



PGL1: Project Specific General  
Liability Insurance Summary  
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 320911260



Scan Code ESHS0118014

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) 1226

Street Name decatur street

Borough Brooklyn

Block 3435

Lot 28

BIN 3079750

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 50 ft

Number of stories of proposed construction 4

Height of tallest adjacent building 25 ft

Number of stories of tallest adjacent building 2

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 TJAR GROUP CORP

Registration/Tracking Number 621030

Signature

Date

10/17/2023

Notarization (required if not licensee)

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

17<sup>th</sup> day of Oct. 2023

Notary Signature

Licensee Seal or Notary Seal

WAI HIA LAM  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01LA6374496  
Qualified in Queens County  
Commission Expires 04/30/2026

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 \$ 5M million and the total general aggregate limit, which applies per project, is \$ 5M 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  
Oakmont Insurance Services LLC

Address of broker or agent  
30-50 Whitestone Expressway, Suite 302

Email address of broker or agent  
info@oakmontinsure.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

Dun Zhang / President

Notarization (required)

State of NY County of:

Queens

Sworn to or affirmed before me this

17 day of October 2023

Notary Signature

Notary Public for the State of NY

Notary Seal

JENNY Y CHAN  
Notary Public, State of New York  
Reg. No. 01CH6368777  
Qualified in Kings County  
Commission Expires 12/18/2025



TJARGRO

OP ID: A2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2023

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. 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).

646-599-8760

Insurance Services LLC  
100-50 Weststone Exp Suite 302  
Flushing, NY 11354  
Insurance Services LLC

CONTACT: Dun Zhang

PHONE (A/C, No, Ext): 646-599-8760

FAX (A/C, No): 646-599-8761

E-MAIL: info@oakmontinsure.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Allied World Surplus Lines Ins

24319

INSURER B: Navigators Insurance Company

42307

INSURER C:

INSURER D:

INSURER E:

INSURER F:

Group Corp  
1903 141st Street  
Weststone, NY 11357

## 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.

| TYPE OF INSURANCE                                                                                                                     | ADDL SUBR<br>INSR D WVD | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|----------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COMMERCIAL GENERAL LIABILITY</b>                                                                                                   |                         |                |                            |                            |                                                                                                                                                                                                                                          |
| CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                                 | X                       | 5061-0198-01   | 06/07/2023                 | 06/07/2024                 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| GENERAL AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> |                         |                |                            |                            |                                                                                                                                                                                                                                          |
| <b>UMBRELLA LIABILITY</b>                                                                                                             |                         |                |                            |                            |                                                                                                                                                                                                                                          |
| OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/><br>NON-OWNED AUTOS ONLY <input type="checkbox"/>   |                         |                |                            |                            | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                          |
| EXCESS LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE                                                                      | X                       | 5062-0107-01   | 06/07/2023                 | 06/07/2024                 | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000                                                                                                                                                                                   |
| RETENTION \$                                                                                                                          |                         |                |                            |                            |                                                                                                                                                                                                                                          |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                         |                         |                |                            |                            | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                                                      |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (mandatory in NH)                                                           | Y/N                     | N/A            |                            |                            | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                 |
| DESCRIPTION OF OPERATIONS below                                                                                                       |                         |                |                            |                            |                                                                                                                                                                                                                                          |
| <b>Excess Liability</b>                                                                                                               | X                       | NY22EXCZ0BPMWV | 06/07/2022                 | 06/07/2023                 | OCC / AGG \$ 9,000,000                                                                                                                                                                                                                   |

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

LOCATION: 1226 Decatur St Brooklyn, NY 11207

The policy of insurance names the City of New York, including its officials and employees as additional insured, and provides completed operations coverage.

License #: 621030

DEPT BLDGS Job No. 320911260

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## CERTIFICATE HOLDER

## DOBUILD

New York City Department  
of Buildings  
Attn: Licensing & Exams Unit  
280 Broadway, 1st Floor  
New York, NY 10007

## CANCELLATION

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  
Oakmont Insurance Services LLC

ACORD 25 (2016/03)

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