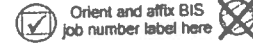




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 791 Street Name GREENE AVENUE
Borough Brooklyn Block 1615 Lot 86 BIN 3043821 CB No. 303

2 Project Specific Insurance Requirement The required insurance is calculated based on information provided by the applicant.

Yes No

- ☐ ☒ 1 or 2 family home?
☒ ☐ Depth of Excavation < 12'?
☒ ☐ Proposed Height < 35'?
☒ ☐ Proposed construction on lot line with an existing structure?
☐ ☒ Is a Tower Crane to be used?

Height of proposed construction 32 ft
Number of stories of proposed construction 3
Height of tallest adjacent building 20 ft
Number of stories of tallest adjacent building 2
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 ZOHAR BABAYEV

Registration/Tracking Number 620722

Signature

Date

12/15/22

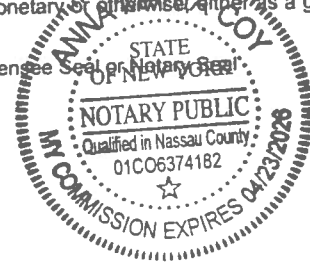
Notarization (required if not licensee)
State of New York, County of: NASSAU

Sworn to or affirmed under penalty of perjury

15 day of December 2022

Notary Signature

Licensee Seal or Notary Seal



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 \$ 5,000,000 million and the total general aggregate limit, which applies per project, is \$ 5,000,000 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

Hirschfeld & Associates

Address of broker or agent

496 Broadway Brooklyn NY 11249

Email address of broker or agent

joel@hirschfeldandassociates.com

Signature of authorized official, broker or agent

Joel Hirschfeld

Name and title of authorized official, broker, or agent

Joel Hirschfeld, Broker

Notarization (required)

State of NY, County of: NASSAU

Sworn to or affirmed before me this

14 day of Dec 20 21

Notary Signature

Notary Public for the State of

Notary Seal

Israel Klein
Notary Public, State of New York
NO. 01KL6032365
Qualified in Kings County
Commission Expires Oct. 25, 20 25