



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 320593755



Scan Code ESHS8794492

This document must be submitted with an ACORD Certificate summarizing the General Liability Insurance coverage for the project described below.

1 Location Information Required for all applications.

House No(s) 541

Street Name kosciusko st

Borough Brooklyn

Block 1603

Lot 73

BIN 3820444

CB No. 303

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 39 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 4

☐ ☒ 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 4

☐ ☒ 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 yishai barkai

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

Licensee Seal or Notary Seal

Registration/Tracking Number 604950

Sworn to or affirmed under penalty of perjury

SHIMONOV GENNADIY
NOTARY PUBLIC, State of New York
No.01SH5072549
Qualified in Queens County
Commission Expires Feb.03,2015

Signature

27 day of Jan 20 15

Date

1.28.15

Notary Signature

E. Shimonov

4 Brokers Certification Required for all applications.

The undersigned insurance broker represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects, and that the described insurance is effective as of the date of this Certification. With regard to the liability insurance (including excess or umbrella insurance) described there, the undersigned further represents that:

The total per occurrence and aggregate limit dedicated to the project is: \$ million

[Total of all primary, umbrella and excess policy limits dedicated to project for which DOB permit is sought (or being renewed). Must be same or higher than "Calculated Project Specific GL Insurance Required" in section 2 above.]

The City of New York is additional insured on these policies.

Name of Broker

BRIARWOOD SPEKT INC

Address of Broker

13815 84 DR BRIARWOOD NY

Signature of Authorized Broker

NAKINA KHATMOV

Name and Title of Authorized Officer

OFFICE MANAGER

Notarization (required)

State of New York, County of:

Sworn to or affirmed under penalty of perjury

28 day of Jan 20 15

Notary Signature

E. Shimonov

Notary Seal

SHIMONOV GENNADIY
NOTARY PUBLIC, State of New York
No.01SH5072549
Qualified in Queens County
Commission Expires Feb.03,2015