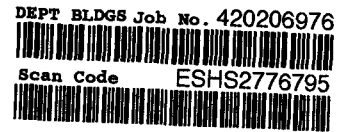




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool



This document must be submitted with an ACORD Certificate summarizing the General Liability Insurance coverage for the project described below.

1 Location Information Required for all applications

House No(s) 26-28 Street Name 12th street

Borough Queens Block 903 Lot 43 BIN 4020632 CB No. 401

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 35 ft
Number of stories of proposed construction 4
Height of tallest adjacent building 30 ft
Number of stories of tallest adjacent building 3
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 MICHAEL BREMPOS

Registration/Tracking Number 613339

Signature

Date

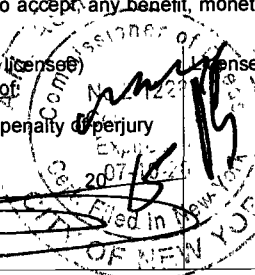
Notarization (required if not licensee)

State of New York, County of

Sworn to or affirmed under penalty of perjury

1 day of 4

Notary Signature



4 Brokers Certification Required for all applications

The undersigned insurance broker represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects, and that the described insurance is effective as of the date of this Certification. With regard to the liability insurance (including excess or umbrella insurance) described there, the undersigned further represents that:

The total per occurrence and aggregate limit dedicated to the project is: \$ 5 million

[Total of all primary, umbrella and excess policy limits dedicated to project for which DOB permit is sought (or being renewed). Must be same or higher than "Calculated Project Specific GL Insurance Required" in section 2 above.]

The City of New York is additional insured on these policies.

Name of Broker

Stratford Ins. Agency LLC

Address of Broker

180 Hempstead Ave, WH

Signature of Authorized Broker

Name and Title of Authorized Officer

President

Notarization (required)

State of New York, County of: NASSAU

Sworn to or affirmed under penalty of perjury

27th day of MARCH 2015

Notary Signature

Notary Seal

PETER T. ANDROMIDAS
NOTARY PUBLIC, State of New York
No. 4811273
Qualified in Nassau County
Term Expires Oct. 31, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2015

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 Stratford Insurance Agency, LLC. 180 Hempstead Avenue West Hempstead NY 11552	CONTACT NAME: Kathryn Riffle PHONE (A/C, No. Ext): (516) 489-7129 FAX (A/C, No): (516) 489-2219 E-MAIL ADDRESS: KRiffle@thestratfordagency.com														
INSURED B Genco Contracting Corp. 158 West 58th Street New York NY 10019	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: American Empire Surplus Lines</td><td>35351</td></tr><tr><td>INSURER B: Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER C: Navigators Insurance Company</td><td>42307</td></tr><tr><td>INSURER D: Westchester Fire Insurance Co</td><td>21121</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Empire Surplus Lines	35351	INSURER B: Evanston Insurance Company	35378	INSURER C: Navigators Insurance Company	42307	INSURER D: Westchester Fire Insurance Co	21121	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** Master 2014**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			14CG0188882	11/18/2014	11/18/2015	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	☒ POLICY ☒ PROJECT ☐ LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	☐ ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB ☒ EXCESS LIAB	☒ OCCUR		14CX0188887	11/18/2014	11/18/2015	EACH OCCURRENCE \$ 2,000,000
	☐ CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED ☒ RETENTION \$ 10,000						Products-Comp/OP AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS ☐ OTHER ☐
	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 \$
B	Excess Liability			XONJ635514	11/18/2014	11/18/2015	E L DISEASE - POLICY LIMIT \$
							Each Occurrence \$3,000,000
							Aggregate \$3,000,000

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

See Acord 101 Attached

CERTIFICATE HOLDER**CANCELLATION**

New York City Department Of Buildings
Attn: Licensing Unit
280 Broadway
6th 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

S Vouyiouklakis/MLO



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY Stratford Insurance Agency, LLC		NAMED INSURED B Genco Contracting Corp	
POLICY NUMBER NY14EXC829880IV		158 West 58th Street New York, NY 10019	
CARRIER Navigators Insurance Company	NAIC CODE 42307	EFFECTIVE DATE: 11/18/2014	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Liability
\$10,000,000 Each Occurrence
\$10,000,000 Aggregate



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY Stratford Insurance Agency, LLC		NAMED INSURED B Genco Contracting Corp	
POLICY NUMBER G2753045A001		158 West 58th Street New York, NY 10019	
CARRIER Westchester Fire Insurance Co	NAIC CODE 21121	EFFECTIVE DATE: 11/18/2014	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Liability
\$8,000,000 Each Occurrence
\$8,000,000 Aggregate