



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) 3517 Street Name DITMARS BLVD

Borough Queens Block 824 Lot 65 BIN 4016610 CB No.

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 25 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 BRYAN ANDERSON

Registration/Tracking Number 606711

Signature

Date 10-19-12

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

Sworn to or affirmed under penalty of perjury

19th day of October 2012

Notary Signature

Licensee Seal or Notary Seal

PESACH S. KAHANA
Notary Public State of New York
No. 01KA5059442
Qualified in Kings County
Commission Expires 06/17/2014

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

Address of Broker

Signature of Authorized Broker

Name and Title of Authorized Officer

Notarization (required)

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

19th day of October 2012

Notary Signature

Notary Seal

PESACH S. KAHANA
Notary Public State of New York
No. 01KA5059442
Qualified in Kings County
Commission Expires 06/17/2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2012

PRODUCER (718)232-3300 FAX: (718)256-9062
Fairmont Insurance Brokers, LTD.
1600 60th Street

Brooklyn NY 11204

INSURED

Focus Construction Group By B.A. Inc.
247 Wilson Avenue

Brooklyn NY 11237

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Endurance American Specialty**INSURER B: **U.S. Liability Ins. Co**

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000	
	☒ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000	
	☐ CLAIMS MADE ☒ OCCUR	CBC10000457101	7/20/2012	7/20/2013	MED EXP (Any one person) \$ 5,000	
					PERSONAL & ADV INJURY \$ 1,000,000	
					GENERAL AGGREGATE \$ 2,000,000	
					PRODUCTS-COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	☐ POLICY ☒ PRO-JECT ☐ LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident) \$
		☐ ANY AUTO				BODILY INJURY (Per person) \$
	☐ ALLOWED AUTOS				BODILY INJURY (Per accident) \$	
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
	☐ HIRED AUTOS					
	☐ NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	☐ ANY AUTO				OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
B	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$ 5,000,000	
	☒ OCCUR ☐ CLAIMS MADE				AGGREGATE \$ 5,000,000	
					\$	
	☐ DEDUCTIBLE	ZL 1552396	7/20/2012	7/20/2013	\$	
	RETENTION \$ 0				\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N ☐			E.I. EACH ACCIDENT \$	
					E.I. DISEASE - EA EMPLOYEE \$	
					E.I. DISEASE - POLICY LIMIT \$	
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Ana Angelillo
3517 Ditmars Blvd
Astoria, NY 11105

CANCELLATION

IF SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

M Mishkowitz/SHKATZ