



PGL1: Project Specific General  
Liability Insurance Summary  
and Affirmation

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DEPT BLDGS Job No. 220469213  
Scan Code ESHS2139938

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) 624

Street Name EAST 183RD ST

Borough Bronx

Block 3071

Lot 53

BIN 2012092

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 40 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 3

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 40 ft

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

Number of stories of tallest adjacent building 3

☐ ☒ 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 KERRY WILLIAMS

Notarization (required if not licensee)

State of New York, County of: Bronx

Licensee Seal or Notary Seal

Registration/Tracking Number 610032

Sworn to or affirmed under penalty of perjury

Signature

26 day of

Apr

20 17

Date

4/26/17

Notary Signature

[Signature]

**DHANRAJ BACHAN**  
Notary Public, State of New York  
No. 01BA6318307  
Qualified in Bronx County  
Commission Expires 1/26/2019

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

BRIARWOOD INS. SER. INC

Notarization (required)

State of NY, County of: Queens

Notary Seal

Address of broker or agent

13815 34 DR BRIARWOOD, NY

Sworn to or affirmed before me this

Email address of broker or agent

MARINA@briarwoodins.com

26 day of

Apr

20 17

Signature of authorized official, broker or agent

Marina Bhaimal

Notary Signature

[Signature]

Name and title of authorized official, broker, or agent

Office Manager

Notary Public for the State of NY

**DHANRAJ BACHAN**  
Notary Public, State of New York  
No. 01BA6318307  
Qualified in Bronx County  
Commission Expires 1/26/2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/26/17

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).

|                                                                                                     |  |                                                                                                                                                                      |  |               |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| <b>PRODUCER</b><br><b>BRIARWOOD INSURANCE SERVICES INC</b><br>138-15 84th Dr<br>Briarwood, NY 11435 |  | <b>CONTACT NAME:</b> Marina<br><b>PHONE (A/C No. Ext):</b> (718)297-3329<br><b>FAX (A/C No.):</b> (718)883-7413<br><b>E-MAIL ADDRESS:</b> marina@briarwoodspirit.com |  |               |
| <b>INSURED</b><br><b>IMPACT BUILDERS CORP</b><br><br>240 E. 86th St. Ste. 17B<br>NEW YORK, NY 10028 |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                                 |  | <b>NAIC #</b> |
|                                                                                                     |  | <b>INSURER A:</b> ACCEPTANCE INDEMNITY INS. CO.                                                                                                                      |  | 20010         |
|                                                                                                     |  | <b>INSURER B:</b> UNITED STATES LIABILITY INS. CO.                                                                                                                   |  | 25895         |
|                                                                                                     |  | <b>INSURER C:</b>                                                                                                                                                    |  |               |
|                                                                                                     |  | <b>INSURER D:</b>                                                                                                                                                    |  |               |
|                                                                                                     |  | <b>INSURER E:</b>                                                                                                                                                    |  |               |
|                                                                                                     |  | <b>INSURER F:</b>                                                                                                                                                    |  |               |

**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                                                                                                                                                                                      | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                       | Y         | Y        | LB00080125    | 04/21/17                | 04/21/18                | 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                                                                                                                                       |           |          |               |                         |                         |                                        |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                              |                                                                                                                                                                          |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000         |
|                                                                                                                                                                                        |                                                                                                                                                                          |           |          |               |                         |                         | PRODUCTS - COM/OP AGG \$ 1,000,000     |
| B                                                                                                                                                                                      | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | Y         |          | XL1578329     | 04/21/17                | 04/21/18                | COMBINED SINGLE LIMIT (Ea accident) \$ |
|                                                                                                                                                                                        | BODILY INJURY (Per person) \$                                                                                                                                            |           |          |               |                         |                         |                                        |
|                                                                                                                                                                                        | BODILY INJURY (Per accident) \$                                                                                                                                          |           |          |               |                         |                         |                                        |
|                                                                                                                                                                                        | PROPERTY DAMAGE (Per accident) \$                                                                                                                                        |           |          |               |                         |                         |                                        |
| DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000                                                                                                                           |                                                                                                                                                                          |           |          |               |                         |                         | EACH OCCURRENCE \$ 3,000,000           |
|                                                                                                                                                                                        |                                                                                                                                                                          |           |          |               |                         |                         | AGGREGATE \$ 3,000,000                 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>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)

Certificate holder is named as additional insured.

Job Site: 624 East 183 St. Bronx, NY

**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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