

**PUBLIC BUILDING COMMISSION OF CHICAGO
ADDENDUM #1
REQUEST FOR PROPOSALS FOR
PROPERTY MANAGEMENT SERVICES AT THE RICHARD J. DALEY CENTER – PS1902**

Date: Monday, March 26, 2012

QUESTION #1:

ATTACHMENT D – INSURANCE REQUIREMENTS, Section e., page 64.

The last line states: Attached is the loss history from the Richard J. Daley Center for the prior five years. However there was nothing attached or included. Do you have the loss history available?

RESPONSE #1:

The insurance loss history from the Richard J. Daley Center for the prior five years follows this page.

END OF ADDENDUM NO. 1

Mayor Rahm Emanuel, Chairman
Addendum No.1

Erin Lavin Cabonargi, Executive Director
Monday, March 26, 2012

Loss Run

Report Date / Time: 01/10/2012 16:36 EST
 Valuation Date: 12/31/2011
 Currency: USD

Client Number / Name : [REDACTED]
 Account / D&B Number / Name : [REDACTED]
 Policy : [REDACTED]
 DIVISION : 07
 DALEY CTR 50-66 WASH
 03/01/2007 - 03/01/2008

Claimant Name	State/Terr/ Country	Receipt Date	DMV/HO Status	Accident / Loss Description	Loss Date	Acc/Ben: ILX/	Ind(B) Paid	Med/PPD Paid	Alloc Exp Paid	Total Reserves	Total Recoveries	Total Incurred
[REDACTED]		02/07/2008	059/251 N/O	FALLING ICE STRUCK CLMT ON FOREHEAD AS SHE WAS ENTERING THE BUILDING/HUGE KNOT ON RIGHT SIDE		02/08/2008	.00	.00	.00	.00	.00	.00
[REDACTED]		10/05/2007	059/251 Closed 02/29/2008	CLMT ALLEGEDLY FELL DOWN IN WEST DOWN STAIRWELL		10/08/2007	.00	.00	.00	.00	.00	.00
[REDACTED]		09/14/2007	059/684 N/O	CLMT SLIPPED AND FELL ON STAIRS		09/17/2007	.00	.00	.00	.00	.00	.00
[REDACTED]		08/27/2007	059/684 N/O	CLMT BRUISED LEFT ANKLE WHILE TRYING TO EXIT BUILDING		08/29/2007	.00	.00	.00	.00	.00	.00
[REDACTED]		08/27/2007	059/684 N/O	CLMT LOST BALANCE WHILE ON ROLLING STEP STOOL AND FELL BACKWARDS		08/29/2007	.00	.00	.00	.00	.00	.00
[REDACTED]		05/14/2007	059/684 N/O	CLMT TRIPPED OVER WHEEL POLE IN PLAZA /FELL		05/21/2007	.00	.00	.00	.00	.00	.00
[REDACTED]		04/06/2007	059/684 N/O	CLMT COLLAPSED AND FELL TO THE FLOOR		04/09/2007	.00	.00	.00	.00	.00	.00

DIVISION : 07
 Claim Count = 7
 Total Reserves = .00
 Total Recoveries = .00
 Total Incurred = .00
 Policy-Asco-Mod: [REDACTED]
 Claim Count = 7

Loss Run

Report Date / Time: 01/10/2012 16:36 EST
 Valuation Date: 12/31/2011
 Currency: USD

03/01/2008 - 03/01/2009

DALEY CTR 50-66 WASH

Client Number / Name :
 Account / D&B Number / Name :
 Policy :
 DIVISION : 07

Claimant Name / State / Terr / Div / H/O / Accident / Loss Description

Claim Number	Country	Receipt Date	Status	Div / H/O	Accident / Loss Description	Ind/B	Med/PD	Alloc Exp	Total	Total	Total
Loss Date			Closed Date			Paid	paid	paid	Reserves	Recoveries	Incurred
08/27/2008		08/28/2008	059/684 N/O		ALLEGEDLY CLMT WHILE WALKING WESTBOUND TO DALEY CENTER ON WASHINGTON ST SHE INJURED HER ANKLE	.00	.00	.00	.00	.00	.00
08/21/2008		08/22/2008	059/684 N/O		POWER OUTAGE IN SWITCH GEAR ROOM	.00	.00	.00	.00	.00	.00
08/20/2008		08/21/2008	059/684 N/O		CLMT ALLEGEDLY SLIPPED/FELL IN FRONT OF SOUTHWEST STAIRWELL	.00	.00	.00	.00	.00	.00
08/18/2008		08/21/2008	059/684 N/O		CLMT ALLEGEDLY STEPPED OFF SIDEWALK AND FELL INTO THE TRUCK LANE / SLIP & FALL	.00	.00	.00	.00	.00	.00
08/14/2008		08/21/2008	059/684 N/O		ALLEGEDLY CLMT DRANK OUT OF 13TH FLOOR WATER FOUNTAIN / MOTHER SAID WATER WAS WHITE	.00	.00	.00	.00	.00	.00
08/11/2008		08/14/2008	059/684 N/O		CLMT ALLEGEDLY SLIPPED / FELL IN COURTROOM #1802	.00	.00	.00	.00	.00	.00
08/07/2008		08/14/2008	059/684 N/O		ALLEGEDLY CLMT SLIP AND FELL DUE TO WATER ON FLOOR	.00	.00	.00	.00	.00	.00
05/21/2008		05/22/2008	059/251 N/O		CLMT FELL FROM WHEELCHAIR INTO TRUCK LANE	.00	.00	.00	.00	.00	.00
						21					

DIVISION : 07

Claim Count =

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Account		Service Information		Agency	
Account No	Branch Office	Branch Code	[Redacted]		
[Redacted]	Chicago	010	[Redacted]		

Policy Detail as of 01/06/12

Policy Premium Summary				Policy Loss Summary (in dollars)								
Product Group	Policy Number	Effective Date	Written Premium	Earned Premium	# of Claims	Paid Losses	Paid Expenses	Reserves	Net Incurred	Deductible	Gross Incurred	Loss Ratio%
Package	[Redacted]		210,443	175,944	3	2,913	2,896		5,809		5,809	.3
Package	[Redacted]		185,335	185,335	5	109,000	3,956		112,956		112,956	.61
Package	[Redacted]		199,053	199,053	5		26,739	1,000	27,739		27,739	.14

Individual Claim Analysis

Claim number	Claimant Name	Status	Loss Date	Paid Losses	Paid Expenses	Reserves	Net Incurred	Deductible	Gross Incurred
[Redacted]	[Redacted]	Clsd	06/10/11		1,303			1,303	1,303
[Redacted]	[Redacted]	Clsd	06/10/11	1,770				1,770	1,770
[Redacted]	[Redacted]	Clsd	06/10/11	1,143				1,143	1,143
[Redacted]	[Redacted]	Clsd	06/10/11		1,593			1,593	1,593
[Redacted]	[Redacted]	Clsd	11/07/11						
[Redacted]	[Redacted]	Clsd	11/08/10	2,913			0	5,809	0
[Redacted]	[Redacted]	Clsd	02/17/11						
[Redacted]	[Redacted]	Clsd	11/05/10	9,108	108			9,108	9,108
[Redacted]	[Redacted]	Clsd	06/18/10						
[Redacted]	[Redacted]	Clsd	06/18/10	100,000	3,848			103,848	103,848
[Redacted]	[Redacted]	Clsd	07/15/10						
[Redacted]	[Redacted]	Clsd	07/15/10						

Policy Detail Information

Location Code:NOT IDENTIFI							
TOTALS 03/01/10 - 03/01/11	109,000	3,956	0	112,956	0	112,956	
		9,023	1,000	10,023		10,023	
		5,455		5,455		5,455	
		12,260		12,260		12,260	
TOTALS 03/01/09 - 03/01/10	0	26,739	1,000	27,739	0	27,739	