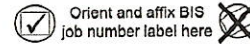




PGL1: Project Specific General Liability Insurance Summary and Affirmation



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) 37-12 Street Name FRANCIS LEWIS BLVD
Borough Queens Block 5321 Lot 18 BIN 4616810 CB No. 411

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 34 ft |
| ☒ ☐ Depth of Excavation < 12'? | Number of stories of proposed construction 3 |
| ☒ ☐ Proposed Height < 35'? | Height of tallest adjacent building 21 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 Yaspal Persaud	Notarization (required if not licensee) State of New York, County of: <u>NASSAU</u> Sworn to or affirmed under penalty of perjury	Licensee Seal or Notary Seal BIBI N. YASEEN Notary Public, State of New York No. 01YA6294753 Qualified in Nassau County Commission Expires December 23, 2021
Registration/Tracking Number 612738	1ST day of April 2021	
Signature <u>[Signature]</u>	Notary Signature <u>[Signature]</u>	
Date 4/1/2021		

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 \$5,000,000 million and the total general aggregate limit, which applies per project, is \$6,000,000 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 <u>GRACE INS AGENCY INC</u>	Notarization (required) State of <u>New York</u> County of: <u>NASSAU</u> Sworn to or affirmed before me this 1ST day of April 2021	Notary Seal BIBI N. YASEEN Notary Public, State of New York No. 01YA6294753 Qualified in Nassau County Commission Expires December 23, 2021
Address of broker or agent <u>50 Broadway, Hicksville NY 11801</u>	Signature <u>[Signature]</u>	
Email address of broker or agent <u>Patrick.Cook@grace-ins.com</u>	Notary Signature <u>[Signature]</u>	
Signature of authorized official, broker or agent <u>[Signature]</u>	Notary Public for the State of <u>New York</u>	
Name and title of authorized official, broker, or agent <u>Agent</u>		



210CO-1

OP ID: NY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2021

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 Grace Insurance Agency 88 Broadway Hicksville, NY 11801 Naz Yaseen	516-932-8100	CONTACT NAME: Naz Yaseen PHONE (A/C, No, Ext): 516-932-8100 E-MAIL ADDRESS: Naz.Yaseen@Grace-Ins.com FAX (A/C, No): 516-932-0388
INSURED 210 Construction Corp 464 Latham Road Mineola, NY 11501		INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Ins INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 42846

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 ☒ PROJECT ☐ LOC OTHER:	Y	Y	ASC04012021	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000	Y	Y	ASC04012021	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 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)

TEH CITY OF NEW YORK TOGETHER WITH ITS OFFICIALS, EMPLOYEES IS AN ADDITIONAL INSURED WITH COVERAGE AT LEAST BROAD AS SET FORTH IN THE MOST RECENT EDITION ISO FORMS CG2012 AND CG2026

CERTIFICATE HOLDER

CANCELLATION

New York City Department of Buildings
Attn: Licensin & Exams Unit
280 Broadway 1st 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

naz yaseen