



PGL1: Project Specific General Liability Insurance Summary and Affirmation

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DEPT BLDGS Job No. 121191520
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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) 410 Street Name WEST 128 STREET
Borough Manhattan Block 1954 Lot 55 BIN 1059392 CB No. 109

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 60 ft |
| ☐ ☒ Depth of Excavation < 12'? | Number of stories of proposed construction 6 |
| ☐ ☒ Proposed Height < 35'? | Height of tallest adjacent building 50 ft |
| ☒ ☐ Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building 5 |
| ☐ ☒ Is a Tower Crane to be used? | Permit Type NB/Major Alt |

Calculated Project Specific GL Insurance Required 5M

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 STEVEN BARANELLO

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

Licensee Seal or Notary Seal

Registration/Tracking Number 609144

Sworn to or affirmed under penalty of perjury

BARBARA LEWOCHA

Signature Steven Baranello

12th day of June 20 18

NOTARY PUBLIC, STATE OF NEW YORK

No. 01LE6127336

Date 6/12/18

Notary Signature [Signature]

QUALIFIED IN KINGS COUNTY

MY COMMISSION EXPIRES MAY 23, 2021

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 \$ 5 million and the total general aggregate limit, which applies per project, is \$ 7 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 Hul International North East

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

Notary Seal

Address of broker or agent 100 sunnyside Blvd Woodbury NY 11797

Sworn to or affirmed before me this
RM day of June 20 18

Email address of broker or agent Robert.Eisman@hulinternational.com

Signature of authorized official, broker or agent Robert Eisman

Notary Signature [Signature]

BARBARA LEWOCHA

NOTARY PUBLIC, STATE OF NEW YORK

No. 01LE6127336

QUALIFIED IN KINGS COUNTY

MY COMMISSION EXPIRES MAY 23, 2021

Name and title of authorized official, broker, or agent

Robert Eisman, Senior Vice President

Notary Public for the State of NY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/12/18

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: PHONE (A/C, Ho, Ext): 516-328-1700 FAX (A/C, No): 516-328-1796 E-MAIL ADDRESS:	
INSURED Home Builders 1 L.P. 1605 University Avenue #1D Bronx NY 10453		INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company INSURER B: AmGuard Insurance Company INSURER C: National Union Fire Insurance Company of Pittsburg INSURER D: INSURER E: INSURER F:	
HOMEUI-14		NAIC # 42374 42390 19445	

COVERAGES

CERTIFICATE NUMBER: 1042374325

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 ☒ PROJECT ☐ LOC OTHER:	Y	H18PC3067702	6/18/2018	6/19/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	Y	HOAU935135	5/28/2018	5/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$10,000	Y	BE056409517	6/18/2018	6/18/2019	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
	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 and CG 2026

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

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