



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) 23-25 Street Name 124 ST

Borough Queens Block 4228 Lot 17 BIN 4099883 CB No. 407

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 35 ft |
| ☒ ☐ Depth of Excavation < 12'? | Number of stories of proposed construction 3 |
| ☐ ☒ Proposed Height < 35'? | Height of tallest adjacent building 30 ft |
| ☒ ☐ Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building 2 |
| ☐ ☒ 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 KAM CHEUNG

Registration/Tracking Number 617053

Signature

Date

11/15/18

Notarization (required if not licensee)

State of New York, County of: NASSAU

Sworn to or affirmed under penalty of perjury

15 day of NOV 2018

Notary Signature

Licensee Seal or Notary Seal

ASHLEY LAM

Notary Public, State of New York
No. 01LA6250599, Qualify in Nassau County
Commission Expires October 31, 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 \$ _____ million and the total general aggregate limit, which applies per project, is \$ _____ 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

Century Max Inc.

Address of broker or agent

39-15 Main St., Flushing, NY 11354

Email address of broker or agent

info@centurymax.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent
Alex Sze, Broker

Notarization (required)

State of NY, County of:

NY

Sworn to or affirmed before me this

14 day of NOV 2018

Notary Signature

Notary Public for the State of NY

Notary Seal

STEVEN T HO

NOTARY PUBLIC-STATE OF NEW YORK
No. 01HO6233947

Qualified in Queens County
My Commission Expires January 03, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2017

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 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 Century Max Inc. 39-15 Main St Suite 303 Flushing, NY 11354 Phone (718) 886-7070 Fax (718) 517-6006	CONTACT NAME: Alex Sze PHONE (A/C, No. Ext): (718) 886-7070 E-MAIL ADDRESS: info@centurymax.com FAX (A/C, No): (718) 517-6006
INSURED KTC Design Group Inc 67-17 48th Ave Woodside NY 11377	INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company INSURER B: INSURER C: 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 SUBR INSR 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 ☐ PROJECT ☐ LOC ☐ OTHER		USA-4164071	02/25/2018	02/25/2019	EACH OCCURRENCE \$ 5,000,000.00
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00				
		MED EXP (Any one person) \$ 5,000.00				
		PERSONAL & ADV INJURY \$ 5,000,000.00				
	GENERAL AGGREGATE \$ 5,000,000.00				PRODUCTS - COM/OP AGG \$ 5,000,000.00	
						\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					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 \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below					☐ PER STATUTE ☐ OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						Statutory Limit

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

The Policy of Insurance Names the City of New York as Additional Insured and Provides Completed Operations Coverage

CERTIFICATE HOLDER**CANCELLATION**New York City Department of Building
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