



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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DEPT BLDGS Job No. 421372598

Scan Code ESHS0292476

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) 57-11

Street Name 49 PL

Borough Queens

Block 2603

Lot 52

BIN 4437461

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?
- ☐ ☒ 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 42 ft

Number of stories of proposed construction 1

Height of tallest adjacent building 40 ft

Number of stories of tallest adjacent building 2

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 MOHAMED A GOUDA

Registration/Tracking Number 612962

Signature

Date

9/20/17

Notarization (required if not licensee)

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

20 day of Sept 2017

Notary Signature

ECLIFFE SIMON

Licensee Seal or Notary Seal

ECLIFFE SIMON

Notary Public State of New York

No. 01SI5011091

Qualified in Kings County

Commission Expires 06/04/2019

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 \$ 6 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
Richard Andreoli

Address of broker or agent
6406 14th Ave, Bklyn NY

Email address of broker or agent
RDINSURANCE@AOL.COM

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent
Richard Andreoli, Owner Broker

Notarization (required)

State of NY, County of.

Kings

Sworn to or affirmed before me this

20 day of Sept 20 17

Notary Signature

Notary Public for the State of

Notary Seal

ECLIFFE SIMON

Notary Public State of New York

No. 01SI5011091

Qualified in Kings County

Commission Expires 06/04/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
9/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EX- BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

OLDER. THIS
HE POLICIES
AUTHORIZED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy, the terms and conditions of the policy, certain policies may require an endorser certificate holder in lieu of such endorsement(s).

subject to
rights to the

PRODUCER

RICHARD ANDREOLI AGENCY
6406 14th Avenue
Brooklyn, NY 11219

PHONE (A/C, No, Ext) (718) 331-1770 FAX (A/C, No) (718) 256-2410
E-MAIL ADDRESS: RDAINSURANCE@AOL.COM

INSURED **FOREFRONT CONTRACTING INC**
252 MELVIN AVE
STATEN ISLAND, NY 10314

INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A	UTICA FIRST INS CO	
INSURER B		
INSURER C	US LIABILITY INS CO	
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			ART5075169	9/3/17	9/3/18	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER ☒ POLICY ☐ PROJECT ☐ LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB ☒ EXCESS LIAB			XL014171	9/3/17	9/3/18	EACH OCCURRENCE \$ 5,000,000
	☐ CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED ☒ RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTHER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

IT IS HEREBY UNDERSTOOD THAT THE CITY OF NEW YORK AND DEPARTMENT OF BUILDINGS ARE LISTED AS ADDITIONAL INSURED FOR ALL LOCATIONS IN THE STATE OF NEW YORK

CERTIFICATE HOLDER

CITY OF NEW YORK
DEPARTMENT OF BUILDINGS
280 BROADWAY 6TH FL
LICENSING UNIT
NEW YORK, NY 10007

CANCELLATION

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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