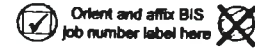




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 188-190 Street Name Lincoln Ave

Borough Bronx Block 2311 Lot 1 BIN 2091142 CB No.

2 Project Specific Insurance Requirement The required insurance is calculated based on information provided by the applicant.

Yes No

- ☐ ☒ 1 or 2 family home?
- ☒ ☐ Depth of Excavation < 12'?
- ☒ ☐ Proposed Height < 35'?
- ☒ ☐ Proposed construction on lot line with an existing structure?
- ☐ ☒ Is a Tower Crane to be used?

Height of proposed construction 20 ft

Number of stories of proposed construction 2

Height of tallest adjacent building 0 ft

Number of stories of tallest adjacent building 0

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 P & K Contracting Inc.

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

Licensee Seal or Notary Seal

Registration/Tracking Number 018009

Sworn to or affirmed under penalty of perjury

Signature [Signature]

18TH day of DEC 2020

Date 12/18/20

Notary Signature [Signature]

Mohammed M Islam
Notary Public of New York
County of Queens
No. 011S6393782
My Commission Expires 06/24/2023

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 \$ 5 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
USI Insurance Services LLC

Notarization (required)
State of New Jersey, County of:

Notary Seal

Address of broker or agent
180 Park Ave., 1st Fl, Florham Park, NJ 07932

Morris

Email address of broker or agent
kathleen.yesse@usi.com

Sworn to or affirmed before me this

18th day of December 2020

Signature of authorized official, broker or agent

Notary Signature [Signature]

Name and title of authorized official, broker, or agent
Kathleen M. Yesse, Broker

Notary Public for the State of New Jersey

MARYELLEN YESSE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 11/14/2022

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2020

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Katlen M. Yesse	
USI Insurance Svcs - KORE CL		PHONE (A/C, No, Ext): 973 965-3100	FAX (A/C, No): 610 537-2349
180 Park Avenue		E-MAIL ADDRESS: katlen.yesse@usi.com	
Suite 103		INSURER(S) AFFORDING COVERAGE	
Florham Park, NJ 07932		INSURER A : Clear Blue Specialty Insurance Co.	NAIC # 37745
INSURED		INSURER B : Starr Surplus Lines Insurance Company	13604
P&K Contracting, Inc.		INSURER C : Navigators Insurance Company	42307
1645 Jericho Tpke, Suite B		INSURER D :	
New Hyde Park, NY 11040		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Extended Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			AF0100018301	06/10/2020	06/10/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$4,000,000 \$
	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 ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE			1000584956181	06/10/2020	06/10/2023	EACH OCCURRENCE \$8,000,000
C	☐ DED ☐ RETENTION \$			NY18EXC912420IV Extended Compl	06/10/2020	06/10/2023	AGGREGATE \$8,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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)

RE: 188-190 Lincoln Avenue, Bronx, NY.

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

New York City Department of Buildings
 Attn: Licensing 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