



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 the project described below.

1 Location Information Required for all applications.

House No(s) 39-19

Street Name Queens Blvd

Borough Queens

Block 191

Lot 44

BIN 4463002

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?
☒ ☐ Depth of Excavation < 12'?
☒ ☐ Proposed Height < 35'?
☒ ☐ Proposed construction on lot line with an existing structure?
☐ ☒ Is a Tower Crane to be used?

Height of proposed construction _____
Number of stories of proposed construction _____
Height of tallest adjacent building 48 ft
Number of stories of tallest adjacent building 4
Permit Type Full Demo

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 Michael Shamash

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

Licensee Seal or Notary Seal

Registration/Tracking Number 610109

Sworn to or affirmed under penalty of perjury

Signature

Sh day of July 20 15

Date

7/8/15

Notary Signature

Viviana M Henao
Notary Public of New York
No 01HE6150339
Qualified in Richmond County
Commission Expires July 24th, 2018

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: \$ 15/16m 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

NORTHEASTERN GROUP LTD

Address of Broker

695 HEMPSTEAD TURNPIKE, FRANKLIN SQ, NY, 11400

Signature of Authorized Broker

Name and Title of Authorized Officer

DIMITRIS KAVATZIS, BROKER

Notarization (required)

State of New York, County of: NASSAU

Sworn to or affirmed under penalty of perjury

AM day of AUGUST 20 15

Notary Signature

Notary Seal

JOHN D. HELIOTIS
Notary Public, State of New York
No. 01HE4928248
Certified in Nassau County
Commission Expires Apr. 18, 2018

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE POLICY OR POLICIES DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CERTIFICATE HOLDER AND THE PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed to reflect the terms and conditions of the policy, certain policies may require an endorsement. A statement of the certificate holder in lieu of such endorsement(s).

PRODUCER Northeastern Group, Ltd. 695 Hempstead Tpke Franklin Square NY 11010	CONTACT NAME: _____ PHONE (A/C, No., Ext): (516) 505-7700 FAX (A/C, No.): (516) 483-5821 E-MAIL: jdheliotis@negrp.com ADDRESS: _____ INSURER(S) AFFORDING COVERAGE NAIC # _____ INSURER A: Arch Specialty Ins Co INSURER B: National Union Fire Ins of Pittsburg PA INSURER C: National Union Fire Ins of Pittsburg PA INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED Jerusalem Carting Inc. 79 Water Mill Lane 2nd Floor Great Neck NY 11021	

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 SUBR INSR WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ GENERAL LIABILITY		AGL00087-11-01	1/23/2016	1/23/2017	EACH OCCURRENCE \$ 2,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000
	☐ CLAIMS-MADE ☒ OCCUR					MEOW EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 4,000,000
	☐ POLICY ☒ PROJECT ☐ LOC					PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO					BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB	☒ OCCUR	BE064059800	10/09/2015	10/09/2016	EACH OCCURRENCE \$ 5,000,000
	☒ EXCESS LIAB	☐ CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED: _____ RETENTION \$ _____					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		BE011244891	07/26/2015	07/26/2016	WC STATUS: _____ OTHER: _____
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☒ N				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
C	Excess Liability					\$8,000,000

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

All locations in New York State

39-19 Queens Blvd, Sunnyside, NY 11104

CERTIFICATE HOLDER

CANCELLATION

NYC Dept of Buildings Attn: Licensing Unit 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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