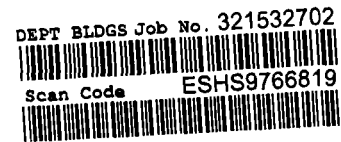




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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) 515

Street Name Ocean Avenue

Borough Brooklyn

Block 5081

Lot 43

BIN 3116557

CB No. 314

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 66 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 4

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 60 ft

☒ ☐ Proposed construction on lot line with an existing structure?

Number of stories of tallest adjacent building 6

☐ ☒ 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 Ilya Rimerov

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

Licensee Seal or Notary Seal

Registration/Tracking Number 036213

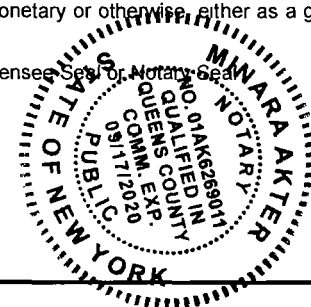
Sworn to or affirmed under penalty of perjury

Signature

13 day of June 2019

Date

Notary Signature



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 \$ 10 million and the total general aggregate limit, which applies per project, is \$ 10 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

AssuredPartners Northeast, LLC

Address of broker or agent

100 Baylis Road, Melville, NY 11747

Email address of broker or agent

philip.colletta@assuredpartners.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

Philip Colletta, President

Notarization (required)

State of NY, County of: Suffolk

Sworn to or affirmed before me this

7 day of June 2019

Notary Signature

Notary Public for the State of NY

Notary Seal

ROSEMARY BOUCHER
Notary Public, State of New York
No. 01BO6322840
Qualified in Suffolk County
Commission Expires 4/13 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2019

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 AssuredPartners Northeast, LLC. 100 Baylis Road Suite 300 Melville NY 11747	CONTACT NAME: JoAnn Babiak PHONE (A/C, No, Ext): (631) 465-4000 FAX (A/C, No): (631) 465-4005 E-MAIL ADDRESS: joann.babiak@assuredpartners.com																					
INSURED M&R Construction Group, Inc. 144 McClean Avenue Staten Island NY 10305	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Gemini Insurance Company</td><td>10833</td></tr><tr><td>INSURER B:</td><td>Starr Surplus Lines Insurance Company</td><td>13604</td></tr><tr><td>INSURER C:</td><td>RSUI Indemnity Co</td><td>22314</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Gemini Insurance Company	10833	INSURER B:	Starr Surplus Lines Insurance Company	13604	INSURER C:	RSUI Indemnity Co	22314	INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** CL196731262**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.

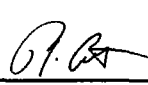
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Waiver of Subrogation ☒ Primary & Non-Contributory GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER	Y		VGGP003352-02	06/13/2019	06/13/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ EXCLUDED</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 4,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ EXCLUDED	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000		\$
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	\$																				
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						<table><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><tr><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 ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$			1000585843191	06/13/2019	06/13/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 3,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 3,000,000	AGGREGATE	\$ 3,000,000		\$								
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	\$																				
	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		N/A				<table><tr><td>PER STATUTE</td><td>OTH-ER</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>	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	\$																				
C	Excess Liability Coverage			NHA083204-02	06/13/2019	06/13/2020	<table><tr><td>\$5,000,000</td><td></td></tr><tr><td>\$5,000,00</td><td></td></tr></table>	\$5,000,000		\$5,000,00											
\$5,000,000																					
\$5,000,00																					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 25 Hope Street, Brooklyn, NY
The City of New York is Additionally Insured. This coverage is Broad enough to cover all operations adjacent to the worksite or premises including roadways and sidewalks, providing access to the worksite in all five boroughs

FEIN 760783690; Tracking # . 36213

CERTIFICATE HOLDER**CANCELLATION**

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 
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