



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) 109-14

Street Name Ascan Avenue

Borough Queens

Block 3292

Lot 1

BIN 4078797

CB No 406

**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 60 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 6

☐ ☒ Proposed Height < 35'?

Height of tallest adjacent building 60 ft

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

Number of stories of tallest adjacent building 6

☐ ☒ 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 Bradley Lewart

Notarization (required if not licensee)  
State of New York, County of: Kings  
Sworn to or affirmed under penalty of perjury

Licensee Seal or Notary Seal

Registration/Tracking Number 031021

Signature

29 day of Aug 2016

Date 8/29/16

Notary Signature Maxine Torres

**MAXINE TORRES**  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01106110879  
Qualified In Queens County  
My Commission Expires 06-01-2020

**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 \$ 11 million and the total general aggregate limit, which applies per project, is \$ 13 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

Notarization (required)  
State of New York County of: Westchester

Notary Seal

Address of broker or agent

Sworn to or affirmed before me this

Email address of broker or agent

26 day of August 2016

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent

Notary Public for the State of New York

**GLORIMAR PIZARRO**  
Notary Public, State of New York  
Registration #01PI6010918  
Qualified In Westchester County  
Commission Expires July 27, 2018



# CERTIFICATE OF LIABILITY INSURANCE

JERRASS-01 ESAVARESE

DATE (MM/DD/YYYY)

9/13/2016

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<br><b>Brown &amp; Brown of New York Inc.</b><br>800 Westchester Avenue, N-311<br>Rye Brook, NY 10573 | CONTACT NAME                        |                                                 |        |
|                                                                                                               | PHONE (A/C, No, Ext) (914) 337-1833 | FAX (A/C, No) (914) 337-1596                    |        |
| INSURED<br><br><b>Jerrick Associates, Inc</b><br>86-88 Hausman Street<br>Brooklyn, NY 11222                   | E-MAIL ADDRESS                      | certificates@bbinsny.com                        |        |
|                                                                                                               | INSURER(S) AFFORDING COVERAGE       |                                                 | NAIC # |
|                                                                                                               | INSURER A                           | American Empire Surplus Lines Insurance Company | 35351  |
|                                                                                                               | INSURER B                           | Harleysville Insurance Company of NY            | 10674  |
|                                                                                                               | INSURER C                           | National Union Fire Ins. Co. of Pittsburgh PA   | 19445  |
|                                                                                                               | INSURER D                           | Endurance American Insurance Company            | 10641  |
|                                                                                                               | INSURER E                           |                                                 |        |
|                                                                                                               | INSURER F                           |                                                 |        |

**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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |           |          |                 |                         |                         | EACH OCCURRENCE \$ 1,000,000                                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           | X         | X        | 16CG0201638     | 04/01/2016              | 04/01/2017              | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000                  |
|          | <input checked="" type="checkbox"/> Contractual Liab                                                     |           |          |                 |                         |                         | MED EXP (Any one person) \$                                          |
|          | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER                                               |           |          |                 |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | <input type="checkbox"/> OTHER                                                                           |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          |                                                                                                          |           |          |                 |                         |                         | \$                                                                   |
| B        | AUTOMOBILE LIABILITY                                                                                     |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                     |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                             | X         | X        | BA 00000032449Q | 04/01/2016              | 04/01/2017              | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                 |           |          |                 |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input type="checkbox"/> HIRED AUTOS                                                                     |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                 |           |          |                 |                         |                         | \$                                                                   |
|          | <input type="checkbox"/> NON-OWNED AUTOS                                                                 |           |          |                 |                         |                         | \$                                                                   |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                                        | X         |          |                 |                         |                         | EACH OCCURRENCE \$ 3,000,000                                         |
|          | <input type="checkbox"/> EXCESS LIAB                                                                     |           |          |                 |                         |                         | AGGREGATE \$ 3,000,000                                               |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                     | X         | X        | BE062456973     | 04/01/2016              | 04/01/2017              | \$                                                                   |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ 2,000,000                                           |           |          |                 |                         |                         | \$                                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |           |          |                 |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N       | N/A      |                 |                         |                         | E L EACH ACCIDENT \$                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |           |          |                 |                         |                         | E L DISEASE - EA EMPLOYEE \$                                         |
|          |                                                                                                          |           |          |                 |                         |                         | E L DISEASE - POLICY LIMIT \$                                        |
| D        | Excess Commercial Um                                                                                     | X         | X        | EXC30000084800  | 04/01/2016              | 04/01/2017              | Occurrence&Aggregate 6,000,000                                       |
| A        | Excess Liability                                                                                         | X         | X        | 16CX0201627     | 04/01/2016              | 04/01/2017              | Aggregate 2,000,000                                                  |

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

NYC Department of Buildings is included as additional insured if required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

NYC Department of Buildings  
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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