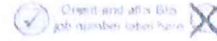




PGL1: Project Specific General Liability Insurance Summary and Affirmation

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) 37-09 Street Name COLLEGE POINT BLVD
Borough Queens Block 4972 Lot 67 BIN 4507144 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 172 ft
☐ ☒ Depth of Excavation < 12'? Number of stories of proposed construction 16
☐ ☒ Proposed Height < 35' Height of tallest adjacent building 172 ft
☒ ☐ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 15
☐ ☒ Is a Tower Crane to be used? Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required 25M

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 THOMAS BARRONE

Registration/Tracking Number 024593

Signature *Thomas Barrone*

Date 3/16/2022

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

Sworn to or affirmed under penalty of perjury

16 day of MARCH 2022

Notary Signature *Zheng Min Shi*

Licensee Seal or Notary Seal

ZHENG MIN SHI
Notary Public, State of New York
Registration No. 01SH6262639
Qualified in Queens County
Commission Expires May 29, 2024

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 \$ 2.5 million and the total general aggregate limit, which applies per project, is \$ 2.5 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

Arthur J. Gallagher & Co.

Address of broker or agent

250 Park Avenue NY, NY 10177

Email address of broker or agent

Vincent.Rago@aig.com

Signature of authorized official, broker or agent

Vincent Rago

Name and title of authorized official, broker, or agent

Vincent Rago, VP

Notarization (required)

State of New York, County of

New York

Sworn to or affirmed before me this

15th day of March 2022

Notary Signature

Nigel E Fisher

Notary Public for the State of New York

Notary Seal

NIGEL E FISHER
NOTARY PUBLIC STATE OF NEW YORK
No. 01F16136564
Qualified in NY county NY
My Commission Expires November 14, 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2022

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 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 Arthur J. Gallagher Risk Management Services, Inc. 250 Park Avenue 3rd Floor New York NY 10177	CONTACT NAME: Vincent Rago PHONE (A/C, No, Ext): 212-797-9600 E-MAIL ADDRESS: Vincent_Rago@ajg.com FAX (A/C, No): 212-425-0719
INSURED Top 8 Construction Corp 37-12 Prince Street, PH2A Flushing, NY 11354	INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Company INSURER B: RSUI Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 379799895**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 ☒ PRO-JECT ☐ LOC OTHER:			VGGP006176	9/2/2021	9/2/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			NHA095255	9/2/2021	9/2/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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 ☐	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

REFERENCE: EIN# 260207396 - The City of New York, together with its officials and employees are included as additional insureds. GC Tracking Number: 24593

CERTIFICATE HOLDER**CANCELLATION**

New York City Department of Buildings
Attn: Licensing & Exams Unit
280 Broadway - 1st Floor
New York NY 10007
USA

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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