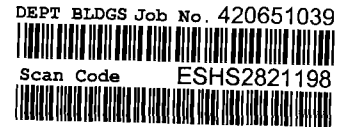




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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) 25-11

Street Name 38th Ave

Borough Queens

Block 368

Lot 36

BIN 4004468

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?

Height of proposed construction 70 ft

☐ ☒ Depth of Excavation < 12'?

Number of stories of proposed construction 7

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 40 ft

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

Number of stories of tallest adjacent building 4

☐ ☒ Is a Tower Crane to be used?

Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required 15M

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 Anthony Piscione

Notarization (required if not licensee)

Licensee Seal or Notary Seal

Registration/Tracking Number 608572

State of New York, County of Kings

Sworn to or affirmed under penalty of perjury

Signature

23RD day of October 2017

Date

10/23/17

Notary Signature

Margarita Bernardo

MARGARITA BERNARDO
Notary Public, State of New York
No. 01BE6350447
Qualified in Kings County
My Commission Expires:
November 07, 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:

- The total per occurrence limit is \$ 15 million and the total general aggregate limit, which applies per project, is \$ 17 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

NFP Property & Casualty Services Inc.

Notarization (required)

State of New York County of Nassau

Address of broker or agent

45 Executive Dr. Plainville NJ 08863

Sworn to or affirmed before me this

Email address of broker or agent

Chris.Amadio@NFP.com

20th day of October 2017

Signature of authorized official, broker, or agent

Stuart Wilkins

Notary Signature

Adam C. Junge
Notary Public for the State of New York

Name and title of authorized official, broker, or agent

Stuart Wilkins, Managing Director

Notary Seal

ADAM C JUNGE
Notary Public - State of New York
NO. 01JU6309886
Qualified in Suffolk County
My Commission Expires Aug 18, 2018



TAMAREA-01

ALYSONSTRUCK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2017

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 NFP Property & Casualty Services, Inc. 45 Executive Drive Plainville, NY 11803	CONTACT NAME:	
	PHONE (A/C, No, Ext): (516) 327-2700	FAX (A/C, No):
INSURED Tamares Development I LLC Foremost Contracting and Building LLC 1500 Broadway, 24th Floor New York, NY 10036	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : State National Ins Co Inc	NAIC # 12831
	INSURER B : Indian Harbor Insurance Co	36940
	INSURER C : RSUI Indemnity Company	22314
	INSURER D : Endurance American Insurance Company	10641
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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER			CTM1401187	05/14/2015	12/01/2017	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COM/OP AGG \$ 4,000,000
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			PSX1400910	05/14/2015	12/01/2017	EACH OCCURRENCE \$ 3,000,000
							AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE ☐ OTH-ER ☐
							E L EACH ACCIDENT \$
							E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$
D	Umbrella Excess			NHA071856	05/14/2015	12/01/2017	Occ/Agg:\$5,000,000
							EXC10007053400

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

Office of the Environmental Remediation, Brownfield Redevelopment Solutions, Inc., and the New York City Economic Development Corporation are Included as an Additional Insured ATIMA as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Department of Buildings
280 Broadway
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

Stewart B Wilkins