



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 420654269



Scan Code ESHS5686052

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) GDC Street Name LIC project **SEE BELOW
Borough Queens Block 54 Lot 13,20 * BIN 4618076 CB No. 402

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 55 ft
☒ ☐ Depth of Excavation < 12'? Number of stories of proposed construction 4
☐ ☒ Proposed Height < 35'? Height of tallest adjacent building 70 ft
☒ ☐ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 6
☐ ☒ Is a Tower Crane to be used? Permit Type NB/Major Alt

Calculated Project Specific GL Insurance Required ~~5M~~ 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 Andrew Weiss

Registration/Tracking Number 004405

Signature

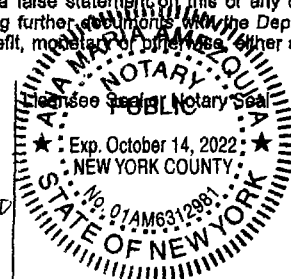
Date 2-10-20

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

Sworn to or affirmed under penalty of perjury

10 day of February 2020

Notary Signature



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 \$ 26 million and the total general aggregate limit, which applies per project, is \$ 28 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
United Assurance Inc

Address of broker or agent
16-00 Pollitt Drive, Fair Lawn, NJ 07410

Email address of broker or agent
j.marino@unitedassurance.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent
Joseph A. Marino/NP

Notarization (required)
State of New York, County of:

Westchester

Sworn to or affirmed before me this

7 day of February 2020

Notary Signature

Pamela Chillo
Notary Public for the State of New York

Notary Seal

PAMELA CHILLO
Notary Public, State of New York
No. 01CH6105596
Qualified in Rockland County
Commission Expires: 02/09/2024

* Lots 113-150 upon finalization in BIS

**Note-GDC LIC Project consist of 38-2 family homes as described in scope^{04/16}
uploaded as supporting document under this application



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/08/2020

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	CONTACT NAME: Carolyn Kaye
United Assurance Inc	PHONE (A/C, No, Ext): (201) 797-6600
16-00 Politt Dr	FAX (A/C, No): (201) 797-4455
	E-MAIL ADDRESS: c.kaye@unitedassurance.com
Fair Lawn NJ 07410	INSURER(S) AFFORDING COVERAGE
	INSURER A: State National Ins. Co.
INSURED	INSURER B: Mitsui Sumitomo Insurance Co. USA Inc.
Flintlock Construction Services, LLC	INSURER C: Navigators Insurance Company
585 North Barry Avenue	INSURER D: Colony Insurance Company
Mamaroneck NY 10543	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL202619121

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:	Y		PSI1800097	05/23/2019	08/24/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY ☐ HIRED 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 \$			MSX1800158	05/23/2019	08/24/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	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 \$
C	Excess Liability			IS16EXC832070IC	05/23/2019	08/24/2020	Limit \$11,000,000

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

Company D: #AR3481638
Effective 5/23/19-8/24/20 - Limit \$10,000,000

Re: 11-15 46th Avenue Queens, NY
*SEE NOTE PAD FOR Locations:

The City of New York is included as additional insured.

CERTIFICATE HOLDER

CANCELLATION

New York City Department of Buildings Attn: Licensing & Exams Unit
280 Broadway, 1st Floor

New York

NC 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

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AGENCY CUSTOMER ID: 00021522

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY United Assurance Inc		NAMED INSURED GDC LIC Owner, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

113 54 11-21A 46TH AVE 4597151 420654045
 114 54 11-21 46TH AVE 4622969 420654054
 115 54 11-19A 46TH AVE 4622971 420654116
 116 54 11-19 46TH AVE 4622970 420654083
 117 54 11-17A 46TH AVE 4622972 420654125
 118 54 11-17 46TH AVE 4622973 420654134
 119 54 11-15A 46TH AVE 4622975 420654143
 120 54 11-15 46TH AVE 4622974 420654385
 121 54 11-13a 46TH AVE 4622976 420654161
 122 54 11-13 46TH AVE 4622977 420654152
 123 54 11-11A 46TH AVE 4622959 420654170
 124 54 11-11 46TH AVE 4622957 420654312
 125 54 11-09a 46TH AVE 4597150 420654189
 126 54 11-09 46TH AVE 4622980 420654198
 127 54 11-07A 46TH AVE 4622981 420654214
 128 54 11-07 46TH AVE 4622982 420654205
 129 54 11-05A 46TH AVE 4622983 420654223
 130 54 11-05 46TH AVE 4622984 420654232
 131 54 45-41 11TH ST 4622985 420654027
 132 54 45-39 11TH ST 4622886 420654018
 133 54 45-37 11TH ST 4622987 420654036
 134 54 45-35 11TH ST 4622978 420653992
 135 54 45-33 11TH ST 4618024 420653983
 136 54 45-31 11TH ST 4622988 420653974
 137 54 45-29 11TH ST 4622989 420653985
 138 54 45-27 11TH ST 4622980 420653956
 139 54 11-06 45TH RD 4618026 420654107
 140 54 11-06A 45TH RD 4622979 420654090
 141 54 11-08 45TH RD 4622980 420654081
 142 54 11-08A 45TH RD 4622981 420654072
 143 54 11-10 45TH RD 4622982 420654367
 144 54 11-10A 45TH RD 4597147 420654241
 145 54 11-12 45TH RD 4622983 420654269

AGENCY CUSTOMER ID: 00021522

LOG #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY United Assurance Inc		NAMED INSURED GDC LIC Owner, LLC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

146 54 11-12A 45TH RD 4622984 420654250

147 54 11-14 45TH RD 4622965 420654267

148 54 11-14A 45TH RD 4622966 420654278

149 54 11-16 45TH RD 4622968 420654303

150 54 11-16A 45TH RD 4622967 420654296

CITY OF NEW YORK
CERTIFICATION BY INSURANCE BROKER OR AGENT

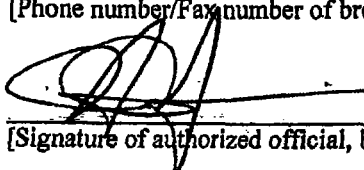
The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects.

United Assurance Inc.
[Name of broker or agent (typewritten)]

16-00 Pollitt Drive, Fair Lawn, NJ 07410
[Address of broker or agent (typewritten)]

j.marino@unitedassurance.com
[Email address of broker or agent (typewritten)]

201-797-6600/ 201-797-4455
[Phone number/Fax number of broker or agent (typewritten)]


[Signature of authorized official, broker, or agent]

Joseph A. Marino//VP
[Name and title of authorized official, broker, or agent (typewritten)]

State of New Jersey ss.:
County of Bergen

Sworn to before me this 10th day of Aug 2020


NOTARY PUBLIC FOR THE STATE OF New Jersey

JENNIFER L FUGATE
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 5, 2022