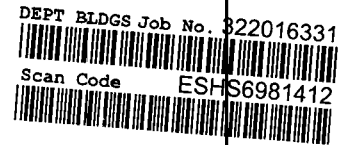




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool



This document must be submitted with an ACORD Certificate Summary and General Liability Insurance coverage for this project.

1 Location Information Required for all applications.

House No(s) 85

Street Name 4th Avenue

Borough Brooklyn

Block 934

Lot 7

BIN 3018646

CB No. 306

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 32 ft

☐ ☒ Depth of Excavation < 12'?

Number of stories of proposed construction 2

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 35 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 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 David Friedrich

Notarization (required if not licensee)

State of New York, County of: BRONX

Licensee Seal or Notary Seal

Registration/Tracking Number 625029

Sworn to or affirmed under penalty of perjury

Signature [Signature]

19th day of MARCH 2024

Date 3/19/2024

Notary Signature [Signature]

CLAIRE MCMENAMIN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MC6381646
Qualified in Bronx County
Commission Expires October 9, 2026

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

Acrisure LLC

Notarization (required)

State of NJ, County of: Bergen

Notary Seal

Address of broker or agent

Arthur Blvd Suite 105 Mahwah NJ 07430

Sworn to or affirmed before me this

Email address of broker or agent

mmuglia@acrisure.com

19 day of March 2024

Signature of authorized official, broker or agent

Monica Muglia

Notary Signature [Signature]

Name and title of authorized official, broker, or agent

Monica Muglia, Senior Account Manager

Notary Public for the State of NJ

CHERI A WILD
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MAY 24, 2026
COMMISSION #50160873



VOLKIND-01

JPALACE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2024

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).

Acrisure Insurance Partners Services of NY, LLC
90-6 Ridge Street
Rye Brook, NY 10573

CONTACT NAME: Scott Handwerger

PHONE:

(A/C, No, Ext):

FAX:

(A/C, No):

E-MAIL: shandwerger@acrisure.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Accident Fund Insurance Company of America 10166

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

volk Industrial Services Corp.

33 Godwin Ave

Hightstown, NJ 07450

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 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.

TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X COMMERCIAL GENERAL LIABILITY					
IMS-MADE ☒ OCCUR		FTL1000055-00	4/26/2022	4/26/2025	EACH OCCURRENCE \$ 5,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
					MED EXP (Any one person) \$ 25,000
					PERSONAL & ADV INJURY \$ 5,000,000
					GENERAL AGGREGATE \$ 5,000,000
					PRODUCTS - COMP/OP AGG \$ 5,000,000
AUTOMOBILE LIABILITY					
ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
ONLY ☐ SCHEDULED AUTOS					BODILY INJURY (Per person) \$
ONLY ☐ NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
LA LIAB					EACH OCCURRENCE \$
EXCESS LIAB					AGGREGATE \$
OCCUR					
CLAIMS-MADE					
RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (mandatory in NH)	Y/N	N/A			PER STATUTE OTH-ER
If yes, describe under DESCRIPTION OF OPERATIONS below					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)
Hightstown Avenue - Borough Brooklyn Block 934 Lot 7 BIN 3018646 CB No. 306 - The following are included as additional insureds where required by written contract: The City of New York, together with its officials and employees and certificate holder.

CERTIFICATE HOLDER

CANCELLATION

New York City Department of Buildings
Attn: Licensing & Exams Unit
80 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