



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

DEPT BLDGS Job No. 322032670



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) 747

Street Name Monroe Street

Borough Brooklyn

Block 1638

Lot 86

BIN 3821835

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 39 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 3

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 30 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 SAMANTHA KHAN

Registration/Tracking Number 624525

Signature

Date 1/24/2024

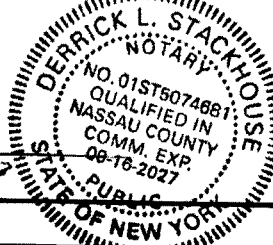
Notarization (required if not licensee)
State of New York, County of: Nassau

Sworn to or affirmed under penalty of perjury

24 day of January 2024

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

Reliable Ins. Soc LLC

Address of broker or agent

180-07 Jamaica Ave

Email address of broker or agent

Reliable120@gmail.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

Syed Najm (Broker)

Notarization (required)

State of NY, County of:

Nassau

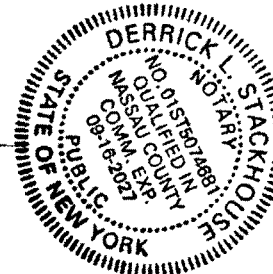
Sworn to or affirmed before me this

24th day of January 2024

Notary Signature

Notary Public for the State of NY

Notary Seal





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2024

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).

PRODUCER **Reliable Insurance Services, LLC**
180-07 Jamaica Ave
Jamaica NY 11432

CONTACT NAME: **Syed Majid**
PHONE (A/C No. Ext): **718-441-2627** FAX (A/C No.): **888-230-1961**
E-MAIL ADDRESS: **reliable120@gmail.com**

INSURED **HYPER STRUCTURES GROUP INC**
8617 HOMELAWN STREET, 1ST FL
JAMAICA NY 11432

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Western World Insurance Company	13196
INSURER B:	United State Liability Insurance Company	12537
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	☐	NPP8965667	05/24/2023	05/24/2024	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:					\$
	AUTOMOBILE LIABILITY	☐				COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO	☐ SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☒ OCCUR	☐	XSL023905E2	10/25/2023	10/25/2024	EACH OCCURRENCE \$ 4,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE					AGGREGATE \$ 4,000,000
	☐ DED ☐ RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	☐				PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A					E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

Policy coverage is subject to provisions & exclusions.

IT IS HEREBY UNDERSTOOD THAT THE NEW YORK CITY DEPARTMENT OF BUILDINGS IS LISTED AS ADDITIONAL INSURED FOR ALL LOCATIONS IN THE STATE OF NEW YORK.

CERTIFICATE HOLDER

NEW YORK CITY 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