Addendum 5  
File # 17-0039  
Project: Citywide Property Insurance

This addendum serves to notify all bidders of the following changes to the solicitation documents:  The following question was asked and answered:

Q One of our markets that is interested in providing a quote for the City of Duluth has come back with a question regarding the wind claim from 7/21/16 at Malstrom Street and the Airport Approach Rd. The Affiliated loss runs that were run on Nov. 16th show the claim as open but do not show that any payments have been made. Do you know the status of this claim and how much payment Affiliated will make, if any?

A The claim is for roof damage to two of the hangers caused by the wind storm and hail storm of 7/21/16. The claim is pending and the reserve is set at $850,000 for the total claim. A loss run report dated January 4, 2017, is attached.

A revised bid form is attached to acknowledge all addendums when submitting your bid.

Please acknowledge receipt of this Addendum by initialing and dating Addendum #5 below the bid form on the invitation for bids.

Posted: January 5, 2017
## Account Loss History By Year

**Start Yr Reported:** 2007  
**End Yr Reported:** 2017  
**Acct No:** 64838  
**Prospect/Client Name:** City of Duluth

<table>
<thead>
<tr>
<th>Year Rptd Occurd Date</th>
<th>Loss No</th>
<th>Index No – Record No</th>
<th>Loss Peril Name</th>
<th>Loss Loc</th>
<th>City</th>
<th>State/Prov Claim Status</th>
<th>Loss Id</th>
<th>Claim Id</th>
<th>P/T* Deductible</th>
<th>Pct Participation</th>
<th>Total Pymts</th>
<th>P/T* FM Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 13-Jul-2007</td>
<td>02556</td>
<td>Ophys</td>
<td>Fire</td>
<td>Duluth</td>
<td>MN</td>
<td>Closed</td>
<td>71053</td>
<td>166416</td>
<td>$100,000</td>
<td>100%</td>
<td>$232,472</td>
<td></td>
</tr>
<tr>
<td>2010 18-Aug-2010</td>
<td>04558</td>
<td>001350.10-01</td>
<td>Flood</td>
<td>Duluth</td>
<td>MN</td>
<td>MO*</td>
<td>104469</td>
<td>194497</td>
<td>$250,000</td>
<td>100%</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>2012 19-Jun-2012</td>
<td>03351</td>
<td>BIM</td>
<td>Flood</td>
<td>Duluth</td>
<td>MN</td>
<td>MO*</td>
<td>314015</td>
<td>412274</td>
<td>$250,000</td>
<td>100%</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>2012 19-Jun-2012</td>
<td>03352</td>
<td>BIM</td>
<td>Flood</td>
<td>Duluth</td>
<td>MN</td>
<td>MO*</td>
<td>314016</td>
<td>412275</td>
<td>$250,000</td>
<td>100%</td>
<td>$0</td>
<td></td>
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<td>2012 20-Jun-2012</td>
<td>03353</td>
<td>001350.10-01</td>
<td>Flood</td>
<td>Duluth</td>
<td>MN</td>
<td>Closed</td>
<td>314017</td>
<td>412276</td>
<td>$250,000</td>
<td>100%</td>
<td>$253,513</td>
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</tr>
<tr>
<td>2013 20-Mar-2013</td>
<td>01582</td>
<td>BIM</td>
<td>Wind and Hail</td>
<td>Duluth</td>
<td>MN</td>
<td>MO*</td>
<td>324153</td>
<td>421292</td>
<td>$100,000</td>
<td>100%</td>
<td>$0</td>
<td></td>
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<tr>
<td>2015 17-Oct-2015</td>
<td>07092</td>
<td>001425.18-01</td>
<td>Sprinkler Leakage</td>
<td>Duluth</td>
<td>MN</td>
<td>MO*</td>
<td>356532</td>
<td>449286</td>
<td>$100,000</td>
<td>100%</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Sub Total for Year: 2007  
1 Losses  
$232,472

Sub Total for Year: 2010  
1 Losses  
$0

Sub Total for Year: 2012  
3 Losses  
$253,513

Sub Total for Year: 2013  
1 Losses  
$0

Sub Total for Year: 2015  
1 Losses  
$0

This report is provided to you for informational purposes only to reduce the possibility of loss to insured property by bringing to your attention certain potential hazards or conditions. Life, safety, or health issues are not addressed. You must make the decision whether to take any action. Affiliated FM undertakes no duty to you or any other party by providing this report or the activities on which it is based.

Report Data Source: CMS  
Report Generated On: 04-Jan-2017
### Account Loss History By Year

**Start Yr Reported:** 2007  
**Acct No:** 64838  
**Prospect/Client Name:** City of Duluth  
**End Yr Reported:** 2017

<table>
<thead>
<tr>
<th>Year Rptd Occurd Date</th>
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<th>Total Pymts P/T* FM Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 21-Jul-2016</td>
<td>07006</td>
<td>Wind and Hail</td>
<td>BIM</td>
<td>Duluth</td>
<td>MN Open</td>
<td>368152 459332</td>
<td>$100,000</td>
<td>100%</td>
<td><strong>see below</strong></td>
</tr>
<tr>
<td>2016 21-Jul-2016</td>
<td>07007</td>
<td>Wind and Hail</td>
<td>001029.52-03</td>
<td>Duluth</td>
<td>MN Open</td>
<td>368153 459333</td>
<td>$0</td>
<td>100%</td>
<td><strong>see below</strong></td>
</tr>
</tbody>
</table>

**Sub Total for Year: 2016**  
2 Losses  
$0

**Grand Total:** 9 Losses  
$485,985

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*FIO - Loss reported for information only. A claim was never established.  
*MO - Claim has been closed as a Mark Off due to one of the following: No Liability, No Coverage, Less than Ded, Claim Cancelled, 3rd Party Paid.  
P/T* Deductible = Sum of actual PD and TE deductibles applied to loss.  
Total Pymts P/T* FM Loss = Sum of actual PD and TE payment amounts made against the loss.  
Note - Monetary data is in USD equivalent and based on the exchange rate at time of loss or the negotiated exchange rate. Payment data will not display for any payments made against losses/claims prior to year 2000.  
**Open Loss; $ not yet available

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BID FORM - REVISED
BID # 17-0039
CITYWIDE PROPERTY INSURANCE

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PRICE</th>
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<tbody>
<tr>
<td>1. Total Premium for 2/16/17 through 2/15/18, including fees and commissions</td>
<td>$</td>
</tr>
<tr>
<td>2. Alternate Premium for coverage in excess of current coverage (must be detailed separately in bid)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL PRICE IN WRITING OF LINE 1

***REMINDER: If original certificate of agency size has not yet been provided to Purchasing, it must be included with the bid.****

ACKNOWLEDGMENT OF ADDENDA

<table>
<thead>
<tr>
<th>ADDENDUM #</th>
<th>INITIAL/DATE</th>
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</tr>
</tbody>
</table>

Signature _______________________________________________________  Date  ___________________

Name/Title ____________________________________________________

Company Name ________________________________________________

Address ______________________________________________________

City, State, Zip ______________________________________________

Tel. __________________________  E-Mail __________________________

If your organization is certified as a Disadvantaged Business Enterprise, please check here: ☐