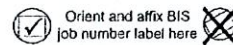




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 1143 Street Name HANCOCK STREET
Borough Brooklyn Block 3389 Lot 45 BIN 3077905 CB No. 304

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 40 ft |
| ☐ ☒ Depth of Excavation < 12'? | Number of stories of proposed construction 4 |
| ☐ ☒ Proposed Height < 35'? | Height of tallest adjacent building 28 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 ANTONIO AMBROSINO

Notarization (required if not licensee)

State of New York, County of: Queens

Licensee Seal or Notary Seal

Carmela Ruscigno
Notary Public, State of New York
No. 01AM6421104
Qualified in Queens County
Commission Expires August 30, 2025

Registration/Tracking Number 000291

Sworn to or affirmed under penalty of perjury

5th day of June 2025

Signature Antonio Ambrosino

Date 6/5/25

Notary Signature Cala Ruscigno

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

AG Brokers Inc

Notarization (required)

State of NY, County of:

Notary Seal

Address of broker or agent

145 1st Brooklyn NY 11204

Kings

Sworn to or affirmed before me this

4 day of June 2025

Email address of broker or agent

barry@panbros.com

Signature of authorized official, broker or agent

Barry Perl

Notary Signature

Esther Perl

ESTHER PERL WEISER
Notary Public, State of New York
No. 01WE6396011
Qualified in Kings County
Commission Expires 08/12/2027

Name and title of authorized official, broker, or agent

Barry Perlstein, CEO

Notary Public for the State of NY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2025

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 P&G Brokerage Inc. 1648 61st Street Brooklyn NY 11204	CONTACT NAME: Leah Schlesinger PHONE (A/C, No, Ext): (718) 854-2818 FAX (A/C, No): (718) 854-3108 E-MAIL ADDRESS: leahs@pandginsurance.com																					
INSURED Ambrosino Construction Corp 57-52 49th Place Maspeth NY 11378	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Accelerant Specialty Insurance Co</td><td>16890</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></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:	Accelerant Specialty Insurance Co	16890	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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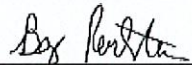
COVERAGES **CERTIFICATE NUMBER:** CL256442561 **REVISION NUMBER:**

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 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			S0012GL00268000	05/29/2025	05/29/2027	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded				
			MED EXP (Any one person) \$ Excluded				
			PERSONAL & ADV INJURY \$ 2,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☐ RETENTION \$			S0012XS00268100	05/29/2025	05/29/2027	COMBINED SINGLE LIMIT (Ea accident) \$
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
						\$	
							EACH OCCURRENCE \$ 3,000,000
							AGGREGATE \$ 3,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ If yes, describe under DESCRIPTION OF OPERATIONS below		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)

The City of New York and its officers are additional insured for the location at 1143 Hancock Street, Brooklyn, NY, 11221.

CERTIFICATE HOLDER The NYC Department of Buildings, Attn: Licensing & Exams Unit 280 Broadway, 1st floor, New York, NY 10007	CANCELLATION 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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