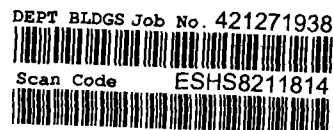




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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) 58-98 Street Name 54th Street
Borough Queens Block 2611 Lot 309 BIN 454371 CB No 405

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 0 ft
☒ ☐ Depth of Excavation < 12'? Number of stories of proposed construction 0
☒ ☐ Proposed Height < 35'? Height of tallest adjacent building 15 ft
☐ ☒ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 1
☐ ☒ Is a Tower Crane to be used? 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 property performing the job or in exchange for special consideration.

Name Freddy Vera

Registration/Tracking Number 615365

Signature

Date

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

Sworn to or affirmed under penalty of perjury

23 day of May 2018

Notary Signature

Licensee Seal or Notary Seal

MARIA CRISTINA CABA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CA6328446
Qualified in Queens County
My Commission Expires August 03, 2019

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 \$ 5 million and the total general aggregate limit which applies per project, is \$ 5 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.

INDUSTRIAL LEADING INSURANCE AGENCY INC
121-01 101st AVENUE
SOUTH RICHMOND HILL, NY 11419

Email address of broker or agent

bill@liagency.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent

BILAL SHEIKH, Broker

Notarization (required)
State of NY County of:

Queens

Sworn to or affirmed before me this

24 day of May 2018

Notary Signature

Notary Public for the State of NY

Notary Seal

ASGHAR IRFAN
Notary Public, State of New York
No. 01AS6331740
Qualified in Richmond County
Commission Expires Oct 19, 2019

TIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2018

TER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
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 Industry Leading Insurance Agency, Inc. 121-01 101st Avenue S. Richmond Hill, NY 11419	CONTACT NAME: Bilal Sheikh PHONE (A/C, No, Ext): 718-371-4444 FAX (A/C, No): 718-426-5695 E-MAIL ADDRESS: bill@iliagency.com														
INSURED Vision Contracting NY Corp 102-16 35th Ave Corona, NY 11368	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Atlantic Casualty Insurance Co</td> <td>42846</td> </tr> <tr> <td>INSURER B: United Specialty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C: ShelterPoint Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Atlantic Casualty Insurance Co	42846	INSURER B: United Specialty Insurance Co		INSURER C: ShelterPoint Insurance Company		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Atlantic Casualty Insurance Co	42846														
INSURER B: United Specialty Insurance Co															
INSURER C: ShelterPoint Insurance Company															
INSURER D:															
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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER	X		L146002180-0	12/17/17	12/17/18	EACH OCCURRENCE \$ 5,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							\$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			USA4196277	12/17/17	12/17/18	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$	X			12/17/17	12/17/18	EACH OCCURRENCE \$ 4,000,000
	AGGREGATE \$ 4,000,000						
	\$						
	\$						
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				PER STATUTE OTH-ER
	E L EACH ACCIDENT \$						
	E L DISEASE - EA EMPLOYEE \$						
	E L DISEASE - POLICY LIMIT \$						
	Disability			D473439	10/2/17	10/1/18	Statutory Limits

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

The certificate holder named as additional insured.
Job location: 58-98 54th Street , Queens New York

CERTIFICATE HOLDER

CANCELLATION

New York City Department 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

Bill Sheikh

© 1988-2015 ACORD CORPORATION. All rights reserved.