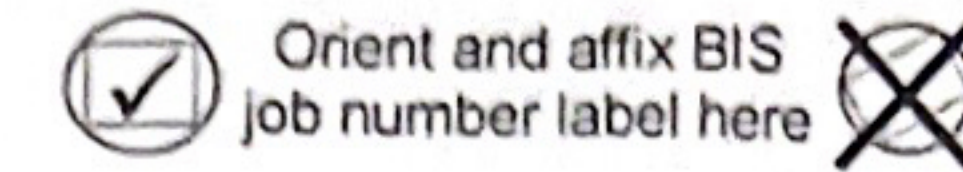




PGL1: Project Specific General Liability Insurance Summary and Affirmation



Generated by the online DOB tool

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) 170

Street Name WEST 133 STREET

Borough Manhattan

Block 1917

Lot 59

BIN 1058188

CB No. 110

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 | 58 ft |
| ☒ | ☐ | Depth of Excavation < 12'? | Number of stories of proposed construction | 6 |
| ☐ | ☒ | Proposed Height < 35'? | Height of tallest adjacent building | 70 ft |
| ☒ | ☐ | Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building | 6 |
| ☐ | ☒ | 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 TRACI GILARDI

Registration/Tracking Number 621622

Signature Traci Gilardi

Date 1/30/2023

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

Sworn to or affirmed under penalty of perjury

30th day of JANUARY 2023

Notary Signature

Licensee Seal or Notary Seal



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 \$ 5mm million and the total general aggregate limit, which applies per project, is \$ 6mm 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
NORTHEASTERN GROUP LTD

Address of broker or agent
695 HEMPSTEAD TPKE, FRANKLIN SQUARE

Email address of broker or agent
MEG@NEGRP.COM

Signature of authorized official, broker or agent
John D. Heliotis

Name and title of authorized official, broker, or agent
JOHN D. HELIOTIS, BROKER

Notarization (required)
State of NY, County of:

QUEENS

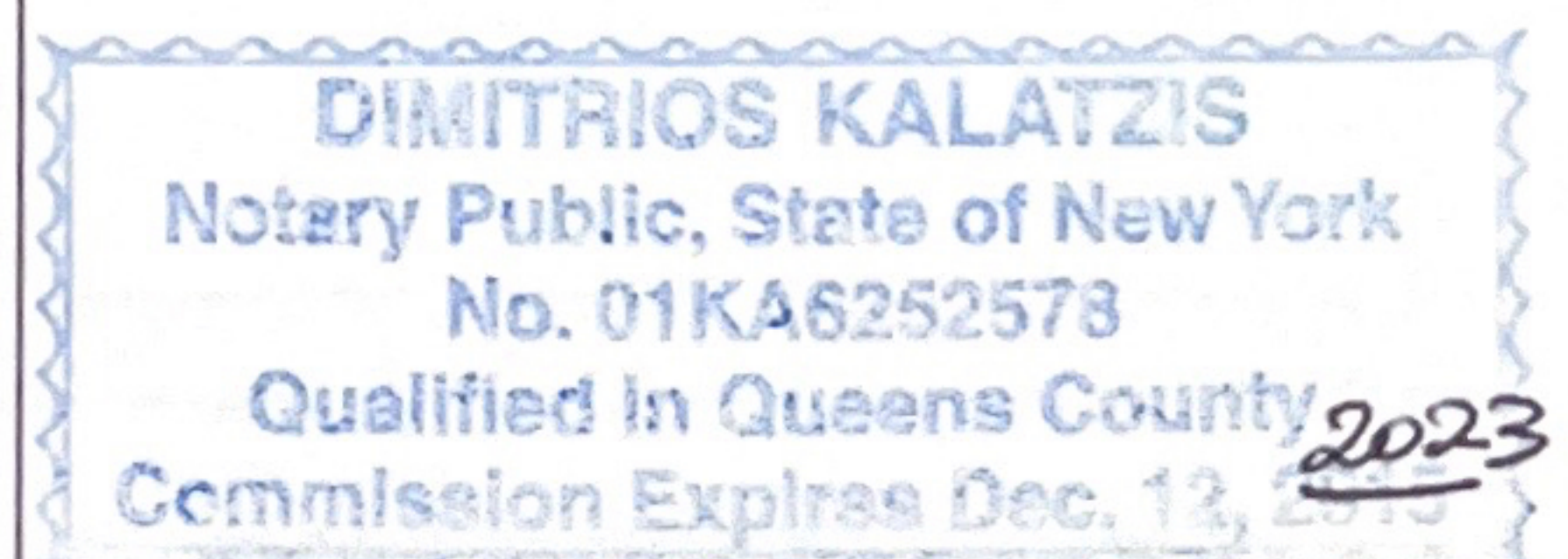
Sworn to or affirmed before me this

30 day of JANUARY 2023

Notary Signature

Notary Public for the State of NY

Notary Seal





LEVE10C-01

DKALATZIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2023

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 Northeastern Group Ltd 695 Hempstead Tpke Franklin Square, NY 11010	CONTACT NAME: John D. Heliotis	
	PHONE (A/C, No, Ext): (516) 505-7700 FAX (A/C, No): (516) 483-5821 E-MAIL ADDRESS: neg@negrp.com	
INSURED Level 10 Construction Group Inc 1011 Tiffany Street Bronx, NY 10459	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Rockingham Insurance Company	10214
	INSURER B: Century Surety Company	36951
	INSURER C: ShelterPoint Life Insurance Company	81434
	INSURER D:	
	INSURER E:	
INSURER F:		

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 INSD	SUBR 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:	☒		RNYA304147-03	12/31/2022	12/31/2023	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
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$			CCP1113928	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE ☐ OTH-ER ☐
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Disability			D605910	1/3/2023	1/2/2024	Statutory Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured included as per endorsement CG2026:

The City of New York, together with its officials and employees

CERTIFICATE HOLDER

CANCELLATION

NYC DEPARTMENT OF BUILDINGS
ATTN: LICENSING & EXAMS UNIT
280 BROADWAY, 1ST 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