

BOARD MEETING AGENDA

July 10, 2019 at 6:00pm at the LWV REC Clubhouse

LAKEWOOD VALLEY RECREATION ASSOCIATION

- Call Meeting to Order
- Certificate of Quorum of board
- Approve meeting minutes from April 10, 2019
- New Business
 - Pool Company will be there to speak to residents
 - Ratify tree trimming proposal from Classic-\$850.00
 - Ratify insurance renewal-\$11,397.40
 - Adjournment of meeting

LAKEWOOD VALLEY RECREATION ASSOCIATION

Board of Directors Board Meeting WEDNESDAY APRIL 10, 2019 6:00PM

- I. Call meeting to order 6:02pm
- II. Introduction of attendees- Randy Densberger (President), Katie Raschke (Secretary), Jen Charapata (Treasurer), Gina Oleskiewicz-Licensed Community Association Manager.
- III. Certificate of Quorum by the board of directors was met.
- IV. Motion to appoint Randy Densberger as President. Motion accepted by Treasurer, Jen Charapata
- V. Motion to approve ABS contract to replace Clubhouse front door. Motion accepted by President Randy Densberger.
- VI. Motion to approve rental fee for HOA and Townhome Board meetings-Motion accepted by Secretarty, Katie Raschke
- VII. Motion to approve employee contract. Motion accepted by Treasurer, Jen Charapata.
- VIII. Motion to approve website for LVRA via HOA Express domain. Motion accepted by President, Randy Densberger.
- IX. Motion to approve Rainmakers repair/maintenance on irrigation system located on Recreation Association property in conjunction with the HOA. Motion accepted by Treasurer, Jen Charapata.
- X. Open forum with homeowners. Homeowners had questions and they were answered.
- XI. Meeting adjourned- 6:29pm

Classic Landscape Ltd.

"I Powis Road - West Chicago, IL 601

1313 Fax#:630-513-94 1964

3N471 Powis Road - West Chicago, IL 60185 Phone#: 630-513-1313 Fax#:630-513-9444

www.classiclandscapeltd.com



LAKEWOOD VALLEY REC C/O FOSTER PREMIER COMPANY ATTN; GINA OLESKIEWICZ 456 B N. WEBER ROAD ROMEOVILLE, IL 60446

P.O. No.		Project				
dh		LAKEWOOD VALLEY REC				
Amount	Size	Description	Unit Price	Total		
1		CUT BACK ALL BRANCHES 10' FROM THE BUILDING (CLUBHOUSE)	850.00	850.00		
JOB. Interest charges o	of 1.5% per montl	rials in accordance with the above prices and specifications WITH FULL PAYMENT TO BE MADE AT COMPLETION OF I from date of completion of the unpaid balance will be added after thirty days. Classic Landscape will flunish and install all	Total	\$850.00		
materials and labor in a workmanship like manner according to standard practices. Any alterations or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, weather, accidents or delays beyond our control. Sod, Trees, Shrubs and Evergreenes will be guaranteed for one growing season provided such materials are installed by Classic Landscape paid for by said owner and or their agents and are given proper care and maintenance by said owner. No guarantee on damages done by sait or other acts of negligence.						

*ACCEPTANCE OF PROPOSAL. The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. It is understood and agreed that I (we) will pay Classic Landscape, in enforcing any of the provisions of this proposal and incurred in any action brought by Classic Landscape against me (us), and all such costs, expenses and attorney's fees may be included in and form a part of any judgment entered in any proceeding brought on or under this proposal. No retention to be held on job without written consent of Classic Landscape, LTD. *OFFER MAY BE VOIDED IF NOT SIGNED AND RETURNED WITHIN 30 DAYS.*

Customer's Signature		Contractor's Signature	
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6/11/2019

Lakewood Valley Recreation Association c/o Foster Premier, Inc. 750 Lake Cook Road #190 Buffalo Grove, IL 60089

Dear Gina,

As we approach the annual renewal of the association's insurance program, we are pleased to offer the following premiums. We thought this simple letter would make the process less cumbersome. However, please let us know if you prefer to receive a full proposal.

Your Renewal Premiums are as follow:	2019 renewal premiums:	2018 expiring premiums:
Package policy	\$ 6,467.00	\$ 6,280.00
Umbrella policy	\$ 1,184.40	\$ 1,176,23
Directors & Officers policy	\$ 3,094.00	\$ 3,094.00
Workers Compensation policy	\$ 652,00	\$ 652.00
Total Annual Premium	\$11,397.40	\$ 11,202.23

Terrorism coverage is not included; if you wish to add the coverage please let us know. Otherwise, please sign the attached declination of coverage letter as required per federal guidelines.

If you wish to renew these policies, please sign below and return this form before the effective date.

Katie Raschke	Hadu Raselle
Name	Signature Secretary
6-11-19	Secretary
Date	Title

NEW PRODUCTS – Cyber Liability

This policy covers the association and property manager for any cyber data breaches. The coverage includes security breach and notification expense, crisis management event expenses, regulatory defense costs, network and system information security liability. If you would like a quote, please let me know,

Social Engineering coverage

Social Engineering is a confidence scheme that intentionally misleads an employee into sending money or diverting a payment based on fraudulent information that is provided to the employee in a written or verbal communication such as an email, fax, letter or even a phone call. If you'd like a quote, please let me know.

As always, we greatly appreciate your business.

Sincerely,

Jennifer Eilert, CIRMS Commercial Lines Manager

Gennifer Eilert

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

\boxtimes	I hereby elect to purchase the federal terrorism insurance coverage for the premium of \$ 194				
	I hereby reject this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.				
	Applicant/Named Insured Signature	Policy Number			
	Kathe Raschke Print Name	Lakewood Valley Recreation Association Name of Insured			
	(6-11-19 Date				