



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 321190135



Scan Code ESHS9505894

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) 25

Street Name Cox Place

Borough Brooklyn

Block 4105

Lot 106

BIN 3327199

CB No. 305

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 32 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 3

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 18 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 Vincent T Peluso

Registration/Tracking Number 036844

Signature

Date

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

Sworn to or affirmed under penalty of perjury

19th day of July 2016

Notary Signature

Licensee Seal or Notary Seal

Marie Chaitillo
Notary Public State of N.Y.
No. 01CA6053243
Qualified in Bronx County
Commission Expires Jan 08 2017

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

Ovation Risk Planners Inc.

Address of broker or agent 734 Waltham
Apt. Suite 207A Melville NY 11747

Email address of broker or agent

michael@ovpn.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

Michael Villano, President

Notarization (required)

State of NY, County of:

Suffolk

Sworn to or affirmed before me this

21st day of July 2016

Notary Signature

Notary Public for the State of NY

Notary Seal

Vanessa I. Montiglio
Notary Public - State of New York
Commission No.: 01906191682
Qualified in Suffolk County
Commission Expires: August 12, 2020