



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 321255342



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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) 1511

Street Name pacific st

Borough Brooklyn

Block 1204

Lot 76

BIN 3029949

CB No. 308

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 42 ft

☒ ☐

Depth of Excavation < 12'?

Number of stories of proposed construction 4

☐ ☒

Proposed Height < 35'?

Height of tallest adjacent building 42 ft

☒ ☐

Proposed construction on lot line with an existing structure?

Number of stories of tallest adjacent building 4

☐ ☒

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 Angeline Pena-Levi

Notarization (required)

State of New York, County of: Queens

License Seal or Notary Seal

Registration/Tracking Number 621520

Sworn to or affirmed under penalty of perjury

CHARLES D. HARKINS

Signature *Angeline Pena-Levi*

14 day of September 2020

NOTARY PUBLIC-STATE OF NEW YORK

Date 9/14/20

Notary Signature

No. 01HA0217145

Qualified in Queens County

My Commission Expires 02-08-2022

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
GM Insurance Brokerage Inc

Notarization (required)

State of NY, County of: Queens

Notary Seal

Address of broker or agent
791 Kent Ave

Sworn to or affirmed before me this

14 day of September 2020

Email address of broker or agent
mayer@gmib.net

Notary Signature

CHARLES D. HARKINS

Signature of authorized official, broker or agent

Notary Signature

NOTARY PUBLIC-STATE OF NEW YORK

Name and title of authorized official, broker, or agent
Mayer Gelbman

Notary Public for the State of

No. 01HA0217145

Qualified in Queens County

My Commission Expires 02-08-2022