



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online PGL1 tool

DEPT BLDGS Job No. 321490819



Scan Code ESHS3083348

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) 2036

Street Name 58 STREET

Borough Brooklyn

Block 5507

Lot 20

Plot No. 112

2 Project Specific Insurance Requirement The required insurance is based upon information provided by the applicant

Yes No

☒ ☐ 1 or 2 family home?

Height of proposed construction 35 ft

☒ ☐ Depth of Excavation < 12?

Depth of 40 ft or more proposed construction 5

☐ ☒ Proposed Height < 35?

Height of tallest adjacent building 23 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 belief. I am responsible for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently provided false or misleading information on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or civil penalties. I understand that it is unlawful to give to a city employee, or for a city employee to accept, any gift, favor, or other thing of value for properly performing the job or in exchange for special consideration.

Name LEOPOLD BAUM

Notarization (required if not filed)

Notarize Seal or Notary Seal

State of New York County of Kings

Registration/Tracking Number 618397

Sworn to or affirmed before me

Signature Leopold Baum

8th day of June

Date 6/8/22

Notary Signature C. SARA HOFFMAN

C. SARA HOFFMAN
Notary Public State of New York
No. 01HO6158924
Qualified in Kings County
Commission Expires 01/16/20 23

4 Brokers Certification Required for all applications

The undersigned insurance broker or agent represents to the City of New York that the information submitted in this application is accurate in all material respects. With regard to the commercial general liability insurance (including property, 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 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

Allsure Insurance Brokerage

Notarization (required)

State of New York County of Kings

Notarize Seal

Address of broker or agent

4208 18th Ave Brooklyn, NY 11218

Sworn to or affirmed before me

7 day of June 22

Email address of broker or agent

BKrybus@allsure.com

Signature of authorized official, broker or agent

Baila Krybus

Notary Signature Yoel Braun

Name and title of authorized official, broker or agent

Baila Krybus - Acct Exec.

Notary Public for the State of New York

Yoel Braun
Notary Public, State of New York
Reg. No. OIBR6158077
Qualified in Kings County
Commission Expires Dec 4 20 22



BLUEDRE-03

BKRYBUS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2022

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 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).

PRODUCER Allsure Insurance Brokerage, Inc 4208 18th Ave. Brooklyn, NY 11218	CONTACT NAME: Sarah Salczer PHONE (A/C, No, Ext): (646) 448-2626 FAX (A/C, No): E-MAIL ADDRESS: ssalczer@allsure.com														
INSURED Blue Dream Builders Inc 5314 16th Ave. Suite 118 Brooklyn, NY 11204	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: SOUTHWEST MARINE & GENERAL</td><td>12294</td></tr><tr><td>INSURER B: CENTURY SURETY CO</td><td>39651</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></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SOUTHWEST MARINE & GENERAL	12294	INSURER B: CENTURY SURETY CO	39651	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: SOUTHWEST MARINE & GENERAL	12294														
INSURER B: CENTURY SURETY CO	39651														
INSURER C:															
INSURER D:															
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 INSR (INS) (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 ☒ PRO-JECT ☐ LOC ☐ OTHER	X	GL2021RLH00520	12/13/2021	12/13/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</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	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$
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																									
COMBINED SINGLE LIMIT (Ea accident)	\$																									
BODILY INJURY (Per person)	\$																									
BODILY INJURY (Per accident)	\$																									
PROPERTY DAMAGE (Per accident)	\$																									
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					<table border="1"><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	PROPERTY DAMAGE (Per accident)	\$	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$										
PROPERTY DAMAGE (Per accident)	\$																									
COMBINED SINGLE LIMIT (Ea accident)	\$																									
BODILY INJURY (Per person)	\$																									
BODILY INJURY (Per accident)	\$																									
PROPERTY DAMAGE (Per accident)	\$																									
B	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$		CCP1022484	12/13/2021	12/13/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td>PER STATUTE</td><td>\$</td></tr><tr><td>OTH-ER</td><td>\$</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000	PER STATUTE	\$	OTH-ER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
EACH OCCURRENCE	\$ 4,000,000																									
AGGREGATE	\$ 4,000,000																									
PER STATUTE	\$																									
OTH-ER	\$																									
E.L. EACH ACCIDENT	\$																									
E.L. DISEASE - EA EMPLOYEE	\$																									
E.L. DISEASE - POLICY LIMIT	\$																									
	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																							

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 AT: 2036 58th Street, BROOKLYN, NY.

CERTIFICATE HOLDER

CANCELLATION

THE NEW YORK CITY DEPARTMENT OF BUILDINGS
ATTN: LICENSING & EXAMS UNIT
280 BROADWAY, 1ST FLOOR
NEW YORK, NY 10007

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