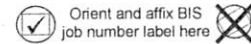




PGL1: Project Specific General Liability Insurance Summary and Affirmation

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) 236

Street Name Broadway

Borough Brooklyn

Block 2140

Lot 11

BIN 3059647

CB No. 301

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 25 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 2

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 70 ft

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

Number of stories of tallest adjacent building 5

☐ ☒ 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 David S Frank

Notarization (required if not licensee)

State of New York, County of: Kings

Registration/Tracking Number 613343

Sworn to or affirmed under penalty of perjury

Signature *Paul K*

6 day of February 20 20

Date 2/6/2020

Notary Signature *R*



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

Allstate Insurance Brokerage

Notarization (required)

State of New York, County of: Kings

Address of broker or agent

1090 Convent Island Ave Ste 201

Sworn to or affirmed before me this

6 day of February 20 20

Email address of broker or agent

ssalazar@allstate.com

Notary Signature

Blima Fried
Notary Public for the State of New York

Signature of authorized official, broker or agent

Sarah Salazar

Name and title of authorized official, broker, or agent

Sarah Salazar Account Executive

Notary Seal

BLIMA FRIED
Notary Public, State of New York
Reg. No. 01FR6379377
Qualified in Kings County
Commission Expires August 13, 2022



CITYBUI-03

SSALCZER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2020

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 Allsure Insurance Brokerage 1090 Coney Island Ave. Suite 201 Brooklyn, NY 11230	CONTACT NAME: Sarah Salczer		
	PHONE (A/C, No, Ext): (646) 448-2626	FAX (A/C, No):	
	E-MAIL ADDRESS: ssalczer@eallsure.com		
INSURED Cityscape Builders LLC 5314 16th Ave Ste 166 Brooklyn, NY 11204	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : SOUTHWEST MARINE & GENERAL		12294
	INSURER B : STARR SURPLUS LINES INS COMP		13604
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	X		GL201900013326	11/13/2019	11/13/2020	EACH OCCURRENCE \$ 2,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
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							PERSONAL & ADV INJURY \$ 2,000,000
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	OTHER:						\$
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	☐ ANY AUTO						BODILY INJURY (Per person) \$
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	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB ☒ OCCUR			1000586098191	11/13/2019	11/13/2020	EACH OCCURRENCE \$ 4,000,000
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	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)

THE CITY OF NEW YORK IS ADDITIONAL INSURED WITH RESPECT TO THE JOB SPECIFIC LOCATED AT 236 BROADWAY BROOKLYN NY

CERTIFICATE HOLDER

CANCELLATION

The New York City Department of Buildings
ATTN: Licensing & Exams Unit
280 Broadway, 1st Floor
New York, NY 10007

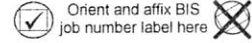
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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Liability Insurance Summary
and Affirmation

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Name David S Frank

Notarization (required if not licensee)

State of New York, County of: Kings

Registration/Tracking Number 613343

Sworn to or affirmed under penalty of perjury

Signature

David S Frank

6 day of February 2020

Date

2/6/2020

Notary Signature

Rivky Hollander

Licensee Seal or Notary Seal

RIVKY HOLLANDER
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01HO6337065
Qualified in Kings County
Commission Expires 02/16/2020

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:

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Name of broker or agent

Allstate Insurance Brokerage

Notarization (required)

State of New York, County of: Kings

Address of broker or agent

1090 Canal Island Ave Ste 20

Sworn to or affirmed before me this

6th day of February 2020

Email address of broker or agent

SSalazar@allstate.com

Notary Signature

Blima Fried

Signature of authorized official, broker or agent

Sarah Salazar

Name and title of authorized official, broker, or agent

Sarah Salazar / Account Executive

Notary Public for the State of

New York

Notary Seal

BLIMA FRIED
Notary Public, State of New York
Reg. No. 01FR6379377
Qualified in Kings County
Commission Expires August 13, 2022



CITYBUI-03

SSALCZER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2020

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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N						E.I. EACH ACCIDENT \$	
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 THE CITY OF NEW YORK IS ADDITIONAL INSURED WITH RESPECT TO THE JOB SPECIFIC LOCATED AT 236 BROADWAY BROOKLYN NY

CERTIFICATE HOLDER**CANCELLATION**

The New York City Department of Buildings
 ATTN: Licensing & Exams Unit
 280 Broadway, 1st Floor
 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

