



PGL1: Project Specific General Liability Insurance Summary and Affirmation

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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 E 52 STREET

Borough Manhattan

Block 1325

Lot 48

BIN 1088832

CB No. 106

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 68 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 6

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 255 ft

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

Number of stories of tallest adjacent building 28

☐ ☒ 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 JASON VILLANO

Notarization (required if not licensee)
State of New York, County of: Queens

Licensee Seal or Notary Seal
JENNY TAM

Registration/Tracking Number 606933

Sworn to or affirmed under penalty of perjury

NOTARY PUBLIC-STATE OF NEW YORK

Signature Jason Villano

21st day of January 2020

No. 01TA6324943

Qualified in Queens County

Date 01-21-2020

Notary Signature Jenny Tam

My Commission Expires May 18, 2020

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 \$ 25 million and the total general aggregate limit, which applies per project, is \$ 25 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
Sky Capital Group Inc

Notarization (required)
State of NY, County of: Queens

Notary Seal

Address of broker or agent
36-30 Main St, 2nd Floor, Flushing, NY 11354

Sworn to or affirmed before me this

JENNY TAM

Email address of broker or agent

21st day of January 2020

NOTARY PUBLIC-STATE OF NEW YORK

Signature of authorized official, broker or agent [Signature]

Notary Signature Jenny Tam

No. 01TA6324943

Name and title of authorized official, broker, or agent
Broker

Notary Public for the State of NY

Qualified in Queens County

Commission Expires May 18, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2020

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 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 SKY CAPITAL GROUP INC 3650 MAIN ST 2ND FL FLUSHING NY 11354		CONTACT NAME KENNY HUANG PHONE (A/C No) 646-681-8540 E MAIL KENNY@SKYCAPITALUS.COM ADDRESS		FAX (A/C No) 347-732-9673
INSURED PACIFIC RIM LLC 140-37 CHERRY AVE SUITE CA FLUSHING NY 11355		INSURER(S) AFFORDING COVERAGE INSURER A COLONY INSURANCE COMPANY INSURER B COLONY INSURANCE COMPANY INSURER C NAVIGATORS SPECIALTY INSURANCE COMP INSURER D INSURER E		NAIC # 39993

COVERAGES **CERTIFICATE NUMBER:** **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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS MADE ☒ OCCUR					MED EXP (Any one person) \$ 5,000
A		X	103GL001763802	04/17/2019	04/17/2020	PERSONAL & ADV INJURY \$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,000
	POLICY PROJECTIONS LOG					PRODUCTS/COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	☒ UMBRELLA LIAB	☒ OCCUR				EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	CLAIMS MADE ☒	AR4236016	04/17/2019	04/17/2020	AGGREGATE \$ 5,000,000
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUS: ☐ BOTH TORY LIMITS: ☐ OTHER: ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	Y/N ☐ N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
C	UMBRELLA LIABILITY	X	IS19EXCZ01RQYIV	04/17/2019	04/17/2020	EACH OCCURRANCE \$10,000,000
						AGGTEGATE \$10,000,000

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

"CERTIFICATE NAMES THE FOLLOWING AS ADDITIONAL INSURED REQUIRED BY WRITTEN CONTRACT AND IS SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THE ACTUAL INSURANCE POLICY
 NEW YORK CITY DEPARTMENT OF BUILDINGS
 ATTN: LICENSING & EXAMS UNIT
 280 BROADWAY 6TH FLOOR
 NEW YORK NY 10007

CERTIFICATE HOLDER

CANCELLATION

NEW YORK CITY DEPARTMENT OF BUILDINGS
 ATTN: LICENSING & EXAMS 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