



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 102514557



Scan Code ESHS5303297

This document must be submitted with an ACORD Certificate summarizing the General Liability Insurance coverage for this project.

1 Location Information Required for all applications

House No(s) 210

Street Name West 16th Street

Borough Manhattan

Block 765

Lot 47

BIN 1013777

CB No. 104

2 Project Specific Insurance Requirement The required insurance is calculated based on information provided by the applicant.

Yes No

☐ ☒ 1 or 2 family home?

Height of proposed construction 80 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 7

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 190 ft

☒ ☐ Proposed construction on lot line with an existing structure?

Number of stories of tallest adjacent building 18

☐ ☒ Is a Tower Crane to be used?

Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required 25M

3 Applicant Statement and Signatures Required for all applications

The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration.

Name Mark Harounian

Notarization (required if not licensee)

State of New York, County of: NEW YORK

Licensee Seal or Notary Seal

Registration/Tracking Number 027433

Sworn to or affirmed under penalty of perjury

Signature

5th day of FEBRUARY 2020

NERISSA J. ESPIRITU
NOTARY PUBLIC STATE OF NEW YORK
QUEENS COUNTY
LICENSE # 01ES6177078
COMMISSION EXP: 11/05/2028

Date

2/5/2020

Notary Signature

[Signature]

4 Brokers Certification Required for all applications.

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects. With regard to the commercial general liability insurance (including primary, excess, umbrella, or wrap-up policies) described in the Certificate of Insurance, the undersigned further represents that:

- The total per occurrence limit is \$ 51 million and the total general aggregate limit, which applies per project, is \$ 52 million; and
- The City of New York, together with its officials and employees, is an additional insured with coverage at least as broad as set forth in the most recent edition of ISO Forms CG 2012 or CG 2026.

Name of broker or agent
HUB International

Notarization (required)

State of NEW YORK County of:

Notary Seal

Address of broker or agent

100 Sunnyside Blvd Ext Woodbury NY 11797

NASSAU

Email address of broker or agent

Gayle.Abotbol@hubinternational.com

Sworn to or affirmed before me this

3rd day of FEBRUARY 2020

Signature of authorized official, broker or agent

[Signature]

Notary Signature

[Signature]

Name and title of authorized official, broker, or agent

Vice President

Notary Public for the State of NEW YORK

Eliezer Blisko
NOTARY PUBLIC, State of New York
No. 01BL4651612
Qualified in Nassau County
Commission Expires July 31, 21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Woodbury, NY - Unilite - Hub International Northea
100 Sunnyside Boulevard
Woodbury NY 11797

CONTACT NAME Gayle Abotbol
PHONE
(A/C, No, Ext): 516-328-1778 **FAX**
(A/C, No): 516-328-1796
E-MAIL ADDRESS gayle.abotbol@hubinternational.com

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A** Greater New York Mutual Insurance Company

22187

INSURER B Liberty Insurance Underwriters, Inc

19917

INSURER C**INSURER D****INSURER E****INSURER F**

INSURED
United Chelsea LLC
Landmark Resources LLC
224 Fifth Avenue
New York NY 10016

LANDRES-07

COVERAGES**CERTIFICATE NUMBER:** 203994421**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER		1131M33630	1/10/2020	1/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		1131M33630	1/10/2020	1/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000		MCREA-11768-01	1/10/2020	1/10/2021	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐ N / A				PER STATUTE ☐ OTH-ER ☐ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of New York, together with its officials and employees, is an additional insured with coverage at least as broad as set forth in the most recent edition of ISO Forms CG 2012, CG 2026.

CERTIFICATE HOLDER**CANCELLATION**

New York City Department of Buildings
Attn: Licensing Unit
280 Broadway 6th Floor
New York NY 10007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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