



PGL1: Project Specific General Liability Insurance Summary and Affirmation

DEPT BLDGS Job No. 321516490
Scan Code ESHS5464885

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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) 141 Street Name GREEN ST
Borough Brooklyn Block 2512 Lot 59 BIN 3064046 CB No. 301

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 68 ft |
| ☒ ☐ Depth of Excavation < 12'? | Number of stories of proposed construction 6 |
| ☐ ☒ Proposed Height < 35'? | Height of tallest adjacent building 45 ft |
| ☐ ☒ Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building 3 |
| ☐ ☒ 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 ERNESTO DONADEL

Registration/Tracking Number 611115

Signature

Date

06-25-20

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

Sworn to or affirmed under penalty of perjury

25 day of June 20 20

Notary Signature

Licensee Seal or Notary Seal

SHARIEMA HANIFF
NOTARY PUBLIC, STATE OF NEW YORK
NO 01HA6094169
QUALIFIED IN QUEENS COUNTY
COMMISSION EXPIRES JUN 16, 20 27

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

ARBE BUSINESS SVC INC

Address of broker or agent

175-18 93RD AVE JAM, NY 11437

Email address of broker or agent

arbebusiness@yahoo.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

SHARIEMA HANIFF - Agent

Notarization (required)

State of New York, County of:

Sworn to or affirmed before me this

25 day of June 20 20

Notary Signature

Notary Public for the State of New York

Notary Seal

SHARIEMA HANIFF
NOTARY PUBLIC, STATE OF NEW YORK
NO 01HA6094169
QUALIFIED IN QUEENS COUNTY
COMMISSION EXPIRES JUN 16, 20 27



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2020

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 AASEF BUSINESS SERVICES INC 175-18 93rd Avenue Ste 1 Fl. Jamaica, NY 11433-1304	CONTACT NAME: PHONE (A/C No. Ext): (718)262-8457 FAX (A/C No.): (718)262-8329 E-MAIL ADDRESS: aasefbusiness@yahoo.com
INSURED RECORD 13 CONSTRUCTION CORP 33-29 156TH STREET FLUSHING, NY 11354	INSURER(S) AFFORDING COVERAGE INSURER A: PCIC INSURER B: 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 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 ☐ PRO-JECT ☐ LOC OTHER:	Y	PC 236129	6/25/2020	7/19/2021	EACH OCCURRENCE \$ 5,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 5,000,000					
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMPI/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	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				☒ 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)

141 GREEN STREET
BROOKLYN, NY

CERTIFICATE HOLDER

CANCELLATION

NEW YORK CITY DEPARTMENT OF BUILDING
ATTN: LICENSING & EXAM 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

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