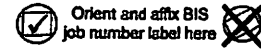




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 8644

Street Name 18 AVENUE

Borough Queens

Block 6368

Lot 48

BIN 3166581

CB No. 311

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 30 ft

Number of stories of proposed construction 2

Height of tallest adjacent building 30 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 XIANGBO LI

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

Licensee Seal or Notary Seal

Registration/Tracking Number 612508

Sworn to or affirmed under penalty of perjury

Signature

25 day of August 20 22

Date

8/25/2022

Notary Signature

KENNY HUANG
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01HU6420629
Qualified in Queens County
Commission Expires 08/16/2025

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

Sky Capital Group

Notarization (required)

State of NY, County of:

Notary Seal

Address of broker or agent

36-50 Main St 2nd Floor

Queens

Email address of broker or agent

info@sky-capital.com

Sworn to or affirmed before me this

25 day of August 2022

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent

Jiahong Broker

Notary Public for the State of NY

KENNY HUANG
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01HU6420629
Qualified in Queens County
Commission Expires 08/16/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2022

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 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 SKY CAPITAL GROUP INC 3650 MAIN ST 2ND FL FLUSHING NY 11354	CONTACT NAME: KENNY HUANG		
	PHONE (A/C, No, Ext): 646-643-6313	FAX (A/C, No): 347-732-9673	
	E-MAIL ADDRESS: KENNY@SKYCAPITALUS.COM		
INSURED L & L CONSTRUCTION DEVELOPMENT INC 33-70 PRINCE ST #216 FLUSHING NY 11354	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Peleus Insurance Company		34118
	INSURER B: NEW YORK STATE INSURANCE FUND		523930
	INSURER C: SHELTER POINT		81434
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	X		600 GL 0033350-02	01/21/2022	01/21/2023	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COM/OP AGG \$ 4,000,000
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED RETENTION \$	X		AR4237689	01/21/2022	01/21/2023	EACH OCCURRENCE \$ 3,000,000
	AGGREGATE \$ 3,000,000						
							\$
B	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 ☒ Y	N/A	25682824	04/08/2022	04/08/2023	☒ WC STATUTORY LIMITS ☐ OTHER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
C	DISABILITY/PAID FAMILY LEAVE			DBL478295	01/01/2022	12/31/2022	STATUTORY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE POLICY OF INSURANCE NAMES THE FOLLOWING AS ADDITIONAL INSURED SUBJECT TO TERMS, CONDITIONS AND EXCLUSIONS OF THE ACTUAL POLICIES WITH WRITTEN EXECUTED CONTRACT:

-C.W. Flushing LLC 449 Fairfield Ave Ridgewood, NJ 07450; The Chu Family Trust & all its Trustees & Wendy Chu 132-23 41st Ave Flushing, NY 11355
-Un Lin Wang, Chiou Hsiea Chi, Rachel Wang and Jonas Wang 132-27 41st Ave Flushing, NY 11355
Job site: 132-25 41 Ave Flushing, NY 11355

CERTIFICATE HOLDER

CANCELLATION

C.W. Flushing LLC
449 Fairfield Ave
Ridgewood, NJ 07450

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