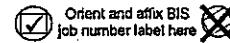




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 95-08 Street Name 147 PLACE
Borough Queens Block 10027 Lot 10 BIN 4214503 CB No. 412

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 110 ft
☐ ☒ Depth of Excavation < 12'? Number of stories of proposed construction 11
☐ ☒ Proposed Height < 35'? Height of tallest adjacent building 25 ft
☐ ☒ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 2
☐ ☒ 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 JOEL WEISS
Registration/Tracking Number 611690
Signature
Date

Notarization (required if not licensee)
State of New York, County of: Kings
Sworn to or affirmed under penalty of perjury
3 day of May 2023
Notary Signature

Licensee Seal or Notary Seal

ISAAC HIRSCH
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01HI6264479
Qualified in Kings County
Commission Expires July 02, 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 \$ 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
Peace of Mind Insurance Brokers
Address of broker or agent
2 Skiffen St, Suite 308
Email address of broker or agent
aj@peaceofmindinsurance.com
Signature of authorized official, broker or agent
[Signature]
Name and title of authorized official, broker, or agent
Abraham Tarasiewicz

Notarization (required)
State of NY, County of: Kings
Sworn to or affirmed before me this
3 day of May 2023
Notary Signature [Signature]
Notary Public for the State of NY

Notary Seal

SHAVY GLICK
NOTARY PUBLIC, State of New York
No. 01-GL6231583
Qualified in Kings County
Commission Expires November 29,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/03/2023

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	Peace of Mind Insurance B 2 Skillman Street Suite 308 Brooklyn NY 11205-	CONTACT NAME: PHONE (A/C, No., Ext): (718)972-6463 FAX (A/C, No.): (718)972-6464 E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
INSURED	Heartfelt Townhouse Builders Inc 183 Wilson Street #160 Brooklyn, NY 11211 718-879-8779	INSURER A: Aspen American Insurance Company NAIC # 43460
		INSURER B: Navigators Insurance Company 42307
		INSURER C: United Specialty Insurance Company 12537
		INSURER D:
		INSURER E:

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
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			PSS2201585	04/06/2022	04/06/2025	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 ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB ☒ OCCUR			CX00T7422	08/01/2022	04/06/2025	EACH OCCURRENCE \$ 5,000,000
B	☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			RK22EXCZ0AZFQQN	08/01/2022	04/06/2025	AGGREGATE \$ 5,000,000 Occurrence/Aggregate \$ 9,000,000
	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)
Policy does not exclude 1) Completed operations 2.) Contractual Liability. 3.) Third party / action over exclusion.
New York City its officials and employees are added as additional insured.

Job Location: 95-08 147th Place, Queens NY

CERTIFICATE HOLDER

CANCELLATION

AI 000162

New York City Department of Buildings 280 Broadway, 1st 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 <i>A. Janusz</i>