sheffield St.	HACP	0022-R-00305-0000-00	1	Single Family Home	II	\$83,500
1242 W. North Ave.	HACP	0022-P-00152-0000-00	1	Single Family Home	II	\$135,000
1303 Fulton St.	HACP	0022-P-00153-0000-00	1	Single Family Home	II	\$135,000
1305 Fulton St.	HACP	0022-P-00154-0000-00	1	Single Family Home	II	\$83,500
1307 Fulton St.	HACP	0022-P-00161-0000-00	1	Single Family Home	II	\$124,000
1315 Pennsylvania Ave.	HACP	0022-K-00326-0000-00	1	Single Family Home	II	\$83,500
1329 N. Franklin St.	HACP	0022-K-00327-0000-00	1	Single Family Home	II	\$124,000
1331 N. Franklin St.	HACP	0022-K-00325-0000-00	1	Single Family Home	II	\$135,000
1333 N. Franklin St.	HACP	0022-K-00324-0000-00	1	Single Family Home	II	\$124,000
1403 Page St.	HACP	0007-B-00157-0000-00	1	Single Family Home	II	\$124,000
1405 Page St.	HACP	0007-B-00158-0000-00	1	Single Family Home	II	\$124,000
Total Value						\$2,945,000



## **Housing Authority of the City of Pittsburgh**

Contracting Officer  
100 Ross Street  
2<sup>nd</sup> Floor Suite 200  
Pittsburgh, PA 15219  
(415) 456-5248  
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[www.hacp.org](http://www.hacp.org)

# **Attachment C**

Updated Fee Sheet

**MULTIPLE INSURANCE LINES****RFP#700-46-16****FEE SHEET**

(To be submitted in a separate sealed envelope)

**REVISED**  
11-10-16**PRICE IS TO BE LISTED PER THE FOLLOWING:**

	<b>Initial Term (12 months)</b>	<b>Extension Option (12 months)</b>
Auto Physical Damage	\$	\$
Auto Liability	\$	\$
Boiler and Machinery	\$	\$
Directors and Officers	\$	\$
Employment Practices* (change current deductible to \$0)	\$	\$
Fiduciary Liability	\$	\$
General Liability	\$	\$
Mold & Property	\$	\$
Environmental Liability (Pollution)	\$	\$

Company Name (Printed): \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\*reflect change from previous policy



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# **Attachment D**

Insurance Application

Name of Insurance Company to which Application is made (herein called the "Insurer")

## Not-For-Profit Risk Protector® Renewal Application

Management Liability, Professional Liability, Crime and  
Kidnap Ransom/Extortion Coverage for Not-For-Profit Organizations

### NOTICES:

[THE FOLLOWING NOTICE IS INAPPLICABLE TO CRIME COVERAGE SECTION AND KIDNAP AND RANSOM/EXTORTION COVERAGE SECTION]

IF A POLICY IS ISSUED: (1) DEFENSE COSTS WILL REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND WILL BE APPLIED AGAINST APPLICABLE RETENTIONS; AND (2) IT WILL BE ISSUED ON A CLAIMS-MADE BASIS.

### Section A. GENERAL INFORMATION

1. Name of Applicant: Housing Authority of the City of Pittsburgh

Address of Named Applicant: 200 Ross Street, Pittsburgh PA 15219

Domiciled State: PA State of Incorporation: PA Years of Operation: 79

2. Applicant's primary nature of business: Public Housing Authority

3. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code? ☐ Yes ☒ No. If "Yes" please list the applicable Federal or State Revenue Code \_\_\_\_\_

4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here ☐.  
If not applicable, please check here ☐

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting for coverage to be extended to all Subsidiaries? ☐ Yes ☒ No

5. Is the Applicant or any of its Subsidiaries involved in any joint ventures? ☒ Yes ☐ No
6. Does the Applicant or any of its Subsidiaries provide childcare services? ☐ Yes ☒ No
7. Does the Applicant or any of its Subsidiaries provide medical services? ☐ Yes ☒ No
8. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months? ☐ Yes ☒ No
9. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months? ☐ Yes ☒ No

Please answer the following questions 10 through 13 for each coverage type desired which this is the first Policy

Period you are applying for such coverage type (if Applicant maintained coverage type for the previous Policy Period(s) check the applicable N/A box):

10. There has not been nor is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Named Applicant, its subsidiaries, or any director, officer or employee of any Applicant arising out of: (i) any director, officer, trustee, employee, employee benefit plan or entity liability matter, including securities matters and/or employment matters; or (ii) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?

Is the above statement true with regard to:

Directors and Officers and Entity Liability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employment Practices Liability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Fiduciary Liability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employed Lawyers Professional Liability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

(If No was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions).

11. Please answer if applying for Fiduciary Liability: Has there been or is there pending any inquiry or investigation, or any violation of ERISA<sup>1</sup> or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which an Applicant's employee benefit plan is subject?

Yes ☐ No ☒ N/A ☐ (If "Yes", please attach complete details.)

12. Does the Applicant, its subsidiaries, or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:

D&O and Private Company Liability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Employment Practices Liability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Fiduciary Liability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Employed Lawyers Professional Liability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

(If "Yes" was checked with respect to any of the above, please attach complete details.)

13. Has the Applicant, any of its Subsidiaries or any director and/or officer:

- Been involved in any antitrust, copyright or patent litigation? Yes ☐ No ☒ N/A ☐
- Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes ☐ No ☒ N/A ☐
- Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes ☐ No ☒ N/A ☐
- Been involved in any representative actions, class actions, or derivative suits? Yes ☐ No ☒ N/A ☐
- Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes ☐ No ☒ N/A ☐

It is agreed that with respect to Questions 10 through 13(e) above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

## Section B. FINANCIAL INFORMATION

Information must be based on the most recent audited financials or interim financials, if audited financials are not available.

1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?
- ☐ None ☐ Less than 50% ☐ Greater than 50% to 60% ☐ Greater than 60% to 70%

<sup>1</sup> Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto.



☐ Greater than 70% to 80%☒ Greater than 80%

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? ☐ Yes ☒ No ☐ N/A  
If "Yes," please explain why auditors were changed: \_\_\_\_\_

3. Please provide the following financial information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	SEE ANNUAL REPORT \$
Total Liabilities	\$
Current Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Cashflow from Operations	\$

**Section C. DIRECTORS AND OFFICERS INFORMATION** Coverage Requested? ☒ Yes ☐ No  
Please complete this Section if applying for this coverage.

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.
2. Are Board members elected? ☐ Yes ☒ No  
If "No," please attach complete details.
3. Does the Board hold meetings more than 3 times per year? ☒ Yes ☐ No
4. Does the Applicant participate in a risk management program? ☒ Yes ☐ No
5. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?  
☒ Yes ☐ No If "Yes," please attach complete details.
6. Does the Applicant have any of the following committees? Please check all that apply.  
☒ Audit ☒ Compensation ☐ Nominating

**Section D. EMPLOYMENT PRACTICES INFORMATION** Coverage Requested? ☒ Yes ☐ No  
Please complete this Section if applying for this coverage.

1. Enter the TOTAL number of employees (by type) in the boxes below.  
*Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)*

Number Employees in ALL States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time	160	146	—
Part Time	—	1	—
Total Number of Independent Contractors	—		—

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time	—	—
Part Time	—	—
Total Number of Independent Contractors	—	

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic

	Union	Non-Union
Full Time	_____	_____
Part Time	_____	_____
Total Number of Independent Contractors	_____	_____

2. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?  
 Year 2013, 6%      Year 2014, 5%      Year 2015,   %
3. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?  
☒ Yes   ☐ No   If "No," who manages the HR Function? Please provide complete details.
4. Does the Applicant and its Subsidiaries have a human resources manual or equivalent written management guidelines? ☒ Yes   ☐ No
- If "Yes", does it address the following issues?
- |   |   |                             |  |
|---|---|-----------------------------|--|
| Legally prohibited Discrimination                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Sexual Harassment                                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Compliance with the Americans with Disabilities Act | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Compliance with the 1991 Civil Rights Act           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Compliance with the Family Medical Leave Act        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Employee disciplinary actions                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Terminations, layoffs and early retirements         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Employee appraisals / reviews                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |  |
5. Do employees certify that they have reviewed the HR material and will comply with its terms and conditions? ☒ Yes   ☐ No
6. Does the Applicant and its Subsidiaries have an employee handbook? ☒ Yes   ☐ No  
 If "Yes," is the employment handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? ☒ Yes   ☐ No
7. Is there a formalized process in place for reporting complaints/harassment? ☒ Yes   ☐ No  
 If "Yes," are employees advised that this action will not result in a retaliatory action? ☒ Yes   ☐ No
8. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, outside counsel and/or the Legal Department?  
☒ Yes   ☐ No   If "No", please attach complete details.
9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements?   ☐ Yes   ☒ No  
 If "Yes", please attach complete details.
- a. Have there been any structured layoffs in the past 24 months?   ☐ Yes   ☒ No  
 If "Yes," what percentage of employees?   ☐ 1-10%   ☐ 11-25%   ☐ Over 25%
- b. Did the Applicant or any of its Subsidiaries use outside counsel during the lay-off procedure?  
☐ Yes   ☐ No
- c. Is it the Applicant's policy that severance packages be offered in exchange for releases not to sue?  
☐ Yes   ☐ No
- d. Please provide the number of layoffs that have occurred or are about to occur. \_\_\_\_\_
- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work?   ☐ Yes   ☐ No

**Section E. HEALTHCARE INSTITUTIONS INFORMATION**

If not applicable, please check here and skip to Section G. ☐

1. Please select all that describe the Applicant's or any Subsidiary's nature of business.

- ☐ Nursing Home/Retirement Home    ☐ Multi Location Health System    ☐ Drug Rehabilitation Centers  
☐ Standalone Hospital    ☐ Outpatient/Surgery Center    ☐ Psychiatric/Behavioral Health Facility  
☐ Other (describe): \_\_\_\_

2. Is any of the Applicant's or any of its Subsidiaries' medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation? ☐ Yes ☐ No

3. Does the Applicant contract with any third party to manage, operate, or administer its facility or operations? ☐ Yes ☐ No

4. How many beds does the Applicant or any of its Subsidiaries operate? \_\_\_\_

5. Does the Applicant or any of its Subsidiaries employ: ☐ Physicians ☐ Independent contractors ☐ Both

6. Are there any competing hospitals within 25 miles? ☐ Yes ☐ No

7. Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:

- a. Civil False Claims Act? ☐ Yes ☐ No  
 b. Physician Ownership and Referral Act (The Stark Act)? ☐ Yes ☐ No  
 c. Any similar law or regulation? \_\_\_\_ ☐ Yes ☐ No

If "Yes" to any of the above 7(a) - (c), please attach complete details.

#### Section F. EDUCATIONAL ORGANIZATION INFORMATION

If not applicable, please check here and skip to Section H. ☐

1. Please select all that describe the Applicant's or any Subsidiary's nature of business.

- ☐ Public School    ☐ Charter School    ☐ Private School    ☐ Special Education Facility  
☐ Vocation/Technical    ☐ Junior/Community College    ☐ 4-Year College/University    ☐ Medical School  
☐ Business School    ☐ Law School    ☐ State/County/ Municipality Sponsored  
☐ Multi-District    ☐ Special District    ☐ Other (describe): \_\_\_\_

2. Enrollment: \_\_\_\_ Current Year    \_\_\_\_ Prior Year

3. Types of Employment (Please select all that apply):

- ☐ Full-Time Faculty/Instructors - Number: \_\_\_\_  
☐ Part-Time Faculty/Instructors - Number: \_\_\_\_  
☐ Administrative personnel (including principals, deans and provosts) \_\_\_\_

4. How many campuses or schools are part of the Applicant or any of its Subsidiaries? \_\_\_\_

5. Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:

- a. The past 24 months? ☐ Yes ☐ No  
 b. The next 12 months? ☐ Yes ☐ No

If "Yes," to any of the above, 5(a) - (b), please attach complete details.

6. Date of last accreditation: \_\_\_\_ By which body? \_\_\_\_

7. Has any accreditation body threatened or taken any probationary or censure activity? ☐ Yes ☐ No  
If "Yes," please attach complete details.

8. What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website? \_\_\_\_%

#### Section G. LABOR UNION ORGANIZATION INFORMATION

If not applicable, please check here and skip to Section I. ☐

1. Local Number or Title: \_\_\_\_

2. International or National Affiliation: \_\_\_\_
3. Number of Members: \_\_\_\_
4. Does the Applicant or any of its Subsidiaries operate an apprenticeship program? ☐ Yes ☐ No  
If "Yes", does the applicant seek Educator Legal Liability Coverage for the apprenticeship program?  
☐ Yes ☐ No
5. Is Individual Labor Leader coverage requested? ☐ Yes ☐ No

#### Section H. NAME OF RISK MANAGER OR GENERAL COUNSEL

1. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:
- Name: \_\_\_\_ Title: \_\_\_\_ Years in Current Position: \_\_\_\_  
E-mail Address: \_\_\_\_ Phone Number: \_\_\_\_

#### Section I. FIDUCIARY LIABILITY INFORMATION Coverage Requested? ☐ Yes ☒ No

Please complete this Section if applying for this coverage.

1. List of Plans for which coverage is requested:

Full name of Plans to be covered	Total assets (market value)	Number of Plan participants	Type of Plan (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (Other = please describe)

(List any additional Plans on an attachment. If there is an attachment, check here ☐)

2. If any plan for which coverage is requested holds or invests in securities of the Sponsor Organization or of any subsidiary or affiliate, please provide details, including name of plan, number of shares held, and most recent share value. If no such securities, check here ☐ None
3. Are assets managed by an investment manager as defined in ERISA? ☐ Yes ☐ No  
If "No," or if only some assets are invested by an investment manager as defined in ERISA, please provide details on an attachment.
4. How often is the performance of the plans' investment managers reviewed?  
☐ At least semi-annually ☐ Less than semi-annually (please describe) \_\_\_\_\_
5. How often do the fiduciaries establish or amend the investment manager's guidelines and goals for the plans?  
☐ At least annually ☐ Less than annually (please describe) \_\_\_\_\_
6. Do you follow a written procedure to determine the reasonableness of all plan fees, including revenue sharing arrangements? ☐ Yes ☐ No If "No", please attach full details.
7. Is any plan a multiemployer or multiple employer plan? ☐ Yes ☐ No  
(If "Yes," list and identify the types of plans on an attachment.)
8. Please list all third party investment, actuarial, legal, administrative and benefits consulting service providers.  
\_\_\_\_\_ If no such service providers, check here ☐ None
9. In the past 24 months has there been, or, in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction or cessation of benefits or benefit accruals, including but not

limited to an increase in participants' share of costs? ☐ Yes ☐ No. (If "Yes," identify the plans and attach a description of the amendments.)

10. Has any plan (or portion of a plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated? ☐ Yes ☐ No. (If "Yes," attach the following information for such plans: date (or anticipated date) of spin-off sale or termination; whether assets have been fully distributed or reverted to a party other than the plan participants; and name of annuity provider, if benefits have been secured by annuities.)

Question 11 applies only to defined benefit plans. If not applicable, check here ☐ and skip to question 12

11. (a) Are all defined benefit plans adequately funded in accordance with ERISA or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? ☐ Yes ☐ No. (If "No," attach complete details.)

(b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? ☐ Yes ☐ No. (If "Yes," attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)

(c) Is any plan a cash balance or pension equity plan, or is any conversion to such plan being considered? ☐ Yes ☐ No. (If "Yes," attach complete details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.)

**Section J. CRIME INFORMATION** Coverage Requested? ☒ Yes ☐ No  
Please complete this Section if applying for this coverage.

1. Has the Applicant experienced any of the following losses in the past six years or if in business less than six years, since the date of formation (whether insured or not):

Employee Theft?

☐ Yes ☒ No

Forgery or Alteration?

☐ Yes ☒ No

Theft of Money and Securities (Inside/Outside)?

☐ Yes ☒ No

Any Other Crime or Fidelity related losses?

☐ Yes ☒ No

(If "Yes" to any of the above please attach complete details).

2. Applicant's total number of locations? 2 Office Locations Owns a Small Residential Property

State Allegany County \_\_\_\_\_

Number of Locations \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

Number of Locations \_\_\_\_\_

3. Applicant's total number of employees? 307

4. Of the total employees listed above, how many employees handle, have access to or maintain records of money, securities or other property including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets? 3

5. Does the Applicant have cash exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? ☐ Yes ☒ No (If "Yes", please complete the High Cash Questionnaire)

6. Does the Applicant have precious metals, precious or semi-precious stones, pearls, furs, or articles containing such materials exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? ☐ Yes ☒ No (If "Yes", please complete the Precious Metals Questionnaire)

7. Are corporate credit, debit, charge or purchasing cards used?

a. Number of Cards: 2

b. Maximum limit allowed under card: \$10,000.00

c. Controls in place for preventing and identifying unauthorized transactions: yes

8. Does the Applicant have access to client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems & sensitive data, etc.)? ☐ Yes ☒ No

- a. What type of property and dollar amount of value: \_\_\_\_\_  
b. Number of employees who will be performing work for your client(s): \_\_\_\_\_  
c. Total number of clients: \_\_\_\_\_
9. Are all checks countersigned? ☒ Yes ☐ No  
a. Over what amount is a dual signature required? \$ 0  
b. If there is no countersignature, who signs the Applicant's checks? CFO/ Executive Director  
c. Are checks signed only by the owner(s) of the company? ☒ Yes ☐ No
10. Is an approved voucher or Positive Pay system used? ☒ Yes ☐ No
11. Are check signers instructed to require that all checks be accompanied by properly approved vouchers and/or invoices? ☒ Yes ☐ No
12. Are systems designed so that no employee can control a process from beginning to end (i.e. request a check, approve a voucher and sign a check)? ☒ Yes ☐ No
13. Are bank accounts reconciled on a monthly basis? ☒ Yes ☐ No  
a. If not, how often? \_\_\_\_\_
14. Are those who reconcile bank statements prohibited from:  
a. Handling deposits in the accounts they reconcile? ☒ Yes ☐ No  
b. Signing checks? ☒ Yes ☐ No
15. Does a second person review the reconciliation with supporting documentation on a monthly basis and initial their approval of the information? ☒ Yes ☐ No
16. How often and by whom are audits of cash and accounts performed? Annually Auditors
17. How often and by whom are inventory counts conducted? Yearly Fixed Asset Auditors
18. Is there a CPA letter to management relating to internal control weaknesses? ☐ Yes ☒ No  
(If "Yes", please provide a copy of the letter)
19. If no CPA letter to management was issued, did the CPA make recommendations for improvement in internal control procedures informally? ☐ Yes ☒ No (If "Yes", please provide complete details)
20. Is there an internal audit department? ☒ Yes ☐ No COMPLIANCE DEPARTMENT  
a. Are all locations audited by the internal audit staff? ☐ Yes ☒ No (If "No", please explain) Section 8 Annual  
b. How often? As mandated
21. Are background checks performed on all new hires? Check all that apply:  
☒ Criminal ☐ Prior Employment ☐ Credit History ☒ References ☒ Drug Testing
22. Are mid-employment screenings performed when employees are promoted to sensitive positions?  
☐ Yes ☒ No
23. Are employees' building access cards denied immediately upon termination and are all procurement, credit cards, etc. cancelled? ☒ Yes ☐ No ☐ N/A
24. Are newly hired employees provided with a copy of your organization's fraud policy identifying and explaining conflicts of interest and other prohibited behavior? ☒ Yes ☐ No
25. Are employees required to complete conflict of interest disclosure forms annually? ☒ Yes ☐ No  
a. Is there a system in place that allows for the reporting of suspicious activity and/or unauthorized transactions confidentially? ☒ Yes ☐ No COMPLAINTS sent to HR DEPARTMENT AND  
b. If "Yes", describe the procedure for investigating these reports: APPROPRIATE INVESTIGATION IS CONDUCTED AND LOGGED

26. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them and is there dual control over this process so one employee cannot set up a fictitious vendor in the system without being detected? ☒ Yes ☐ No
27. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required over stated amounts? ☒ Yes ☐ No
28. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)? ☒ Yes ☐ No
29. What is the daily average number and dollar volume of wire transfers? NA
30. What is the maximum dollar volume that may be transferred per day? NA
31. Is approval by more than one person required to initiate a wire transfer? ☐ Yes ☐ No NA
32. Does your financial institution call an employee other than one who requested the transfer before acting on the request? ☐ Yes ☐ No NA
33. Do you receive hard copy confirmations on all wire transfers and are they sent directly to a department not authorized to initiate transfers? ☐ Yes ☐ No NA
34. Are computer system access codes and passwords changed at least every 60 days? ☒ Yes ☐ No
35. Do any non-employees have access to the computer systems? ☐ Yes ☒ No (If Yes, please explain)
36. Does the Applicant sponsor any employee welfare or retirement plan(s) for its employees? ☒ Yes ☐ No
37. List all sponsored employee welfare or retirement plan(s) that are required to be bonded by ERISA. (Please provide an attachment)

**Section K. EMPLOYED LAWYERS PROFESSIONAL LIABILITY INFORMATION** Coverage Requested? Yes ☒ No ☐  
Please complete this Section if applying for this coverage.

1. Please provide the number of attorneys employed by the Applicant in their capacity as such: 3
2. Does any employed lawyer serve on the Board of Directors or equivalent governing body of the Applicant or any of its Subsidiaries? ☐ Yes ☒ No
3. Does the Applicant or any of its Subsidiaries permit or require employed lawyers to issue written legal opinions to outside parties in connection with sales, acquisitions or other transactions? ☒ Yes ☐ No
4. Does any employed lawyer serve on a due diligence committee or perform legal services regarding any merger, acquisition or a consolidation of or by the Applicant or any of its Subsidiaries? ☐ Yes ☒ No
5. Do the Applicant's employed lawyers appear in court on behalf of the Applicant or any of its Subsidiaries or any other party? ☒ Yes ☐ No
6. Does the Applicant wish to exclude coverage for acts of employed lawyers that are committed outside of the course of their employment by the Applicant? ☒ Yes ☐ No  
If "No", does any employed lawyer provide personal legal services with respect to criminal, matrimonial, or intellectual property law or estate/financial planning? ☐ Yes ☐ No

~~**Section L. KIDNAP & RANSOM/EXTORTION** Coverage Requested? Yes ☐ No ☒~~

~~Please complete this Section if applying for this coverage.~~

- ~~1. List locations of all resident employees and the number of employees at each country. Please include the USA. (A resident employee is any employee who resides in any one country for more than 6 cumulative months over a one~~

year period of time). Please attach a separate schedule if necessary.

COUNTRY	TOTAL #
USA	

COUNTRY	TOTAL #

Is coverage desired for any of the following: independent contractors, (leased or temporary employees, volunteers or students? Yes ☐ No ☐

If Yes, please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: \_\_\_\_

2. List anticipated foreign travel by specific country and number of employees traveling to each country. This would include all Non-US based citizens traveling to the USA. (Travel means less than 6 months cumulative travel over a one year period of time). Please attach a separate schedule if necessary.

SPECIFIC COUNTRY	# OF EMPLOYEES

Is coverage desired for any of the following: independent contractors, (leased or temporary employees, volunteers or students? Yes ☐ No ☐

If Yes, please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: \_\_\_\_

3. Has the Applicant or any person(s) to be covered under this policy ever received an actual, attempted or threatened kidnapping, extortion, detention, or hijacking attempt? Yes ☐ No ☐

4. Please state any special security precautions or attach details: \_\_\_\_

5. Please list Director of Security and/or Risk Management contacts (Please include telephone number):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Section M.

#### REQUESTED POLICY COVERAGE DETAILS

1. Aggregate Limit Of Liability Requested for all Coverage Sections, other than Crime and Kidnap & Ransom/Extortion: \$\_\_\_\_

2. Limits of Liability And Retention For Directors and Officers, Employment Practices, Fiduciary and Employed Lawyers Liability:

Coverage	Separate Limit of Liability Requested:	Shared Limit of Liability Requested (Indicate coverages to be shared - n/a for Crime & KRE)	Retention Requested
Directors and Officers		2,000,000	100,000
Employment Practices		2,000,000	100,000
Fiduciary Liability			
Employed Lawyers		1,000,000	10,000

3. Crime Limits of Liability and Deductibles:

#### Insuring Agreement

Employee Theft

#### Per Occurrence Limit of Liability

\$400,000

#### Deductible

\$2,500

Forgery or Alteration

\$400,000

\$2,500

Inside Premises-Theft of Money & Securities

\$\_\_\_\_\_

\$\_\_\_\_\_

Inside Premises - Robbery or Safe Burglary

\$\_\_\_\_\_

\$\_\_\_\_\_

Outside the Premises

\$\_\_\_\_\_

\$\_\_\_\_\_



Computer Fraud	\$400,000	\$2,500
Money Orders & Counterfeit Paper Currency	\$	\$
Clients Property	\$	\$
Funds Transfer Fraud	\$400,000	\$2,500
Guest Property	\$	\$

~~4. Kidnap and Ransom/Extortion Limit of Liability for each Loss component: \$~~

#### Section N. CURRENT INSURANCE DETAILS

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Carrier	Continuity Date	Loss Experience in prior 3 years? If Yes attach details
Directors and Officers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/01/2017	2,000,000	100,000	AIG	10/29/1999	
Employment Practices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/01/2017	2,000,000	100,000	AIG	10/29/1999	
Fiduciary Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Crime	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/01/2017	see above	2,500	AIG		
Employed Lawyers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/01/2017	1,000,000	10,000	AIG	11/09/2007	
Kidnap and Ransom/Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No						

#### WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:

- Completed, Signed and Currently Dated Original Application.
- Latest Applicant Financial Statement (with Treasurers Warranty Letter if not audited.)
- ~~• Mainform Application from current carrier (if applicable).~~
- List of all direct and indirect Subsidiaries, include as to each the nature of business operation, percentage of ownership and whether such Subsidiaries are domestic or foreign.
- List of all Directors, Officers and Trustees of the Applicant and as to each provide any affiliation with other corporations.
- ~~• For the five largest Pension Plans (in terms of total assets), copies of the latest CPA-audited financial statements, with investment portfolios. (If Plan assets are held in a master trust, submit master trust investment portfolios. If exempt from filing audited financial statements, then please submit the most recent Form 5500 for each such plan, with all attachments.)~~
- ~~• For each Plan whose assets at any time within twelve months prior to the inception date of this policy was comprised of 10% or more of securities of the Sponsor Organization or any subsidiary or affiliate thereof, the latest CPA-audited financial statement (with investment portfolios). If such Plan holds securities that are not publicly traded, then also submit a three year history of the "per-share" value, as well as the per-share value at the time shares were first purchased for the plan.~~
- Written Plan description and latest financial statement, if applicable, for any non-qualified plans.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 53613.1).

NOTICE TO OREGON APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed \_\_\_\_\_

(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_

(Must be signed by President, Chairman,  
Corporation)

Chief Executive Officer, Chief Financial Officer,  
Executive Director or Business Manager\*)

\*Labor Unions Only

(Corporate Seal)

Attest \_\_\_\_\_

Producer Arthur J. Gallagher Risk Mgmt Services Inc.

Address 210 Industrial Park Road, Suite 130, Johnstown PA 15904

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_

(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_

(Must be signed by President, Chairman,  
Chief Executive Officer, Chief Financial Officer,  
Executive Director or Business Manager\*)

~~\*Labor Unions Only~~



Member Companies of American International Group, Inc.®

Name of Insurance Company to which Application is made (herein called the "Insurer")

### Public Entity Plan and Trustee Protector Application

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT, IF APPLICABLE.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

Named Insured: Housing Authority of the City of Pittsburgh Pension Plan

Address: 200 Ross Street, Pittsburgh, PA 15219

- (a) Amount of insurance requested \$1,000,000 (b) Self-insured retention requested (each loss) \$10,000
- Is any plan for which coverage is requested subject to any Employee Benefit Law that requires that the Insurer retain a right of recourse? Yes ☐ No ☒ If yes, are you requesting a Waiver of Recourse? Yes ☐ No ☐

3. Name of plan for which coverage is requested	Principal Sponsoring Employer	Current market value of plan assets	Participants Total/Active	Plan description (e.g.)		Website
				457, defined benefit pension, welfare benefit	deferred retirement option plan, etc.)	
Housing Authority of the City of Pittsburgh Pension Plan	HACP	SEE ANNUAL REPORT	274			

(If additional space is needed, please add an attachment. If there is an attachment, check here ☐ )

- Trustees or fiduciaries for whom coverage is requested:

Name of trustee or fiduciary	Elected or appointed	Date of election
	If appointed, indicate by whom	or appointment
RON REIGER	APPOINTED By Union	03-08-07
JAMES D HARRIS	" " Executive Director	6-24-13
EWID MILLER	" " CHAIRMAN of the Board	07-1-2014
Peter KAPLAN	" " " "	07-1-2014
NEDRA DAVIS-USA	Elected by HACP EMPLOYEES	10-3-16
TOM MOOAK	" "	11-3-16

(If additional space is needed, please add an attachment. If there is an attachment, check here ☐ )



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- 5 (a) How often does the governing board of trustees meet? Twice a year (b) When was the last meeting?
6. Has there been any change of trustees and/or fiduciaries in the last 12 months or is any such change contemplated? Yes ☐ No ☒. (If "Yes," provide full particulars including names, circumstances and dates of appointment and resignation.)
7. Has there been a loss to the plan or trust in excess of 10% in the last 12 months? Yes ☐ No ☒ (If "Yes," provide details.)
8. Has any specific investment or investment class lost more than 20% in value in the last 12 months? Yes ☐ No ☐ (If "Yes," provide details.)
9. Does the plan or trust use the services of any third party investment manager(s) or adviser(s)? Yes ☒ No ☐ (If "Yes," provide the name of the investment manager or adviser and the company they work for, and describe the services supplied.) Fidelity
10. How often is each investment manager's performance reviewed? Monthly ☐ Quarterly ☐ Semi-annually ☒ Other ☐.
11. Does any plan(s) or trust employ the actuarial, legal, administrative or benefits consulting services of any outside provider(s)? Yes ☒ No ☐ (If "Yes," indicate the name(s) of the organization(s). If there is an attachment, check here ☐.) Cohen & Berig
12. Do the trustees and advisers adhere to written investment guidelines? Yes ☐ No ☒ No such guidelines. ☐ (If "No," please explain.)
13. Is there a written procedure that is followed to assess for reasonableness of investment management, consulting or other fees charged to or paid by the plan(s)? Yes ☐ No ☒ Are all such fees, including revenue sharing and commissions, disclosed to plan participants? Yes ☐ No ☒
14. In the past 12 months, has any amendment(s) to the plan or trust been made or contemplated (including any change in plan structure, such as from defined benefit to defined contribution) that has resulted in or may result in any reduction of benefits or increase in participants' share of costs? Yes ☐ No ☒. (If "Yes," attach a description of the amendment(s). If there is an attachment, check here ☐.)
15. In the past 12 months, has any plan or trust been transferred, merged, or terminated or is any transfer, merger or termination under consideration? Yes ☐ No ☒. (If "Yes," attach complete details for such plan(s) or trust: Date of transfer, merger or termination, whether assets have been fully distributed or reverted to a party other than the plan participants and name of annuity provider if benefits have been secured by annuities.)

Question 16 applies only to defined benefit plans. If the plan or trust is not a defined benefit plan, please skip to question 17.

16. (a) Is the plan or trust adequately funded in accordance with applicable common or statutory law or regulations of the United States, Canada or any state or province therein, as attested to by an actuary? Yes ☐ No ☐. (If "No," attach complete details.)
- (b) In how many years will full funding be achieved? \_\_\_\_\_
- (c) Are all contributions current? Yes ☐ No ☐. (If "No," please provide details.)
- (d) Has or may any actual or contemplated plan amendment cause an increase in unfunded liabilities? Yes ☐ No ☐ No such amendments. ☐ (If "No," please explain.)



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17. Name of Risk Manager (or equivalent position) James D. Harris
18. Name of General Counsel (or equivalent position) James D. Harris
19. Name and location (city) of outside law firm for employee benefit plan litigation matters Cohen & Crisby

Please submit the following:

- Copies of the latest CPA-audited financial statements, with investment portfolios, for each plan or trust for which coverage is requested. (If plan assets are held in a master or collective trust, submit master or collective trust investment portfolio.);
- Written plan description(s) and latest financial statement(s), if applicable, for any non-qualified plan(s).
- Most recent CPA-audited financial statements for the plan's sponsor organization

THE UNDERSIGNED AUTHORIZED FIDUCIARY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED FIDUCIARY AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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



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INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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



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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.

Signed

(Applicant)

Date

Title

(Must be signed by a non-third party current fiduciary)

Attest

Broker Arthur J. Gallagher Risk Management Services, Inc.

License Number 414982

Address 210 Industrial Park Road, Johnstown, PA 15904

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized fiduciary hereby acknowledges that he/she is aware that the limit of liability contained in this policy for all Coverage Sections shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized fiduciary hereby acknowledges that he/she is aware that, with respect to all Coverage Sections, legal defense costs that are incurred shall be applied against the retention amount.

Signed

(Applicant)

Date

Title

(Must be signed by a non-third party current fiduciary)





## **Housing Authority of the City of Pittsburgh**

Contracting Officer  
100 Ross Street  
2<sup>nd</sup> Floor Suite 200  
Pittsburgh, PA 15219  
(412) 456-5248  
Fax: (412) 456-5007  
[www.hacp.org](http://www.hacp.org)

# **Attachment E**

Audited financial statement (Uploaded Separately)



## **Housing Authority of the City of Pittsburgh**

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100 Ross Street  
2<sup>nd</sup> Floor Suite 200  
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(412) 456-5248  
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[www.hacp.org](http://www.hacp.org)

# **Attachment F**

Updated List of Non-owned Locations:

100 Ross St  
Pittsburgh, PA 15219  
Floors 2 & 4

225 Ross St.  
Pittsburgh, PA 15219  
Suite 501

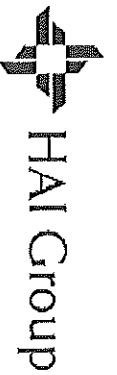


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# **Attachment G**

Current General Liability Loss Run



29 Commerce Court  
PO Box 189  
Cheshire, CT 06410-0189  
203-272-8220 or 800-873-0242  
Fax 203-271-2265  
www.housingcenter.com

**Pittsburgh Housing Authority, PA - Pittsburgh, PA**  
**Commercial Liability - Loss Run - All Claims**

**Policy Year: 2016 - Housing Authority Risk Retention Group**

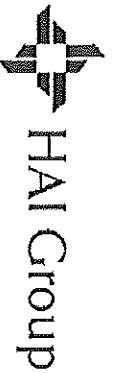
**Policy # HARRG-578-157550-2016 Effective: 01/01/2016 to 01/01/2017**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	1st Dollar Exp.
73656		Moore, Patricia Slip, trip or fall		NC	03/01/2016	04/18/2016	PA	0	0	0	0	0
12MNA	Carrick Regency Hi-Ri:	Not Otherwise Classified		BIGL	Deductible: 0							
73170		Groetsch, Rob Slip, trip or fall		OP	01/04/2016	02/24/2016	PA	5,000	3,000	0	1,647	8,000
12LK2	Northview Heights	Ice And/Or Snow		BIGL	Deductible: 0							
73339		Currie, Shand: Loss or damage to property		CL	01/21/2016	03/28/2016	PA	0	0	0	1,332	1,332
12MG3	East Liberty Gardens	Water Or Other Liquid		PDGL	Deductible: 0							
Total Policy HARRG-578-157550-2016 (9)								5,000	3,000	0	2,978	9,332
Total 2016 Commercial Liability (11)								5,000	3,000	0	2,978	9,332

**Policy Year: 2015 - Housing Authority Risk Retention Group**

**Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	1st Dollar Exp.
72743		Doe, Baby	Struck by falling or moving o	NC	12/17/2015	01/07/2015	PA	0	0	0	0	0
12KM2	Homewood North	Stairs, Steps		BIGL	Deductible: 0							
72742		Kelley, Gladys	Struck by falling or moving o	CL	12/08/2015	01/13/2016	PA	0	0	0	1,552	1,552
12KM1	Caliguiri Hi-Rise	Alleged Improper Maintenance		BIGL	Deductible: 0							
72514		Lash, Catharin Slip, trip or fall		NC	12/05/2015	12/09/2015	PA	0	0	0	0	0
12Y5	Northview Heights	Fence		BIGL	Deductible: 0							
74009		Clemons, Tim: Personal injury		NC	12/01/2015	06/02/2016	PA	0	0	0	0	0
12N18	Northview Heights	Parking Lot, Sidewalk Or Oth		BIGL	Deductible: 0							



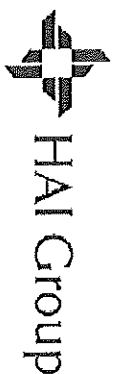
189 Commerce Court  
PO Box 189  
Cheshire, CT 06410-0189  
203-272-8220 or 800-873-0242  
fax 203-271-2265  
www.housingcenter.com

**Pittsburgh Housing Authority, PA - Pittsburgh, PA**  
**Commercial Liability - Loss Run - All Claims**

Policy Year: 2015 - Housing Authority Risk Retention Group

Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Outstanding Reserves	Expense	Loss	Paid	Expense	Total Exp. 1st Dollar
72815		Phillips, Deboi Slip, trip or fall	NC	11/30/2015	01/20/2016	PA		0	0	0	0	0	0	0
12K03	Guaiteri Manor Hi-Ri:	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 0										
72379		Oaks, Marquis Elevator Incident	NC	11/10/2015	11/10/2015	PA		0	0	0	0	0	0	0
12JR0	Northview Heights	Elevator	BGL	Deductible: 0										
72380		Smith, Christi Slip, trip or fall	NC	10/30/2015	11/06/2015	PA		0	0	0	0	0	0	0
12JR1	Guaiteri Manor Hi-Ri:	Furniture, Fixture	BGL	Deductible: 0										
72270		Manfredo, Kin Slip, trip or fall	NC	10/28/2015	11/02/2015	PA		0	0	0	0	0	0	0
12J13	Mazza Pavilion Hi-Risk	Alleged Improper Maintenance	BGL	Deductible: 0										
72151		Williams, Shay Slip, trip or fall	NC	10/13/2015	10/15/2015	PA		0	0	0	0	0	0	0
12I28		Water Or Other Liquid	BGL	Deductible: 0										
71955		Quintana, Cor Slip, trip or fall	NC	09/21/2015	09/23/2015	PA		0	0	0	0	0	0	0
12IM6	Guaiteri Manor Hi-Ri:	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 0										
72152		Spinnenweber Not otherwise classified	NC	08/29/2015	10/15/2015	PA		0	0	0	0	0	0	0
12I29	Pressley Street Hi-Risk	Not Otherwise Classified	BGL	Deductible: 0										
71446		Carlin, Paul Slip, trip or fall	NC	07/13/2015	07/21/2015	PA		0	0	0	0	0	0	0
12HC4	Carrick Regency Hi-Ri:	No Apparent Source	BGL	Deductible: 0										
71818		Ellis, Marion Slip, trip or fall	CL	07/04/2015	09/08/2015	PA		0	0	0	0	1,306	1,306	0
12IC2	Community Building	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 0										
71284		Gomez, Keena Slip, trip or fall	NC	06/24/2015	07/01/2015	PA		0	0	0	0	0	0	0
12G56	Homewood North	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 0										



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**Pittsburgh Housing Authority, PA - Pittsburgh, PA**  
**Commercial Liability - Loss Run - All Claims**

**Policy Year: 2015 - Housing Authority Risk Retention Group**

**Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Outstanding			Paid	Total	
								Loss	Reserves	Expense		Expense	1st Dollar Exp.
72442		Gomez, Keena Slip, trip or fall	OP	06/23/2015	11/30/2015	PA		25,000		3,000	0	916	28,000
12IU8	Homewood North	Water Or Other Liquid	BI GL	Deductible: 0									
71353		Glymph, Shirle Slip, trip or fall	NC	06/19/2015	07/08/2015	PA		0		0	0	0	0
12GW7	Leased Office Space	Not Otherwise Classified	BI GL	Deductible: 0									
71158		Hutcherson, C Slip, trip or fall	CL	06/08/2015	06/17/2015	PA		0		0	0	1,384	1,384
12GL1	Bedford Boiler House	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 0									
71151		Williams, Mor Struck by falling or moving o	CL	05/29/2015	06/17/2015	PA		0		0	0	949	949
12GK8	Northview Heights	Not Otherwise Classified	BI GL	Deductible: 0									
71000		Johnson, Bern Slip, trip or fall	NC	05/28/2015	05/29/2015	PA		0		0	0	0	0
12GA4	Caliguiri Hi-Rise	Not Otherwise Classified	BI GL	Deductible: 0									
70846		Sanders, Livin Struck by falling or moving o	NC	05/07/2015	05/08/2015	PA		0		0	0	0	0
12FR4	Pennsylvania Bidwell	Door, Window	BI GL	Deductible: 0									
70733		Cavender, Rut Slip, trip or fall	NC	04/21/2015	04/24/2015	PA		0		0	0	0	0
12FI4	Pennsylvania Bidwell	Not Otherwise Classified	BI GL	Deductible: 0									
70684		Ezechia, Kashr Slip, trip or fall	CL	04/19/2015	04/21/2015	PA		0		0	0	1,565	1,565
12FG6	Northview Heights	Stairs, Steps	BI GL	Deductible: 0									
70123		Spruiel, Ronisl Slip, trip or fall	NC	03/02/2015	03/02/2015	PA		0		0	0	0	0
12DS2	Homewood North	Ice And/Or Snow	BI GL	Deductible: 0									
70161		Dawson, Doris Slip, trip or fall	NC	03/02/2015	03/04/2015	PA		0		0	0	0	0
12DU7		No Apparent Source	BI GL	Deductible: 0									



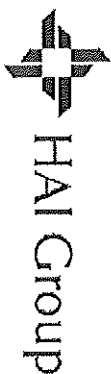
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**Pittsburgh Housing Authority, PA - Pittsburgh, PA**  
**Commercial Liability - Loss Run - All Claims**

Policy Year: 2015 - Housing Authority Risk Retention Group

Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Expense	Total Exp. 1st Dollar
70421	Caliguiri Hi-Rise	McKnight, Ant	Slip, trip or fall	CL	03/02/2015	03/25/2015	PA	0	0	0	3,500	1,962	5,462
12EN3	Caliguiri Hi-Rise		Ice And/Or Snow	BI GL	Deductible: 0								
70424	Arlington Heights	Boykins, Willie	Slip, trip or fall	NC	03/02/2015	03/25/2015	PA	0	0	0	0	0	0
12EN4	Arlington Heights		Ice And/Or Snow	BI GL	Deductible: 0								
70162	Pennsylvania Bidwell	Devaughn, Mc	Slip, trip or fall	OP	02/25/2015	03/04/2015	PA	10,000	25,000	0	0	0	35,000
12DU8	Pennsylvania Bidwell		Not Otherwise Classified	BI GL	Deductible: 0								
70021	Guaheri Manor Hi-Ri	Green, Shirley	Slip, trip or fall	NC	02/23/2015	02/24/2015	PA	0	0	0	0	0	0
12DL3	Guaheri Manor Hi-Ri		Stairs, Steps	BI GL	Deductible: 0								
70066	Glen Hazel High Rise	Littlejohn, Bre	Slip, trip or fall	NC	02/23/2015	02/25/2015	PA	0	0	0	0	0	0
12DO1	Glen Hazel High Rise		No Apparent Source	BI GL	Deductible: 0								
69842	Glen Hazel Disabled L	Hamilton, Flor	Slip, trip or fall	CL	02/03/2015	02/09/2015	PA	0	0	0	0	1,080	1,080
12DA2	Glen Hazel Disabled L		Ice And/Or Snow	BI GL	Deductible: 0								
69840	Northview Heights	Ibe, Dorothy	Slip, trip or fall	CL	01/30/2015	02/09/2015	PA	0	0	0	0	955	955
12DA0	Northview Heights		Ice And/Or Snow	BI GL	Deductible: 0								
69978	Morse Gardens Hi-Ris	Boyd, Carolyn	Struck by falling or moving o	NC	01/30/2015	02/19/2015	PA	0	0	0	0	0	0
12D17	Morse Gardens Hi-Ris		Door, Window	BI GL	Deductible: 0								
72251	Glen Hazel Disabled L	Robinson, Ken	Loss or damage to property	CL	07/28/2015	10/30/2015	PA	0	0	0	0	1,389	1,389
12IG7	Glen Hazel Disabled L		Not Otherwise Classified	PD GL	Deductible: 0								
71379	Arlington Heights	Daley, Scott	Vehicle accident	CL	07/01/2015	07/13/2015	PA	0	0	0	486	0	486
12GV1	Arlington Heights		Lawnmower	PD GL	Deductible: 0								



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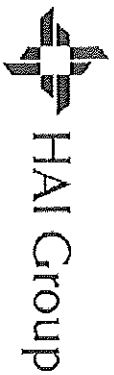
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**Commercial Liability - Loss Run - All Claims**

Policy Year: 2015 - Housing Authority Risk Retention Group

Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Outstanding		Paid		Total Exp. 1st Dollar
								Loss	Reserves	Expense	Expense	
71034	Blair, Chantell	Loss or damage to property	CL	05/06/2015	06/03/2015	PA		0	0	1,447	2,423	3,870
12GC7	Homewood North	Alleged Improper Maintenance	PDGL	Deductible: 0								
70848	Harris, Keisha	Loss or damage to property	NC	04/20/2015	05/08/2015	PA		0	0	0	0	0
12FR6	Arlington Heights	Alleged Improper Maintenance	PDGL	Deductible: 0								
70847	Watkins, Kim	Loss or damage to property	NC	04/15/2015	05/08/2015	PA		0	0	0	0	0
12FR5	Arlington Heights	Water Or Other Liquid	PDGL	Deductible: 0								
70634	Turner, Symor	Loss or damage to property	NC	04/09/2015	04/15/2015	PA		0	0	0	0	0
12FB7	Bedford Dwellings	Not Otherwise Classified	PDGL	Deductible: 0								
70634	Brooks, Kristol	Loss or damage to property	NC	04/09/2015	04/15/2015	PA		0	0	0	0	0
12FB6	Bedford Dwellings	Not Otherwise Classified	PDGL	Deductible: 0								
70634	Ross, Kathleen	Loss or damage to property	CL	04/09/2015	04/15/2015	PA		0	0	0	0	0
12FB5	Bedford Dwellings	Not Otherwise Classified	PDGL	Deductible: 0								
70634	Allen, Marvin	Loss or damage to property	CL	04/09/2015	04/15/2015	PA		0	0	0	0	0
12FB4	Bedford Dwellings	Not Otherwise Classified	PDGL	Deductible: 0								
71956	Sauer, William	Loss or damage to property	NC	04/01/2015	09/23/2015	PA		0	0	0	0	0
12IM7	Mazza Pavilion Hi-Risk	Alleged Improper Maintenance	PDGL	Deductible: 0								
70116	Cox, Shardaye	Loss or damage to property	CL	02/16/2015	02/27/2015	PA		0	0	0	798	798
12DR5	Arlington Heights	No Apparent Source	PDGL	Deductible: 0								
69823	Simmons, Lob	Loss or damage to property	CL	02/09/2015	02/10/2015	PA		0	0	1,585	398	1,983
12C22	Bedford Dwellings	Alleged Improper Maintenance	PDGL	Deductible: 0								





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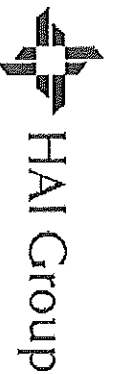
**Policy # HARRG-578-141156-2015 Effective: 01/01/2015 to 01/01/2016**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	1st Dollar	Total Exp.
69576	Homewood North	Smith, Desire	Loss or damage to property	CL	01/10/2015	01/22/2015	PA	0	0	0	898	898	
12CG5	Homewood North	Water Or Other Liquid	Water Or Other Liquid	PDGL	Deductible: 0								
71457	Leased Office Space	Ghafoor, Pannu	Personal injury	DC	03/16/2015	07/22/2015	PA	0	0	0	0	0	
12HD6	Leased Office Space	Administration Decision	Administration Decision	PIGL	Deductible: 0								
Total Policy HARRG-578-141156-2015 (46)								35,000	28,000	7,019	17,575	86,678	
Total 2015 Commercial Liability (46)								35,000	28,000	7,019	17,575	86,678	

**Policy Year: 2014 - Housing Authority Risk Retention Group**

**Policy # HARRG-578-128151-2014 Effective: 01/01/2014 to 01/01/2015**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	1st Dollar	Total Exp.
69210	Pressley Street Hi-Risk	Charles, Karer	Slip, trip or fall	CL	12/08/2014	12/10/2014	PA	0	0	0	1,428	1,428	
12B15	Pressley Street Hi-Risk	Ice And/Or Snow	Ice And/Or Snow	BIGL	Deductible: 10,000								
68834	Homewood North	Robinson, Azy	Struck by falling or moving o	NC	10/04/2014	10/15/2014	PA	0	0	0	0	0	
12AH9	Homewood North	Door, Window	Door, Window	BIGL	Deductible: 10,000								
68742	Carrick Regency Hi-Ri	Cooper, Samu	Not otherwise classified	NC	09/29/2014	10/02/2014	PA	0	0	0	0	0	
12AA8	Carrick Regency Hi-Ri	Not Otherwise Classified	Not Otherwise Classified	BIGL	Deductible: 10,000								
68741	Gualtieri Manor Hi-Ri	Green, George	Slip, trip or fall	NC	09/21/2014	10/02/2014	PA	0	0	0	0	0	
12AA7	Gualtieri Manor Hi-Ri	Water Or Other Liquid	Water Or Other Liquid	BIGL	Deductible: 10,000								
71514	Scattered Sites	Carter, Selina	Slip, trip or fall	DC	09/13/2014	07/30/2015	PA	0	0	0	0	0	
12HH2	Scattered Sites	Parking Lot, Sidewalk Or Oth	Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000								



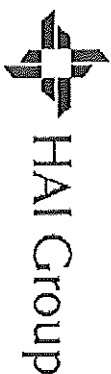
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Policy # HARRG-578-128151-2014 Effective: 01/01/2014 to 01/01/2015

Occ. Id / Claim #	AMP# / Location Name	Claimant	Loss Type / Source	Stat / Code	Incident	Report	ST	Loss	Expense	Loss	Expense	Total Exp. 1st Dollar
68601	Community Building	Bey, Samaria	Struck by falling or moving o	NC	09/04/2014	09/12/2014	PA	0	0	0	0	0
112R3	PA 01-09	Hayes, Roderi	Slip, trip or fall	NC	08/30/2014	09/12/2014	PA	0	0	0	0	0
68600	Northview Heights Hi	Not Otherwise Classified	BI GL	Deductible: 10,000								
112R2	Younger, Mich	Struck by falling or moving o	NC	08/22/2014	08/25/2014	PA		0	0	0	0	0
68452	Not Otherwise Classified	BI GL	Deductible: 10,000									
112G1	Hudson, Renit	Slip, trip or fall	NC	08/05/2014	08/19/2014	PA		0	0	0	0	0
68428	Pressley Street Hi-Rise	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 10,000								
112E4	Ledbetter, Dar	Struck by falling or moving o	CL	08/02/2014	08/07/2014	PA		0	0	0	1,904	1,904
68334	Family Investment Ce	Furniture, Fixture	BI GL	Deductible: 10,000								
11YX6	Doe, Jane	Slip, trip or fall	NC	07/29/2014	08/07/2014	PA		0	0	0	0	0
68332	Northview Heights	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 10,000								
11YX5	Aboud, Victor	Slip, trip or fall	NC	05/19/2014	06/11/2014	PA		0	0	0	0	0
67831	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 10,000									
11XP8	Ibe, Dorothy	Slip, trip or fall	CL	05/13/2014	05/21/2014	PA		0	0	0	1,280	1,280
67615	Northview Heights	Water Or Other Liquid	BI GL	Deductible: 10,000								
11XA7	Dixon, Zhinaij	Struck by falling or moving o	NC	04/04/2014	04/15/2014	PA		0	0	0	0	0
67325	Bedford Dwellings	Not Otherwise Classified	BI GL	Deductible: 10,000								
11WG8	PA 01-09	Taylor, Marlon	Slip, trip or fall	NC	03/29/2014	05/22/2014	PA		0	0	0	0
67638	Northview Heights Hi	Not Otherwise Classified	BI GL	Deductible: 10,000								
11XC3												



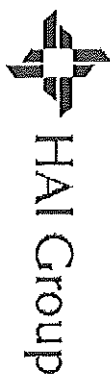
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Policy Year: 2014 - Housing Authority Risk Retention Group

Policy # HARRG-578-128151-2014 Effective: 01/01/2014 to 01/01/2015

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Outstanding		Paid		Total Exp. 1st Dollar
								Loss	Reserves	Expense	Loss	Expense
67334	Bedford Dwellings	Robinson, Jarr Slip, trip or fall	NC	03/24/2014	04/15/2014	PA		0	0	0	0	0
11WH0	Bedford Dwellings	Not Otherwise Classified	BI GL	Deductible: 10,000								
67222	Jenkins, Carl Slip, trip or fall	NC	03/20/2014	04/03/2014	PA			0	0	0	0	0
11VY7	Pressley Street Hi-Rise	No Apparent Source	BI GL	Deductible: 10,000								
66950	Hughes, Kharr Playground accident	NC	03/10/2014	03/13/2014	PA			0	0	0	0	0
11VC3	Allegheny Dwellings	Sewer	BI GL	Deductible: 10,000								
67432	Smith, Lynda Slip, trip or fall	OP	03/05/2014	04/30/2014	PA			50,000	22,500	0	3,297	72,500
11WN3	Northview Heights	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 10,000								
69017	Scott, Tawnia Slip, trip or fall	CL	02/20/2014	11/03/2014	PA			0	0	0	0	0
12AV3	Scattered Sites	Ice And/Or Snow	BI GL	Deductible: 10,000								
66775	Shallenberger, Slip, trip or fall	CL	02/18/2014	02/27/2014	PA			0	0	2,649	2,649	
11U06	Pressley Street Hi-Rise	Ice And/Or Snow	BI GL	Deductible: 10,000								
66776	PA 01-09 Ivey, Clifton Slip, trip or fall	NC	02/17/2014	02/28/2014	PA			0	0	0	0	0
11U07	Northview Heights Hi	Ice And/Or Snow	BI GL	Deductible: 10,000								
66510	Green-Bey, Ell Slip, trip or fall	NC	02/06/2014	02/10/2014	PA			0	0	0	0	0
11TV6	Carrick Regency Hi-Ri	Ice And/Or Snow	BI GL	Deductible: 10,000								
66119	Bunch, Diane Slip, trip or fall	NC	01/11/2014	01/17/2014	PA			0	0	0	0	0
11SX1	Pressley Street Hi-Rise	Parking Lot, Sidewalk Or Oth	BI GL	Deductible: 10,000								
69977	Butler, Jamilar loss or damage to property	NC	10/23/2014	02/19/2015	PA			0	0	0	0	0
12D16	Arlington Heights	Water Or Other Liquid	PD GL	Deductible: 10,000								



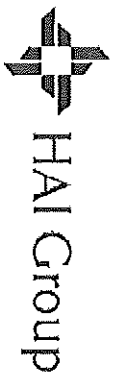
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Policy Year: 2014 - Housing Authority Risk Retention Group

Policy # HARRG-578-128151-2014 Effective: 01/01/2014 to 01/01/2015

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Outstanding Reserves	Paid	Expense	Total Exp. 1st Dollar
67962	Bedford Dwellings	Freeman, Eme	Loss or damage to property	NC	06/22/2014	06/27/2014	PA	0	0	0	0	0	0
11XZ1	Bedford Dwellings	Alleged Improper Maintenance	PDGL		Deductible: 10,000								
68091	Northview Heights	Williams, Vale	Loss or damage to property	CL	06/18/2014	07/11/2014	PA	0	0	140	1,122		1,262
11YG9	Northview Heights	Water Or Other Liquid	PDGL		Deductible: 10,000								
68142	Arlington Heights	Blackwell, Ash	Loss or damage to property	CL	06/18/2014	07/16/2014	PA	0	0	99	0		99
11YL2	Arlington Heights	Water Or Other Liquid	PDGL		Deductible: 10,000								
68142	Arlington Heights	Turner, Willa	Loss or damage to property	CL	06/18/2014	07/16/2014	PA	0	0	171	0		171
11YL1	Arlington Heights	Water Or Other Liquid	PDGL		Deductible: 10,000								
67469	Bedford Dwellings	Denton, Will	Loss or damage to property	CL	04/11/2014	05/06/2014	PA	0	0	500	0		500
11WQ2	Bedford Dwellings	Theft	PDGL		Deductible: 10,000								
66520	Bedford Dwellings	Howard, David	Loss or damage to property	RC	01/25/2014	01/27/2014	PA	0	0	822	0		822
11TW3	Bedford Dwellings	Alleged Improper Maintenance	PDGL		Deductible: 10,000								
67185	Homewood North	Jordan, Kenya	Loss or damage to property	CL	01/08/2014	03/31/2014	PA	0	0	238	0		238
11VV0	Homewood North	Alleged Improper Maintenance	PDGL		Deductible: 10,000								
67185	Homewood North	Cooley, Quinte	Loss or damage to property	CL	01/08/2014	03/31/2014	PA	0	0	1,034	0		1,034
11VU8	Homewood North	Alleged Improper Maintenance	PDGL		Deductible: 10,000								
67185	Homewood North	Miller, Stepha	Loss or damage to property	CL	01/08/2014	03/31/2014	PA	0	0	1,461	0		1,461
11VU7	Homewood North	Alleged Improper Maintenance	PDGL		Deductible: 10,000								



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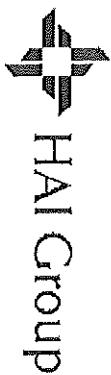
**Policy #** HARRG-578-128151-2014 **Effective:** 01/01/2014 to 01/01/2015

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Paid	Expense	1st Dollar	Total Exp.
67185		McCallister, M	Loss or damage to property	CL	01/08/2014	03/31/2014	PA	0	0	0	0	0	727	727	
11VU6	Homewood North		Alleged Improper Maintenance PDGL	Deductible: 10,000											
Total Policy HARRG-578-128151-2014 (35)								50,000	22,500		4,465	12,407		86,076	
Total 2014 Commercial Liability (35)								50,000	22,500		4,465	12,407		86,076	

**Policy Year: 2013 - Housing Authority Risk Retention Group**

**Policy #** HARRG-578-119678-2013 **Effective:** 01/01/2013 to 01/01/2014

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Paid	Expense	1st Dollar	Total Exp.
66014		Jones, David	Slip, trip or fall	CL	12/25/2013	01/10/2014	PA	0	0	0	0	0	1,405	1,405	
11SL9	Caliguiri Hi-Rise		Water Or Other Liquid	BIGL	Deductible: 10,000										
73004		Hopkins, Kare	Slip, trip or fall	CL	12/24/2013	01/13/2016	PA	0	0	0	0	0	2,271	2,271	
12LB6			Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000										
67639		Puckett, Keoni	Struck by falling or moving o	NC	12/09/2013	05/22/2014	PA	0	0	0	0	0	0	0	
11XC4	Allegheny Dwellings		Furniture, Fixture	BIGL	Deductible: 10,000										
66225		Ross, Patrick	Struck by falling or moving o	NC	11/14/2013	01/23/2014	PA	0	0	0	0	0	0	0	
11TE0	Pressley Street Hi-Risk		No Loss Source Entered	BIGL	Deductible: 10,000										
66223		Gram, Marilyn	Slip, trip or fall	NC	10/17/2013	11/18/2013	PA	0	0	0	0	0	0	0	
11TD8	Northview Heights		No Loss Source Entered	BIGL	Deductible: 10,000										
66223		Taylor, Marlon	Slip, trip or fall	NC	10/17/2013	11/18/2013	PA	0	0	0	0	0	0	0	
11TD7	Northview Heights		No Loss Source Entered	BIGL	Deductible: 10,000										



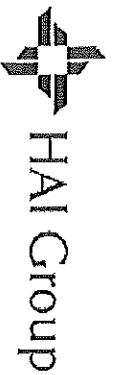
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Policy # HARRG-578-119678-2013 Effective: 01/01/2013 to 01/01/2014

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Expense	Total Exp. 1st Dollar
65210		Backcode, Mict Contact with hot substance c	NC		09/06/2013	09/12/2013	PA	0	0	0	0	0	0
11QM3		Alleged Improper Maintenance BIGL	BIGL		Deductible: 10,000								
66031		Murphy, Miliar Slip, trip or fall	CL		09/02/2013	12/06/2013	PA	0	0	0	0	1,092	1,092
11SM2	Homewood North	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
65127		Regent, Dway Not otherwise classified	NC		08/28/2013	08/30/2013	PA	0	0	0	0	0	0
11OG7	Homewood North	Alleged Improper Maintenance BIGL	BIGL		Deductible: 10,000								
65118		Smith, Jeris Slip, trip or fall	NC		08/11/2013	08/28/2013	PA	0	0	0	0	0	0
11OG4	Northview Heights	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
64942		Williams, Carc Slip, trip or fall	NC		07/24/2013	08/02/2013	PA	0	0	0	0	0	0
11PU2	Glen Hazel Disabled L	Sewer	BIGL		Deductible: 10,000								
64941		Barron, Tawae Slip, trip or fall	NC		07/20/2013	08/02/2013	PA	0	0	0	0	0	0
11PU1	Pennsylvania Bidwell	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
64940		Bresinger, Dei Slip, trip or fall	NC		07/11/2013	08/02/2013	PA	0	0	0	0	0	0
11PU0	Mazza Pavilion Hi-Risk	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
64939		Waters, Walte NO LOSS TYPE ENTERED	NC		07/03/2013	08/02/2013	PA	0	0	0	0	0	0
11PT9	Caliguiri Hi-Rise	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
64725		Whitley, Ronik Slip, trip or fall	CL		06/29/2013	07/10/2013	PA	0	0	0	0	964	964
11PG3	Homewood North	Parking Lot, Sidewalk Or Oth BIGL	BIGL		Deductible: 10,000								
64448		Glascoe, Darr Elevator incident	NC		05/24/2013	05/28/2013	PA	0	0	0	0	0	0
11OR0	Northview Heights	Elevator	BIGL		Deductible: 10,000								



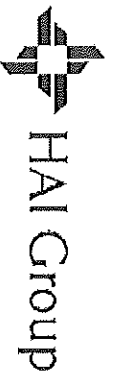
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Policy # HARRG-578-119678-2013 Effective: 01/01/2013 to 01/01/2014

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	Total Exp. 1st Dollar
64359	Homewood North	Williams, Dan	trip or fall	CL	05/10/2013	05/22/2013	PA	0	0	0	1,988	1,988
110L2	Homewood North		Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000							
63667	Homewood North	Carpenter, Nic	trip or fall	NC	02/22/2013	02/25/2013	PA	0	0	0	0	0
11M01	Homewood North		Ice And/Or Snow	BIGL	Deductible: 10,000							
63829	Northview Heights	Jones, Cynthia	trip or fall	NC	01/19/2013	03/04/2013	PA	0	0	0	0	0
11NB8	Northview Heights		Not Otherwise Classified	BIGL	Deductible: 10,000							
65975	Bedford Boiler House	Hutcherson, C	Struck by falling or moving o	CL	01/18/2013	01/07/2014	PA	0	0	0	4,888	4,888
11SK2	Bedford Boiler House		Door, Window	BIGL	Deductible: 10,000							
63237	Northview Heights	Mitchell, Willi	Slip, trip or fall	CL	01/02/2013	01/03/2013	PA	0	0	0	971	971
11LK0	Northview Heights		Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000							
64196		Green, Edith	Mold	NC	03/20/2013	03/20/2013	PA	0	0	0	0	0
11NZ5			Alleged Improper Maintenance	MDGL	Deductible: 50,000							
65530		Thomas, Jacq	Loss or damage to property	NC	10/07/2013	10/24/2013	PA	0	0	0	0	0
11RJ0	Caliguiri Hi-Rise		No Loss Source Entered	PDGL	Deductible: 10,000							
64935		Pitts, Lavonne	Loss or damage to property	CL	07/19/2013	08/05/2013	PA	0	0	665	388	1,053
11PT6	Scattered Site		Alleged Improper Maintenance	PDGL	Deductible: 10,000							
64762		Hearn, Tonya	Loss or damage to property	CL	07/10/2013	07/12/2013	PA	0	0	5,572	1,239	6,811
11PI3	Scattered Sites		Not Otherwise Classified	PDGL	Deductible: 10,000							
64862		Boozier Tinsley	Loss or damage to property	CL	06/15/2013	07/23/2013	PA	0	0	0	769	769
11PO8	Bedford Dwellings		Kitchen Fire	PDGL	Deductible: 10,000							



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**Policy Year: 2013 - Housing Authority Risk Retention Group**

**Policy #** HARRG-578-119678-2013 **Effective:** 01/01/2013 to 01/01/2014

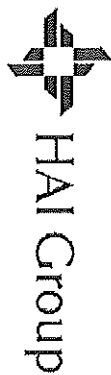
Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Total Exp.
66879	Addison Terrace	Baley, Marjori	Loss or damage to property	CL	03/12/2013	03/06/2014	PA	0	0	1,252
11UW7	Addison Terrace		Water Or Other Liquid	PDGL	Deductible: 10,000					
63860	Homewood North	Rozier, Shamo	Loss or damage to property	CL	03/01/2013	03/19/2013	PA	0	0	1,199
11ND7	Homewood North		Fire - Children, Matches Etc.	PDGL	Deductible: 10,000					
63265	Scattered Site	Edge, Joyce	Loss or damage to property	NC	01/07/2013	01/08/2013	PA	0	0	0
11LL6	Scattered Site		Fire - Children, Matches Etc.	PDGL	Deductible: 10,000					
Total Policy HARRG-578-119678-2013 (29)										
Total 2013 Commercial Liability (29)										
								0	0	6,238
								0	0	18,426
								0	0	24,663

**Policy Year: 2012 - Housing Authority Risk Retention Group**

**Policy #** HARRG-578-108262-2012 **Effective:** 01/01/2012 to 01/01/2013

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Total Exp.
63189	Pennsylvania Bidwell	Jones, Britney	trip or fall	CL	12/28/2012	12/28/2012	PA	0	0	1,574
11LG9	Pennsylvania Bidwell		Ice And/Or Snow	BIGL	Deductible: 10,000					
63260	Morse Gardens Hi-Ris	Wallace, Darr	trip or fall	NC	12/22/2012	01/08/2013	PA	0	0	0
11LL2	Morse Gardens Hi-Ris		Parking Lot, Sidewalk Or Oth BIGL		Deductible: 10,000					
63404	Morse Gardens Hi-Ris	Reick, Barbara	trip or fall	NC	12/19/2012	01/17/2013	PA	0	0	0
11LZ3	Morse Gardens Hi-Ris		Parking Lot, Sidewalk Or Oth BIGL		Deductible: 10,000					
63130	Caliguiri Hi-Rise	Pereslucha, Ri	trip or fall	NC	11/30/2012	12/08/2012	PA	0	0	0
11LD4	Caliguiri Hi-Rise		Parking Lot, Sidewalk Or Oth BIGL		Deductible: 10,000					





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Policy Year: 2012 - Housing Authority Risk Retention Group

Policy # HARRG-578-108262-2012 Effective: 01/01/2012 to 01/01/2013

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Loss	Expense	Total Exp. 1st Dollar
63016	Scattered Site	Watson, Tania	Struck by falling or moving o	NC	10/31/2012	11/21/2012	PA	0	0	0	0	0
11KW2	Scattered Site	Ceiling, Pieces	Falling	BIGL	Deductible: 10,000							
62917	Scattered Site	Travis, Bobbie	Slip, trip or fall	CL	10/15/2012	10/15/2012	PA	0	0	0	648	648
11KP9	Scattered Site	Alleged Improper Maintenance		BIGL	Deductible: 10,000							
63405	Northview Heights	McDaniels, Bil	Slip, trip or fall	NC	10/14/2012	01/23/2013	PA	0	0	0	0	0
11LZ4	Northview Heights	Parking Lot, Sidewalk Or Oth		BIGL	Deductible: 10,000							
62535	Carrick Regency Hi-Ri	Dudich, Mary	Slip, trip or fall	NC	09/10/2012	09/12/2012	PA	0	0	0	0	0
11LP5	Carrick Regency Hi-Ri	Parking Lot, Sidewalk Or Oth		BIGL	Deductible: 10,000							
62530	Carrick Regency Hi-Ri	Dudich, Mary	Slip, trip or fall	NC	08/24/2012	09/12/2012	PA	0	0	0	0	0
11LP1	Carrick Regency Hi-Ri	Parking Lot, Sidewalk Or Oth		BIGL	Deductible: 10,000							
63363	Scattered Sites	Horton, Keash	Slip, trip or fall	CL	08/02/2012	01/15/2013	PA	0	0	1,500	4,631	6,131
11LW1	Scattered Sites	Not Otherwise Classified		BIGL	Deductible: 10,000							
69678	Scattered Sites	Gainey, Cheryl	Slip, trip or fall	NC	06/19/2012	01/29/2015	PA	0	0	0	0	0
12CO3	Scattered Sites	No Apparent Source		BIGL	Deductible: 10,000							
62533	Caliguiri Hi-Rise	Jones, David	Slip, trip or fall	CL	05/04/2012	09/12/2012	PA	0	0	0	1,131	1,131
11LP3	Caliguiri Hi-Rise	Kitchen Area		BIGL	Deductible: 10,000							
62529	Arlington Heights	Reese, Alaya	Slip, trip or fall	NC	03/17/2012	09/12/2012	PA	0	0	0	0	0
11LP0	Arlington Heights	Parking Lot, Sidewalk Or Oth		BIGL	Deductible: 10,000							
61518	Pressley Street Hi-Rise	Mills, Everett	Not otherwise classified	NC	03/04/2012	04/13/2012	PA	0	0	0	0	0
11HA9	Pressley Street Hi-Rise	Not Otherwise Classified		BIGL	Deductible: 10,000							



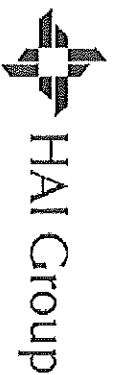
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Policy # HARRG-578-108262-2012 Effective: 01/01/2012 to 01/01/2013

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Outstanding Reserves	Paid	Expense	Total Exp. 1st Dollar
61501	Mazza Pavilion Hi-Rise	Dental, Joan	Slip, trip or fall	NC	02/27/2012	04/13/2012	PA	0	0	0	0	0	0
11GZ6	Mazza Pavilion Hi-Rise	Not Otherwise Classified	BIGL	Deductible: 10,000									
61443	Glen Hazel High Rise	Gathrite, Emr	Slip, trip or fall	CL	02/23/2012	04/13/2012	PA	0	0	0	0	397	397
11GV8	Glen Hazel High Rise	Furniture, Fixture	BIGL	Deductible: 10,000									
61519	Pressley Street Hi-Rise	Thompson, M	Slip, trip or fall	NC	02/23/2012	04/13/2012	PA	0	0	0	0	0	0
11HB0	Pressley Street Hi-Rise	Not Otherwise Classified	BIGL	Deductible: 10,000									
61402	Northview Heights	Taniza, Niasa	Struck by falling or moving object	CL	02/22/2012	04/05/2012	PA	0	0	0	0	1,051	1,051
11GS9	Northview Heights	Inadequate Security	BIGL	Deductible: 10,000									
62532	Caliguiri Hi-Rise	Jones, David	Slip, trip or fall	CL	02/17/2012	09/12/2012	PA	0	0	0	0	710	710
11JP2	Caliguiri Hi-Rise	Water Or Other Liquid	BIGL	Deductible: 10,000									
61446	Community Building	Jefferson, Ken	Slip, trip or fall	CL	02/03/2012	04/13/2012	PA	0	0	0	0	27,500	11,581
11GW0	Community Building	Stairs, Steps	BIGL	Deductible: 10,000									39,081
60885	Finello Pavilion Hi-Rise	Sanders, Wiki	Struck by falling or moving object	CL	01/18/2012	01/24/2012	PA	0	0	0	0	668	668
11FM7	Finello Pavilion Hi-Rise	Furniture, Fixture	BIGL	Deductible: 10,000									
60884	Northview Heights	Lyle, George	Not otherwise classified	NC	01/13/2012	01/24/2012	PA	0	0	0	0	0	0
11FM6	Northview Heights	Not Otherwise Classified	BIGL	Deductible: 10,000									
61520	Morse Gardens Hi-Rise	Palyak-Vates, I	Slip, trip or fall	NC	01/06/2012	04/13/2012	PA	0	0	0	0	0	0
11HB1	Morse Gardens Hi-Rise	Not Otherwise Classified	BIGL	Deductible: 10,000									
61521	Pressley Street Hi-Rise	Paquet, Kimer	Slip, trip or fall	NC	01/05/2012	04/13/2012	PA	0	0	0	0	0	0
11HB2	Pressley Street Hi-Rise	No Apparent Source	BIGL	Deductible: 10,000									



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**Policy Year: 2012 - Housing Authority Risk Retention Group**

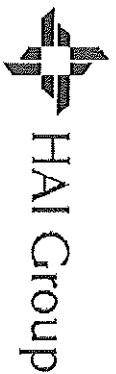
**Policy # HARRG-578-108262-2012 Effective: 01/01/2012 to 01/01/2013**

Occ. Id/	AMP#/ Claim #	Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Expense	1st Dollar	Total Exp.
66948			Slabodnick, St	Loss or damage to property	CL	10/01/2012	03/13/2014	PA	0	0	0	700	1,279	1,979	
11VC2		Morse Gardens Hi-Ris	Water Or Other Liquid		PDGL	Deductible: 10,000									
62678			Demby, Domit	Loss or damage to property	NC	09/07/2012	10/05/2012	PA	0	0	0	0	0	0	
11KA9		Addison Terrace	Vehicle		PDGL	Deductible: 10,000									
62335			White, Erika	Loss or damage to property	NC	06/16/2012	08/16/2012	PA	0	0	0	0	0	0	
11JC2		Pennsylvania Bidwell	Fence		PDGL	Deductible: 10,000									
62642			Gelnette, Cind	Personal injury	CL	01/31/2012	09/24/2012	PA	0	0	0	0	261	261	
11JX6		Mazza Pavilion Hi-Ris	Administration Decision		PIGL	Deductible: 10,000									
Total Policy HARRG-578-108262-2012 (28)										0	0	29,700	23,931	53,631	
Total 2012 Commercial Liability (28)										0	0	29,700	23,931	53,631	

**Policy Year: 2011 - Housing Authority Risk Retention Group**

**Policy # HARRG-578-98172-2011 Effective: 01/01/2011 to 01/01/2012**

Occ. Id/	AMP#/ Claim #	Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Reserves	Expense	Loss	Expense	1st Dollar	Total Exp.
60615			Crawford, Nat	Fire	CL	12/14/2011	12/15/2011	PA	0	0	0	0	0	0	
11EV3		Homewood North	Fire - Children, Matches Etc.		BIGL	Deductible: 10,000									
60615			Pope, Johnath	Fire	CL	12/14/2011	12/15/2011	PA	0	0	0	0	0	0	
11ET7		Homewood North	Fire - Children, Matches Etc.		BIGL	Deductible: 10,000									
60615			Pope, Cynthia	Fire	CL	12/14/2011	12/15/2011	PA	0	0	0	0	0	0	
11ET6		Homewood North	Fire - Children, Matches Etc.		BIGL	Deductible: 10,000									



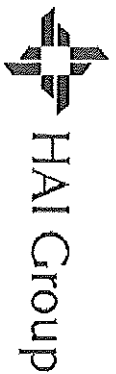
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Policy Year: 2011 - Housing Authority Risk Retention Group

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Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Total Paid	Total Exp.
								Reserves	Expense	Loss	Expense
60615	Homewood North	Crawford, Ni'n Fire	CL	12/14/2011	12/15/2011	PA		0	0	0	0
11ET5	Homewood North	Fire - Children, Matches Etc.	BIGL	Deductible: 10,000							
60615	Homewood North	McCullough, n Fire	CL	12/14/2011	12/15/2011	PA		0	0	0	0
11ET4	Homewood North	Fire - Children, Matches Etc.	BIGL	Deductible: 10,000							
60615	Homewood North	McCullough, k Fire	CL	12/14/2011	12/15/2011	PA		0	0	0	0
11ET3	Homewood North	Fire - Children, Matches Etc.	BIGL	Deductible: 10,000							
60615	Homewood North	Crawford, John Fire	CL	12/14/2011	12/15/2011	PA		0	0	0	0
11ET2	Homewood North	Fire - Children, Matches Etc.	BIGL	Deductible: 10,000							
60615	Homewood North	Coulerson, In Fire	CL	12/14/2011	12/15/2011	PA		0	0	0	18,841
11ET0	Homewood North	Fire - Children, Matches Etc.	BIGL	Deductible: 10,000							
60612	Northview Heights	Copeland, Sha Slip, trip or fall	NC	12/01/2011	12/14/2011	PA		0	0	0	0
11ES9	Northview Heights	Stairs, Steps	BIGL	Deductible: 10,000							
59821	Northview Heights	Banks, Monte Struck by falling or moving o	CL	08/20/2011	08/22/2011	PA		0	0	7,500	8,315
11CS2	Northview Heights	Ceiling, Pieces Falling	BIGL	Deductible: 10,000							
59820	Northview Heights	Stanton, Verol Slip, trip or fall	NC	08/19/2011	08/23/2011	PA		0	0	0	0
11CS1	Northview Heights	Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000							
61923	Bedford Boiler House	Felton, Gail Slip, trip or fall	CL	08/16/2011	06/20/2011	PA		0	0	4,000	1,605
11B9	Bedford Boiler House	Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000							
59822	Glen Hazel High Rise	Cooper, Ny'Ra Struck by falling or moving o	CL	08/12/2011	08/24/2011	PA		0	0	0	1,106
11CS3	Glen Hazel High Rise	Furniture, Fixture	BIGL	Deductible: 10,000							



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Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Total Paid	1st Dollar Exp.
59766		Bryant, Teeshi	Struck by falling or moving o	NC	08/11/2011	08/16/2011	PA	0	0	0	0
11CP4	Addison Terrace		Furniture, Fixture	BIGL	Deductible: 10,000						
59768		Hartbauer, Jar	NO LOSS TYPE ENTERED	NC	08/08/2011	08/16/2011	PA	0	0	0	0
11CP6	Morse Gardens Hi-Ris		No Loss Source Entered	BIGL	Deductible: 10,000						
59769		Barnett, Michi	Struck by falling or moving o	NC	08/03/2011	08/16/2011	PA	0	0	0	0
11CP7	Pressley Street Hi-Rise		Door, Window	BIGL	Deductible: 10,000						
59753		Goins, T'lajia	Slip, trip or fall	CL	08/01/2011	08/22/2011	PA	0	0	1,000	5,734
11C06	Northview Heights		Stairs, Steps	BIGL	Deductible: 10,000						6,734
59767		Hartbauer, Jar	Slip, trip or fall	NC	07/05/2011	08/16/2011	PA	0	0	0	0
11CP5	Morse Gardens Hi-Ris		Stairs, Steps	BIGL	Deductible: 10,000						
59412		Grzegorzczk, F	Elevator incident	CL	06/22/2011	07/11/2011	PA	0	0	0	349
11B56	Gualtieri Manor Hi-Ri:		Elevator	BIGL	Deductible: 10,000						349
59671		Rozman, Nicol	Slip, trip or fall	NC	06/22/2011	07/22/2011	PA	0	0	0	0
11CK2	Arlington Heights		Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000						
59411		Miscoe, Mary	Slip, trip or fall	NC	06/04/2011	06/13/2011	PA	0	0	0	0
11B55	Northview Heights		Door, Window	BIGL	Deductible: 10,000						
59403		Putt, Donna	Slip, trip or fall	NC	06/03/2011	06/08/2011	PA	0	0	0	0
11BR7	Morse Gardens Hi-Ris		Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000						
59146		Goetz, Ralph	Slip, trip or fall	NC	05/30/2011	06/08/2011	PA	0	0	0	0
11BC9	Carrick Regency Hi-Ri:		Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000						



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Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Paid	Expense	Total Exp. 1st Dollar
59055	Cobb, Ethel	Slip, trip or fall	CL	05/17/2011	05/24/2011	PA		0	0	0	523	523
11AW1	Morse Gardens Hi-Ris	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								
59061	Gilbert, Rosina	Slip, trip or fall	CL	05/09/2011	05/17/2011	PA		0	0	0	1,124	1,124
11AW6	Scattered Sites	Stairs, Steps	BGL	Deductible: 10,000								
59053	Cargile, Regina	Slip, trip or fall	CL	05/07/2011	05/23/2011	PA		0	0	0	239	239
11AV9	Finello Pavilion Hi-Ris	Furniture, Fixture	BGL	Deductible: 10,000								
58916	Lindsey-Billing	Slip, trip or fall	CL	04/28/2011	05/04/2011	PA		0	0	0	120	120
11AN2	Murray Tower Hi-Rise	Water Or Other Liquid	BGL	Deductible: 10,000								
58949	Dowling, Louis	Slip, trip or fall	NC	04/18/2011	05/04/2011	PA		0	0	0	0	0
11AP9	Glen Hazel High Rise	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								
63778	Bradford, Rob	Slip, trip or fall	CL	03/26/2011	03/11/2013	PA		0	0	0	9,697	9,697
11MX8	Bedford Dwellings	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								
58690	Dominak, Lorr	Slip, trip or fall	NC	03/12/2011	03/15/2011	PA		0	0	0	0	0
10ZZ1	Gualtieri Manor Hi-Ri	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								
58882	Ruck, Betty	Slip, trip or fall	NC	03/11/2011	03/15/2011	PA		0	0	0	0	0
11AK4	Pressley Street Hi-Ris	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								
58484	Scott, Yolanda	Loss or damage to property	CL	02/13/2011	03/09/2011	PA		0	0	0	91	91
10Z15	Caiguini Hi-Rise	Alleged Improper Maintenance	BGL	Deductible: 10,000								
58670	2152 Los Ange	Slip, trip or fall	NC	02/13/2011	02/16/2011	PA		0	0	0	0	0
10ZX3	Gualtieri Manor Hi-Ri	Parking Lot, Sidewalk Or Oth BGL	BGL	Deductible: 10,000								



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58671	Caliguiri Hi-Rise	McGee, Lorett Assault	NC	02/10/2011	02/14/2011	PA	0	0	0	0	0
102X4	Caliguiri Hi-Rise	Assault	BIGL	Deductible: 10,000							
58669	Northview Heights	Ivey, Clifton Slip, trip or fall	NC	02/08/2011	02/14/2011	PA	0	0	0	0	0
102X2	Northview Heights	Ice And/Or Snow	BIGL	Deductible: 10,000							
58483	Finello Pavilion Hi-Ris	Jackson, Melis Slip, trip or fall	CL	02/04/2011	03/09/2011	PA	0	0	0	0	0
102L4	Finello Pavilion Hi-Ris	Water Or Other Liquid	BIGL	Deductible: 10,000							
58356	Morse Gardens Hi-Ris	Schwenderma Slip, trip or fall	NC	01/25/2011	01/25/2011	PA	0	0	0	0	0
102B4	Morse Gardens Hi-Ris	Parking Lot, Sidewalk Or Oth	BIGL	Deductible: 10,000							
58323	Caliguiri Hi-Rise	Russell, Janet Slip, trip or fall	NC	01/24/2011	01/27/2011	PA	0	0	0	0	0
10YY4	Caliguiri Hi-Rise	No Apparent Source	BIGL	Deductible: 10,000							
58322	Carrick Regency Hi-Ri	Schnupp, Mar Slip, trip or fall	NC	01/23/2011	01/27/2011	PA	0	0	0	0	0
10YY3	Carrick Regency Hi-Ri	Sewer	BIGL	Deductible: 10,000							
62487		Garrison, Bart Slip, trip or fall	CL	01/18/2011	09/06/2012	PA	0	0	0	1,646	1,646
11JM8		Ice And/Or Snow	BIGL	Deductible: 10,000							
58324	Scattered Sites	Redman, Mild Slip, trip or fall	NC	01/08/2011	01/28/2011	PA	0	0	0	0	0
10YY5	Scattered Sites	Ice And/Or Snow	BIGL	Deductible: 10,000							
60845		Palombia, San Loss or damage to property	NC	09/10/2011	01/17/2012	PA	0	0	0	0	0
11E17	Carrick Regency Hi-Ri	Theft	PDGL	Deductible: 10,000							



**HAI Group**

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**Pittsburgh Housing Authority, PA - Pittsburgh, PA**  
**Commercial Liability - Loss Run - All Claims**

**Policy Year: 2011 - Housing Authority Risk Retention Group**

**Policy # HARRG-578-98172-2011**

**Effective: 01/01/2011 to 01/01/2012**

Occ. Id/ Claim #	AMP#/ Location Name	Claimant	Loss Type / Source	Stat/ Code	Incident	Report	ST	Loss	Expense	Outstanding Reserves	Paid	Loss	Expense	Total Exp. 1st Dollar
63961		Thomas, Lynn	Loss or damage to property	NC	02/12/2011	03/28/2013	PA	0	0	0	0	0	0	0
11NJ8	Homewood North	Water Or Other Liquid		PDGL	Deductible: 10,000			0	0	0	0	0	0	0
Total Policy HARRG-578-98172-2011 (43)									0	0	12,500	49,391	61,891	
Total 2011 Commercial Liability (43)									0	0	12,500	49,391	61,891	
Total Commercial Liability (192)									90,000	53,500	59,922	124,708	322,271	