



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 220749055



Scan Code ESHS6924999

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) 51 Street Name Rear West 174 Street
Borough Bronx Block 2886 Lot 53 BIN 2124948 CB No. 205

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 10 ft
☒ ☐ Depth of Excavation < 12'? Number of stories of proposed construction 1
☒ ☐ Proposed Height < 35'? Height of tallest adjacent building 10 ft
☐ ☒ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 1
☐ ☒ Is a Tower Crane to be used? Permit Type Full Demo

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 YOEL LANDAU

Registration/Tracking Number 822614

Signature

Date

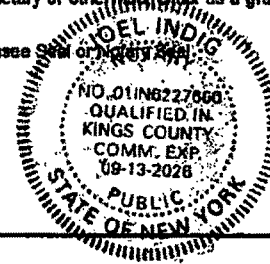
Notarization (required if not licensee)
State of New York, County of:

Sworn to or affirmed under penalty of perjury

16 day of May 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 \$ 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

Peace & Wind Insurance

Address of broker or agent

2 Stillman St. #308, Brooklyn NY

Email address of broker or agent

aj@peaceandwindinsurance.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

Abraham J. Krawitz, President

Notarization (required)

State of NY County of:

Kings

Sworn to or affirmed before me this

15 day of May 2023

Notary Signature

Notary Public for the State of

Notary Seal

SHAVY GLICK
NOTARY PUBLIC, State of New York
No. 01-GL8231563
Qualified in Kings County
Commission Expires November 29, 2026



Scan Code ESHS3146134



CERTIFICATE OF LIABILITY INSURANCE

05/15/2023

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 Peace of Mind Insurance B 2 Skillman Street Suite 308 Brooklyn NY 11205-	CONTACT NAME: Abraham Jaroslawitz	
	PHONE (A/C, No, Ext): (718)972-6463	FAX (A/C, No): (718)972-6464
	E-MAIL ADDRESS: AJ@peaceofmindinsurance.com	
INSURED JSB Works Inc 500 Dekalb Ave. Ste 323 Brooklyn, NY 11205 201-381-1684	INSURER(S) AFFORDING COVERAGE	
	INSURER A: GuideOne National Insurance Company	NAIC # 14167
	INSURER B: Southwest Marine & General Insurance Company	12294
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSD. NO. 1	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER:		GL2022RLH00470	11/18/2022	11/18/2023	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) \$ \$
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$		71E000070-00	11/18/2022	11/18/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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)
 Policy does not exclude 1) Completed Operations 2) Contractual Liability 3) Third party / Action over coverage.
 New York City its officials and employees are added as additional insureds.

Job Location: 51 West 174th Street, Bronx, NY.

CERTIFICATE HOLDER

CANCELLATION

AI 020773

NYC 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
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CITY OF NEW YORK

CERTIFICATION BY INSURANCE BROKER OR AGENT

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.

Peace of Mind Insurance Brokerage LLC

[Name of broker or agent (typewritten)]

2 Skillman Street Suite #308 Brooklyn, NY 11205

[Address of broker or agent (typewritten)]

aj@peaceofmindinsurance.com

[Email address of broker or agent (typewritten)]

718-972-6463 / 718-972-6464

[Phone Number/Fax Number of broker or agent (typewritten)]

(Signature of authorized official, broker, or agent)

Abraham Jaroslawitz, President

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

State of New York.....)

) ss.:

County of Kings.....)

Sworn to before me this 15 day of May 2023

NOTARY PUBLIC FOR THE STATE OF _____

SHAVY GLICK
NOTARY PUBLIC, State of New York
No. 01-GL8231563
Qualified in Kings County
Commission Expires November 29, 2026