



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 421181483



Scan Code ESHS9902456

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) 870	Street Name Cypress Avenue
Borough Queens	Block 3648 Lot 60 BIN 4085541 CB No.
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 24 ft
☒ ☐ Depth of Excavation < 12'?	Number of stories of proposed construction 1
☒ ☐ Proposed Height < 35'?	Height of tallest adjacent building 35 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 Marangos Construction Corp	Notarization (required if not licensee) State of New York, County of:
Registration/Tracking Number 1506	Sworn to or affirmed under penalty of perjury
Signature <i>Charles Marangos</i>	13 day of November 20 15
Date 11-13-15	Notary Signature <i>Nick Toubekis</i>
Licensee Seal or Notary Seal NICK TOUMBKIS NOTARY PUBLIC, State of New York No. 02TO5053822 Qualified in Queens County Commission Expires December 26, 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: \$ 5 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 PG Genatt Group LLC	
Address of Broker 3333 New Hyde Park Rd. New Hyde Park, NY	
Signature of Authorized Broker <i>Nikolaos Paras</i>	
Name and Title of Authorized Officer Nikolaos Paras, CCO	
Notarization (required) State of New York, County of:	
Sworn to or affirmed under penalty of perjury	
13 day of November 20 15	
Notary Signature <i>Nick Toubekis</i>	
Notary Seal NICK TOUMBKIS NOTARY PUBLIC, State of New York No. 02TO5053822 Qualified in Queens County Commission Expires December 26, 2017	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2015

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 PG Genatt Group LLC 3333 NEW HYDE PARK RD SUITE 409 NEW HYDE PARK NY 11042	CONTACT NAME: Alyson Lavery	
	PHONE (A/C, No, Ext): 516-869-8788	FAX (A/C, No):
INSURED MARAN Marangos Construction Corp 20 E Vanderventer Avenue, Suite 106E Port Washington, NY 11050	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Allied World Assurance Company	
	INSURER B: General Star Indemnity Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES

CERTIFICATE NUMBER: 1961219199

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	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☒ PROJECT ☐ LOC			5050042515	8/14/2015	8/14/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
	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 ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			IXG421336	10/28/2015	8/14/2016	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		N/A				WC STATUTORY LIMITS ☐ OTH-ER ☐ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
							General Aggregate Each Occurrence Products Comp/Op Agg

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

CERTIFICATE HOLDER

CANCELLATION 30 day notice applies

The City of New York Department of Design and Construction
Division of Public Buildings
30-30 Thomson Avenue
Long Island City NY 11101

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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CERTIFICATION BY BROKER

The undersigned insurance broker represents to the City of New York that the attached Certificate of Liability Insurance, dated 11/13/2015, concerning insurance policy number 5050042515 is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

The undersigned insurance broker further represents to the City of New York that the Commercial General Liability insurance policy, referenced in the Certificate of Liability, is issued by a company or companies that may lawfully issue the required policy and has an A.M. Best rating of at least A-VII or a Standard and Poor's rating of at least AA.

PG Genatt Group, LLC

[Name of broker (typewritten)]

3333 New Hyde Park Road, New Hyde Park, NY 11042

[Address of broker (typewritten)]

nparas@genattgrp.com

[Email address of broker (typewritten)]

516-869-8788 / 516-706-2973

[Phone number/Fax number of broker (typewritten)]



[Signature of authorized official or broker]

Nikolaos Paras, Chief Compliance Officer

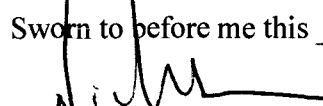
[Name and title of authorized official (typewritten)]

State of New York.....)

) ss.:

County of Nassau.....)

Sworn to before me this 13th day of November 20 15


NOTARY PUBLIC FOR THE STATE OF NEW YORK

NICK TOUMBEEKIS
NOTARY PUBLIC, State of New York
No. 02TO5053822
Qualified in Queens County
Commission Expires December 26, 2017