



PGL1: Project Specific General Liability Insurance Summary and Affirmation

DEPT BLDGS Job No. 321792716



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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) 208

Street Name Nostrand Avenue

Borough Brooklyn

Block 1765

Lot 35

BIN 3049025

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?

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 40 ft

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

Number of stories of tallest adjacent building 4

☐ ☒ Is a Tower Crane to be used?

Permit Type Full Demo

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 Frederick Klein

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

Licensee Seal or Notary Seal

Registration/Tracking Number 620355

Sworn to or affirmed under penalty of perjury

Signature

14 day of June 2020

Date

Notary Signature

MEDEL KLEIN
NOTARY PUBLIC STATE OF NEW YORK
No. 01KL6200703
Qualified in Kings County
My Commission Expires February 09, 2021

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

MAYER GILBMAN

Notarization (required)

State of _____, County of:

Notary Seal

Address of broker or agent 49 LEE AVE 223

GILBMAN INSURANCE BROKERAGE INC Bklyn

Email address of broker or agent

mayer382@gmail.com

Sworn to or affirmed before me this

14 day of June 2020

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent

Notary Public for the State of _____

MEDEL KLEIN
NOTARY PUBLIC STATE OF NEW YORK
No. 01KL6200703
Qualified in Kings County
My Commission Expires February 09, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2020

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 GM Insurance Brokerage, Inc 199 Lee Avenue #228 Brooklyn, NY 11211	CONTACT NAME: Mindy Elzikovits PHONE (A/C, No, Ext): (718)257-1400 FAX (A/C, No): (347)435-2598 E-MAIL ADDRESS: me@gmlb.net
INSURED Superb Construction Mgt Group INC 3665 Carrel Blvd Oceanside, NY 11572	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty Insurance Company of America INSURER B: The Travelers Indemnity Company of America INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER: 00003410-534258****REVISION NUMBER: 106**

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 ☒ PROJECT ☐ LOC ☐ OTHER: AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			680-2N688647-20-42	02/21/2020	02/21/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			EX-2N688924-20-42	02/21/2020	02/21/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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)

Job location: 208 Nostrand Ave, Brooklyn, NY 11205

CERTIFICATE HOLDER**CANCELLATION**

New York City Department of Buildings Attn: Licensing & Exams Unit 280 Broadway 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 <i>Mayer Gelbman</i> (MEI)
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