



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

gig Insurance
Group

COMMUNITY ASSOCIATION EXECUTIVE ADVANTAGE RENEWAL APPLICATION FOR COMMUNITY ASSOCIATION POLICY

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED TO THE APPLICABLE RETENTION.

THE POLICY PROVIDES THE DUTY ON THE PART OF THE INSURER TO DEFEND.

THE TERM "INSURED ORGANIZATION" MEANS THE PARENT ORGANIZATION WHOSE DIRECTORS AND OFFICERS ARE PROPOSED TO BE INSURED UNDER THE COMMUNITY ASSOCIATION POLICY FOR WHICH THIS APPLICATION IS MADE, ALONG WITH ANY OTHER ENTITIES IN WHICH SUCH PARENT ORGANIZATION HAS OR CONTROLS THE RIGHT TO ELECT MORE THAN 50% OF THE BOARD OF DIRECTORS OR OTHER GOVERNING BODY OF SUCH ENTITY IS SUCH RIGHT EXISTS.

GENERAL INFORMATION

Policy Effective Date: 09/30/23

Quote#: 576048

Name of Insured Organization: Lowell House Condominium Association

Address of Insured Organization: 88 W Schiller St
Chicago, IL 60610

Property Manager Name: Chicagoland Community Management LLC

Title: Property Manager

Telephone: 3124403640

Fax:

Email: cbriskovic@chicagoland-inc.com

Association Type: Condominium

SECTION I – PREVIOUS INSURANCE

Attach full details of any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last five (5) years (if none, enter No & if you have enter Yes) No

SECTION II – UNDERWRITING INFORMATION

1. Number of Units: 252
2. Number of Commercial Units: 0
3. Number of Employees: 5
4. Average Unit Value (to be calculated as the average price of the 3 most recently sold units): 225000
5. Does the Association have the following recreational facilities:

Golf Course	Boat Slips
No	No

6. Has the Association completed in the past year or does it plan a major improvement which may require special assessment of the association members? No
7. Are the recreational facilities exclusive to only members of the association? n/a

SECTION III – LOSS HISTORY

During the last five (5) years has the Insured Organization or any of its directors, officers, or employees been involved in any litigation that could have a material impact on the Insured's Organization? No

IT IS UNDERSTOOD AND AGREED THAT IF ANYONE FOR WHOM THIS INSURANCE IS SOUGHT HAS ANY KNOWLEDGE OF ANY SUCH ACT, ERROR, OMISSION, FACT, OR CIRCUMSTANCE, ANY CLAIM EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

This Application must be currently dated and signed by the association's insurance agent, broker, property manager or by a member of governing board of the association.

NAME (PLEASE PRINT/TYPE): John H Berchem

TITLE: Treasurer
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER)

SIGNATURE: John H Berchem

SIGNATURE DATE: 9-27-2023

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER: Josh Daugherty

AGENCY: Robertson Ryan & Associates
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER: _____
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP):

330 East Kilbourn, Ste 650
Milwaukee, WI 53202



Non-Profit Community Associations Crime Application Quote#: 576049

Name of Applicant: (Include all subsidiary and managed entities to be covered, as well as the exact legal name of any "Employee Benefit Plan(s) for which "you" are seeking coverage):

Lowell House Condominium Association

Address of Applicant: 88 W Schiller St
Chicago, IL 60610

Effective Date: 09/30/23

Date established: 09/01/75

Annual Revenues: \$2,900,000

Annual Assets: \$0

	<u>United States/Canada</u>	<u>Other Countries</u>	<u>Total</u>
Number of Employees/Property Managers*:	6	0	6
Locations (Other than HQ)	0	0	0
Number of Association Unit Owners:	252		

**Indicate the number of Employees and/or Employees of Property Management Company that handle money, securities and other property on the applicants behalf.*

Non-Profit Community Association Type: Condominium

Name of Property Manager, if any: Christina Briskovic

Coverage Basis, Limits of Liability and Deductibles Requested: *(Loss Sustained Option shall apply unless otherwise noted)*

Coverage Basis: Loss Sustained

Insuring Agreement	Limits	Deductibles
A.1. Employee Theft	\$3,000,000	\$25,000
A.2 ERISA Fidelity	\$3,000,000	\$ 0.
B. Forgery or Alteration	\$25,000	\$250
C. Inside the Premises-Theft of Money & Securities, Robbery or Safe Burglary of Other Property	\$25,000	\$250
D4. Outside the Premises	\$25,000	\$250
E. Computer and Funds Transfer Fraud	\$3,000,000	\$25,000
F. Money Orders & Counterfeit Paper Currency	\$25,000	\$250

****LOSS INFORMATION:**

Have there been any Fidelity/Crime related losses in the past 5 years? No

Please provide the following information for any and all Fidelity/Crime related losses discovered over the past (5) years.

****In addition to the above information, if there have been Fidelity/Crime related losses, please describe any and all corrective measures which were implemented as a result of the losses:**

Internal Controls & Procedures (All Locations):

1. Does the Association have a financial statement prepared annually? Yes
If yes, please check the appropriate box to indicate who prepares it: Independent Certified Public Accountant
2. Is countersignature required on all checks issued by the applicant Yes In Excess of \$ 10,000
3. Do the employees who reconcile monthly bank statements also:
Sign checks? No
Make Deposits? No
Have access to check signing machines or signature plates? No
Make Withdrawals No
4. For new employees, are criminal background check performed? Yes

FRAUD STATEMENT: 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

This Application must be currently dated and signed by the association's insurance agent, broker, property manager, or by a member of governing board of the association.

Signed: John Berchem

Title: Treasurer

Date: 4-27-2023

Submitting Producer: Josh Daugherty
Robertson Ryan & Associates
330 East Kilbourn, Ste 650
Milwaukee, WI 53202

License Number (FL Producers Only): _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

Arkansas Fraud Statement

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 of insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement

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 for insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement

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

Florida Fraud Statement

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

Hawaii Fraud Statement

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

Kentucky Fraud Statement

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.

Maine Fraud Statement

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.

New Jersey Fraud Statement

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

New Mexico Fraud Statement

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE PR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Statement

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 statement value of the claim for each such violation.

Ohio Fraud Statement

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

Oklahoma Fraud Statement

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

Oregon Fraud Statement

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

Pennsylvania Fraud Statement

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.

Tennessee Fraud Statement

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

Virginia Fraud Statement

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.



CYBER INSURANCE RENEWAL APPLICATION FORM

This renewal application form is for companies with revenues of less than \$50m who are looking for cyber insurance limits of \$5m or below.

ELIGIBLE RISKS: Community Associations, Residential and Office Condominiums, Cooperative Apartments, HOA's, PUD's & POA's. All other risks by referral

INSURED COMPANY NAME: Lowell House Condominium Association

Table with 7 columns: Revenue, Deductible, \$250K Limit, \$500k Limit, \$1m Limit, Crime AP, Service Fee. Rows show premium rates for revenue brackets from \$0-\$1,000,000 to \$3,000,001-\$5,000,000.

EVOLVE CYBER RENEWAL OPTIONS:

The above premiums do not include any State Fees/Taxes, which may apply at time of binding.

Limit of Liability: [X] \$250,000 [] \$500,000 [X] \$1,000,000 [] Other

Cyber Crime Cover: [X] Do Not Include [X] Include for Additional Premium

Effective Date: 09/30/2023

Expiration Date: 09/30/2024

COMPANY INFORMATION:

\$3,066,386

Last Year's Gross Revenue: 0

Have there been any significant changes to your business activities or any other information supplied in your last application form? [] Yes [] No

If yes, please detail any changes to your business activities below or attach the details of the changes:

Table with 2 columns: Activity, % of your total revenue. Three empty rows for data entry.

Are you aware of any claims or circumstances which may give rise to a claim against any of the companies to be insured or any partners of directors thereof? [] Yes [] No

If yes, please attach full details including an explanation of the background of the events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.

DECLARATION

I declare that after proper inquiry the statements and particulars given above are true and that I have not misstated or suppressed any material fact.

I agree that this Application Form, together with any other materials information supplied by me shall form the basis of any contract of insurance effected thereon.

Full Name: Chicagoland Community Management Position: Community Manager
Signature: Kathleen Mermi Date: 9/27/23



Michelle Ramos <ramosm@seiu1.org>

Fredrick Owens

1 message

Dan McCarthy <danmccarthy4@gmail.com>
To: "ramosm@seiu1.org" <ramosm@seiu1.org>

Tue, Sep 19, 2023 at 1:48 PM

Hello,

It has come to my attention that Fred has been terminated from his position at the Lowell House/88 W. Schiller. I am not sure of the circumstances under which this termination took place, however, I can speak to Fred's character. Although I do not own my unit, I have rented in this building for 3+ years. In this time, Fred has been extremely helpful and prompt whenever an issue arises. He has always been extremely polite and respectful and never left a job unfinished.

I hope this email helps in rectifying the situation.

Sincerely,

Dan McCarthy



Michelle Ramos <ramosm@seiu1.org>

Lowell House - Fredrick Owens

1 message

Deborah M Adasiak <dadasiak@sbcglobal.net>

Tue, Sep 19, 2023 at 1:39 PM

To: "ramosm@seiu1.org" <ramosm@seiu1.org>

Good Morning

I am reaching out to you regarding the termination of Fredrick Owens from Lowell House condo. I have been a resident and owner in the building since 1993. I have known Fred since he began working at Lowell House. Never in the 18 years I have known him have I encountered any issues with him. I also served on the Board of Directors for over 10 years and the whole time I was on the board never once was there an issue with Fred.

He has always been pleasant and helpful to me and other residents in the building. I have had plenty of water issues and a few electrical issues and Fred is always willing and able to help me correct the situation and put me at ease. He is well liked by so many that live in the building. He has gained significant knowledge throughout his 18 years with Lowell and it has not been utilized by management, in my opinion. He is always friendly, smiling and willing to drop everything and help out if need be.

Frankly I was shocked to learn he was terminated by the new building manager who has been at Lowell less than six months. Over the 18 years I have witnessed Fred gain knowledge far beyond some of the other building maintenance employees, he takes pride in his work and you can always tell when he is on duty as the building is spotless. He is responsible, prompt and always willing to help unit owners with any issues that may arise.

I would ask that this situation be investigated thoroughly with Chicagoland Management. The last board meeting there were many residents in attendance that spoke about this situation as they were in shock as well. The board would not say much except that they worked with the Union on this matter.

If you would like to speak further please reach out to me at 312-925-3118.

Thank you in advance for you time.

Debbie Adasiak
Unit owner of 608/609
Lowell House