



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad Guahan
117 Bien Venida Avenue, Sinajana, GU 96910
Phone: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701
Website: www.ghura.org



IFB#GHURA-COCC-022-003

FY2022 Insurance Coverages for Excess Liability, Automobile, and Workers
Compensation
Addendum no. 2
February 9, 2022

Lourdes A. Leon Guerrero
Governor of Guam

Joshua F. Tenorio
Lt. Governor of Guam

Dr. John J. Rivera
Chairman

Monica O. Guzman
Vice Chairwoman

Anisia S. Delia
Commissioner

Frank T. Ishizaki
Commissioner

Nathanael P. Sanchez
Commissioner

Karl E. Corpus
Resident Commissioner

Ray S. Topasna
Executive Director

Elizabeth F. Napoli
Deputy Director

General Intent:

This Addendum shall form a part of the Contract Documents. It is the intent of this Addendum to make clarifications and issue changes to the Specifications of the Bid Documents.

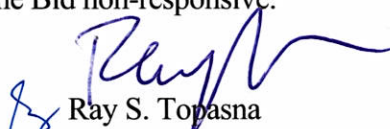
Below are the following clarifications/changes to the bid specifications:

1. Are you able to provide detailed loss information, including loss amounts, for the WC claims?

GHURA's response: please see attached data regarding GHURA's loss history.

Notice

This Addendum supplements the contents of the Invitation for Bid. Each Bidder is required to review the Addendum and address the contents of the Addendum within their respective Bid. Furthermore, each Bidder is required to acknowledge receipt of this Addendum by signing, dating, and returning the Addendum to GHURA c/o Greta Balmeo by email at gbalmeo@ghura.org. Failure to abide by the contents of this Addendum may render the Bid non-responsive.


Ray S. Topasna
Executive Director

Company name: _____

Acknowledged by: _____

Date: _____



Moylan's Insurance Underwriters, Inc.
Home of the Good Guys and Gals
 424 W OBrien Dr Ste 102
 Hagatna GU 96910
 Phone: (671) 477-8613, 8616, 7500
 Fax: (671) 477-1837
 E-mail: imendoza@moylans.net

LOSS HISTORY STATEMENT

To Whom It May Concern:

This is to notify the person(s) stated hereunder has placed [Commercial Automobile, Directors and Officers Liability, Comprehensive 3D and Workmen's Compensation and Employer's Liability, Commercial Fire and General Liability](#) Insurance with us under the terms specified below and has submitted claims with us.

- I. Named Insured Guam Housing and Urban Renewal Authority
- II. Address of the Insured 117 Bien Venida Avenue
Sinajana, Guam 96910
- III. Name of Insurance Company DB Insurance Co., Ltd.

IV Loss History

Policy Number	Policy Period	Date of Event	Type of Claim	Amount Paid
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COMMERCIAL AUTO

1. <u>KMA0014809-A00</u>	<u>05/01/2013 – 2014</u>	<u>05/14/2013</u>	<u>Property Damage</u>	<u>\$1,226.34</u>
2. <u>KMA0014809-A00</u>	<u>05/01/2013 – 2014</u>	<u>02/03/2014</u>	<u>Vandalism</u>	<u>\$6,066.25</u>
3. <u>KMA0014809-A01</u>	<u>05/01/2014 – 2015</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
4. <u>KMA0014809-A02</u>	<u>05/01/2015 – 2016</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
5. <u>KMA00151387-A00</u>	<u>05/01/2017-02/01/2021</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

DIRECTORS & OFFICERS LIABILITY

1. <u>KMDOL00051-A00</u>	<u>05/01/2013 - 2014</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
2. <u>KMDOL00051-A01</u>	<u>05/01/2014 – 2015</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
3. <u>KMDOL00051-A01</u>	<u>05/01/2015 – 2016</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
4. <u>KMDOL00051-A01</u>	<u>05/01/2016 – 2017</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
5. <u>KMDOL00051-A01</u>	<u>05/01/2017 - 2018</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
6. <u>KMDOL00051-A01</u>	<u>05/01/2018-09/30/2019</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
7. <u>KMDOL00051-A02</u>	<u>09/30/2019 - 2020</u>	<u>02/12/2020</u>	<u>Open</u>	<u>\$7,300.00- Reserve Amount</u>
8. <u>KMDOL00051-A02</u>	<u>09/30/2020 - Present</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>



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424 W OBrien Dr Ste 102

Hagatna GU 96910

Phone: (671) 477-8613, 8616, 7500

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E-mail: imendoza@moylans.net

COMPREHENSIVE 3D

1.	<u>DDD00030-A00</u>	<u>05/01/2013 - 2014</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
2.	<u>DDD000152-A00</u>	<u>09/30/2019 - Present</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

GENERAL LIABILITY

1.	<u>KMGL1255-A00</u>	<u>05/01/2013 - 2014</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
2.	<u>KMGL21621-A00</u>	<u>05/01/2015 - 2016</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
3.	<u>KMGL21621-A01</u>	<u>05/01/2016 - 2017</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
4.	<u>KMGL21621-A02</u>	<u>05/01/2017 - 2018</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
5.	<u>KMGL21621-A03</u>	<u>05/01/2018-09/30/2019</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
6.	<u>KMGL21621-A04</u>	<u>09/30/2019 - 2020</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
7.	<u>KMGL21621-A04</u>	<u>09/30/2020 - Present</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

EXCESS LIABILITY

1.	<u>XS0000276-A00</u>	<u>05/01/2015-02/01/2021</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
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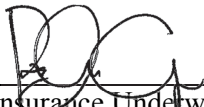
WORKMEN'S COMPENSATION AND EMPLOYER'S LIABILITY

1.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>05/03/2013</u>	<u>Workplace Injury</u>	<u>\$632.44</u>
2.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>05/09/2013</u>	<u>Workplace Injury</u>	<u>\$937.27</u>
3.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>06/05/2013</u>	<u>Workplace Injury</u>	<u>\$236.40</u>
4.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>09/17/2013</u>	<u>Workplace Injury</u>	<u>\$680.73</u>
5.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>10/03/2013</u>	<u>Workplace Injury</u>	<u>\$1,166.21</u>
6.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>11/26/2013</u>	<u>Workplace Injury</u>	<u>\$818.96</u>
7.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>12/17/2013</u>	<u>Workplace Injury</u>	<u>\$394.93</u>
8.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>01/02/2014</u>	<u>Workplace Injury</u>	<u>\$172.16</u>
9.	<u>KMWE03418-A00</u>	<u>05/01/2013 - 2014</u>	<u>01/08/2014</u>	<u>Workplace Injury</u>	<u>\$171.81</u>
10.	<u>KMWE005851-A00</u>	<u>05/01/2018-09/30/2019</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

COMMERCIAL FIRE

1.	<u>KMF5824-A00</u>	<u>05/01/2013 - 2014</u>	<u>10/02/2013</u>	<u>Property Damage</u>	<u>\$30,262.46</u>
2.	<u>KMF5824-A01</u>	<u>05/01/2014 - Present</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Date Issued: 02/03/2021

By: 
Moylan's Insurance Underwriters, Inc.
General Agent



Cassidy's Associated Insurers, Inc

376 West O'Brien Drive, Agana, Guam 96910 | (671) 472-8834 | fax: (671) 477-3127

Claim Period Guam Housing and Urban Renewal Authority

Loss Run from January 12, 2019 – January 12, 2021

Worker's Compensation (Policy#WC000100614)

Loss Type	Date of Loss	Insurer Claim #	Claim Description	Paid
Worker's Compensation	11/20/2019	WG-20-0087	Employee tripped while going down the stairs- right knee swelling.	\$237.05
Worker's Compensation	1/13/2020	WG-20-0010	Employee almost tripped on stairs, left wrist pain from breaking her fall.	\$260.71
Worker's Compensation	2/21/2020	WG-20-0031	Dolly slipped and smashed left ring finger- declined medical treatment.	\$0.00
Worker's Compensation	2/28/2020	WG-20-0030	Cut to left hand from glass in trash.	\$932.69
Worker's Compensation	6/17/2020	WG-20-0076	Right thumb pain.	\$1500.00
Worker's Compensation	10/5/2020	WG-20-0107	Itching and irritation after bush cutting- declined medical treatment.	\$0.00

