



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool



This document must be submitted with an ACORD
General Liability Insurance coverage for this project.

1	Location Information <i>Required for all applications.</i>
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House No(s) 821

Street Name 59 st

Borough Brooklyn

Block 5700

Lot 70

BIN 3140557

CB No. 312

2	Project Specific Insurance Requirement <i>The required insurance is calculated based on information provided by the applicant.</i>
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Yes No

☐ ☒ 1 or 2 family home?

Height of proposed construction 60 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 6

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 45 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 All

Calculated Project Specific GL Insurance Required 5M

3	Applicant Statement and Signatures <i>Required for all applications.</i>
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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 JJK Building Consulting

Notarization (required if not licensee)

Licensee Seal or Notary Seal

Registration/Tracking Number 621070

State of New York, County of: City
Sworn to or affirmed under penalty of perjury

Signature

13th day of May 2025

Date

5/13/25

Notary Signature

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NOTARY PUBLIC STATE OF NEW YORK
KINGS COUNTY
LIC. #0216230343
COMM. EXP. 11/08/2026

4	Brokers Certification <i>Required for all applications.</i>
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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 2025.

Name of broker or agent
Skyserv Incorporated

Notarization (required)
State of New York, County of: Kings

Notary Seal

Address of broker or agent
2075 86th ST suite 203 Brooklyn NY 11214

Email address of broker or agent
Lyik@skyserv-inc.com

Sworn to or affirmed before me this

13th day of May 2025

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent
Kitling Yik, CSR

Notary Public for the State of NY

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NOTARY PUBLIC STATE OF NEW YORK
KINGS COUNTY
LIC. #0216230843
COMM. EXP. 11/08/2026