



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 320623820



Scan Code ESHS9319297

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) 65

Street Name IRVING PLACE

Borough Brooklyn

Block 1984

Lot 04

BIN 4318380

CB No 302

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 4

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 35 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 TSURISHADDAI MATSUI

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

Licensee Seal or Notary Seal

Registration/Tracking Number 612776

Sworn to or affirmed under penalty of perjury

Signature *[Signature]*

28th day of August 2017

Jenny DiFiore
NOTARY PUBLIC STATE OF NEW YORK
No. 01DI6334112
Certificate Filed in Nassau County
Commission Expires 12/07/2019

Date 8/28/17

Notary Signature *Jenny DiFiore*

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 \$ 7 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
Geo. E. Payne & Son, Inc.

Notarization (required)
State of New York, County of Queens

Notary Seal

Address of broker or agent
200-15 32nd Av. Bayside, NY 11761

Sworn to or affirmed before me this
25th day of *August* 20*17*

Email address of broker or agent
c.schneider@geopayre.com

Notary Signature *Jenny DiFiore*

Jenny DiFiore
NOTARY PUBLIC STATE OF NEW YORK
No. 01DI6334112
Certificate Filed in Nassau County
Commission Expires 12/07/2019

Signature of authorized official, broker or agent
Carmela Schneider, Pres.

Notary Public for the State of New York

Name and title of authorized official, broker, or agent
Carmela Schneider, Pres.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/25/2017

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 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	CONTACT NAME: Carmela Schneider, Pres.
Geo E Payne and Son, Inc.	PHONE (A/C, No, Ext): (718) 352-6500 FAX (A/C, No): (718) 352-9079
Bayside Agency, Ltd.	E-MAIL: cschneider@geopayne.com
200-15 32nd Avenue	ADDRESS:
Bayside NY 11361	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER A: Lloyd's of London
TCS Construction Corp.	INSURER B: General Star Indemnity Co. 11967
6133 Tyndall Avenue	INSURER C:
Bronx NY 10471	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1782501280

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER		XB51600170001	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					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 \$		XS51600170001	9/1/2017	9/1/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$
B	EXCESS LIAB		1863534	9/1/2017	9/1/2018	EACH OCCURRENCE 3,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 Forms CG2012 or CG2026

CERTIFICATE HOLDER

CANCELLATION

NYC Dept. 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

C Schneider/CARMEL

Carmela Schneider, Pres.