



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 210179082



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) 808

Street Name ELSMERE PLACE

Borough Bronx

Block 2955

Lot 25

BIN 2010043

CB No. 206

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 65 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 7

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 65 ft

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

Number of stories of tallest adjacent building 7

☐ ☒ Is a Tower Crane to be used?

Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required 15M

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 JACOB LANDAU

Registration/Tracking Number 619507

Signature *Jacob Landau*

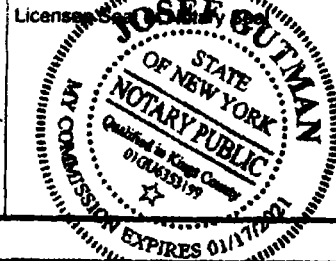
Date 2-5-2020

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

Sworn to or affirmed under penalty of perjury

5 day of Feb 2020

Notary Signature *Jose Gutman*



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 \$ _____ million and the total general aggregate limit, which applies per project, is \$ _____ 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
W.M. Insurance Brokerage Inc.

Address of broker or agent
76 Van Orskill Brooklyn NY

Email address of broker or agent
mayer@wmib.net

Signature of authorized official, broker or agent
Mayer

Name and title of authorized official, broker, or agent
Mayer (broker)

Notarization (required)
State of *New York*, County of: *Kings*

Sworn to or affirmed before me this
Mayer

5 day of Feb 2020

Notary Signature *Jose Gutman*

Notary Public for the State of *NY*

Notary Seal

