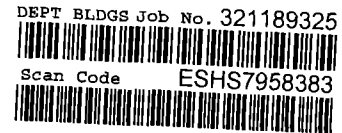




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool



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) 594 Street Name Powell Street
Borough Brooklyn Block 3847 Lot 142 BIN 3320012 CB No. 316

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 33 ft
☒ ☐ Depth of Excavation < 12'? Number of stories of proposed construction 2
☒ ☐ Proposed Height < 35'? Height of tallest adjacent building 21 ft
☒ ☐ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 2
☐ ☒ 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 Joel Kaufman	Notarization (required if not licensee) State of New York, County of <u>Kings</u>	Licensee Seal or Notary Seal
Registration/Tracking Number 616316	Sworn to or affirmed under penalty of perjury	C. SARA HOFFMAN Notary Public, State of New York No. 01HO6158924 Qualified in Kings County Commission Expires 01/16/20 <u>19</u>
Signature <u>[Signature]</u>	22 day of Feb 20 <u>18</u>	
Date 2/22/18	Notary Signature <u>[Signature]</u>	

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 <u>Allsure Insurance Brokerage Inc.</u>	Notarization (required) State of <u>New York</u> , County of: <u>Kings</u>	Notary Seal YOEL BRAUN Notary Public, State of NY NO. 01BR6158077 Qualified in Kings County Commission Expires Dec 4, 20 <u>18</u>
Address of broker or agent <u>1090 Coney Island Ave Bklyn NY 11230</u>	Sworn to or affirmed before me this <u>12</u> day of <u>February</u> 20 <u>18</u>	
Email address of broker or agent <u>pweiser@allsure.com</u>	Notary Signature <u>[Signature]</u>	
Signature of authorized official, broker or agent <u>[Signature]</u>	Notary Public for the State of <u>New York</u>	
Name and title of authorized official, broker, or agent <u>Perela Weiser - Acnt. Exec.</u>		



CERTIFICATE OF LIABILITY INSURANCE

KAUFM-1

OP ID: PW

DATE (MM/DD/YYYY)

02/12/2018

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 Allsure Insurance Brokerage 1090 Coney Island Ave Ste 201 Brooklyn, NY 11230	CONTACT NAME: David Feig PHONE (A/C, No, Ext): 718-436-5200 FAX (A/C, No): 718-436-5241 E-MAIL ADDRESS:														
INSURED Kaufman Group Inc 3 Teverya Way #301 Monroe, NY 10950	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : SOUTHWEST MARINE & GENERAL</td><td>12294</td></tr><tr><td>INSURER B : HUDSON EXCESS INSURANCE COMPA</td><td>14484</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : SOUTHWEST MARINE & GENERAL	12294	INSURER B : HUDSON EXCESS INSURANCE COMPA	14484	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

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 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 ☒ PROJECT ☐ LOC ☐ OTHER	X	GL2017RLH00578	12/11/2017	12/11/2018	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COM/OP AGG	\$	2,000,000		\$	
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PRODUCTS - COM/OP AGG	\$	2,000,000																									
	\$																										
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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PROPERTY DAMAGE (Per accident)	\$																										
	\$																										
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$		HXMX201082	01/17/2018	12/11/2018	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$</td><td>5,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	5,000,000	AGGREGATE	\$	5,000,000		\$													
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AGGREGATE	\$	5,000,000																									
	\$																										
	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				<table><tr><td>PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E L EACH ACCIDENT</td><td></td><td>\$</td></tr><tr><td>E L DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr><tr><td>E L DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr></table>	PER STATUTE	OTH-ER		E L EACH ACCIDENT		\$	E L DISEASE - EA EMPLOYEE		\$	E L DISEASE - POLICY LIMIT		\$									
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)

The City of New York is additional insured with respect to the job specific located 594 Powell Street Brooklyn, NY

CERTIFICATE HOLDER

DOBBROO

THE NEW YORK CITY DEPARTMENT
OF BUILDINGS
ATTN: LICENSING UNIT
280 BROADWAY, 6th 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

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