



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) 31-25

Street Name Newtown Avenue

Borough Queens

Block 619

Lot 11

BIN 4563471

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 100 ft |
| ☐ ☒ Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building 10 |
| ☐ ☒ 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 Santos Garcia

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

Licensee Seal or Notary Seal

Registration/Tracking Number 30299

Sworn to or affirmed under penalty of perjury

Signature [Signature]

6th day of January 2020

Date 1-6-2020

Notary Signature [Signature]

MERCEDES HERNANDEZ LATA
Notary Public - State of New York
NO. 01HE6092811
Qualified in Kings County
My Commission Expires Jul 18, 2023

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 \$ 15 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 [Signature]

Notarization (required)

State of NY, County of: Queens

Notary Seal

Address of broker or agent 115-29 Cross St, Jamaica, NY 11435

Sworn to or affirmed before me this

Email address of broker or agent [Signature]

3 day of January 2020

Signature of authorized official, broker or agent [Signature]

Notary Signature [Signature]

Name and title of authorized official, broker, or agent Peter Zuccarelli
President

Notary Public for the State of NY

ERSILIA CARRICO
Notary Public, State of New York
No. 01CA48220077
Certificate Filed in Suffolk County
Commission Expires 11/30/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2020

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 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 PZ Insurance Brokerage Inc. 148-29 Cross Island Pkwy Whitestone NY 11357	CONTACT NAME: Donna Randazzo PHONE (A/C No. Ext.): (718) 767-9114 E-MAIL ADDRESS: donna@pzfinancial.com FAX (A/C No.): (718) 767-2251
INSURED SAG Contracting Corp 31-25 Newtown Avenue Astoria NY 11101	INSURER(S) AFFORDING COVERAGE INSURER A: Mt Hawley Insurance Company INSURER B: Travelers Excess and Surplus Lines Co. INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 37974 29696

COVERAGES

CERTIFICATE NUMBER: 2019-2020 PROJ SPEC

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	X		MGL0187107	5/25/2017	3/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$			MXL0424874	5/25/2017	3/25/2020	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 \$
B	Excess Liability			ZUP61N2269219NT	12/25/2019	3/25/2020	Each Occur/Gen Aggregate 4,000,000

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

Re: 31-25 Newtown Avenue, Queens, NY

The City of New York, together with its officials and employees, is an additional insured with coverage at least broad as set forth in the most recent edition of ISO Forms CG 2012 or CG 2026.

CERTIFICATE HOLDER**CANCELLATION**

NYC Department of Buildings Attn: Licensing & Exams Unit 280 Broadway, 1st Fl 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 P Zuccarello/RANDAZ
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