



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 420915781



Scan Code ESHS3848578

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) 41-41

Street Name 149 STREET

Borough Queens

Block 5055

Lot 18

BIN 4595163

CB No. 407

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 38 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 4

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 30 ft

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

Number of stories of tallest adjacent building 3

☐ ☒ 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 SHI SHI WANG

Notarization (required if not licensee)

State of New York, County of: Queens

Licensee Seal or Notary Seal

Registration/Tracking Number 610145

Sworn to or affirmed under penalty of perjury

VIVIAN CHING YING CHEUNG
NOTARY PUBLIC-STATE OF NEW YORK

Signature

15th day of Jan 2015

No. 01CH6131099

Date 1-15-15

Notary Signature

Qualified in Queens County

My Commission Expires July 25 2017

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: \$ 5M 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

Alpha Beta Service Inc

Address of Broker

37-09 Main St, 2nd Floor 2nd Fl

Signature of Authorized Broker

Name and Title of Authorized Officer

Notarization (required)

State of New York, County of:

Sworn to or affirmed under penalty of perjury

14 day of Jan 2015

Notary Signature

Notary Seal

JACKSON PENG
NOTARY PUBLIC, State of New York
No. 01PE6206372
Qualified in Queens County
Term Expires May 18, 2017



UBUIL-1

OP ID: ST

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/14/2015

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
Alpha Best Service Inc.
37-09 Main Street, 2nd Floor
Flushing, NY 11354

CONTACT NAME: Fei Huang**PHONE**
(A/C, No, Ext): 718-321-1388**FAX**
(A/C, No): 718-865-0870**E-MAIL ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** United Specialty Insurance Co.**INSURER B:** MT. HAWLEY**INSURER C:** New York State Insurance Fund**INSURER D:** National Union Fire Insurance**INSURER E:** ShelterPoint**INSURER F:**

INSURED
U-Build Construction LLC
33-54 Farrington St., #2B
Flushing, NY 11354

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 ☐ PRO-JECT ☐ LOC ☐ OTHER	X		PSG1400515	07/11/2014	07/11/2015	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 ☐ 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) \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$	☒ OCCUR ☐ CLAIMS-MADE		MXL0419177	07/11/2014	07/11/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products \$ Excluded
C	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	Q22531842	01/03/2015	01/03/2016	PER STATUTE OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
D	Umbrella			BE020703200	07/11/2014	07/11/2015	10,000,000
E	Disability			D397865	01/03/2015	01/03/2016	Statutory Limits

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

Job Site: 41-41 149th Street, Flushing, NY 11355

The policy of insurance names the City of New York as Additional Insured and provides completed operations coverage.

CERTIFICATE HOLDER**CANCELLATION**

New York City Department
of Buildings
Attn: Licensing
280 Broadway, 6th Floor
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

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