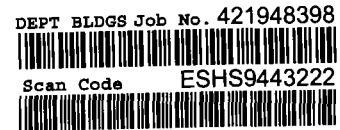




PGL1: Project Specific General Liability Insurance Summary and Affirmation

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) 46-01

Street Name 108 St

Borough Queens

Block 2002

Lot 1

BIN 4049451

CB No. 404

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 15 ft

☒ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 1

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 20 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 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 properly performing the job or in exchange for special consideration.

Name Anthony Federici

Notarization (required if not licensee)

State of New York, County of: Queens

Registration/Tracking Number 608051

Sworn to or affirmed under penalty of perjury

Signature

15th day of July 2019

Date 7/15/19

Notary Signature

NICHOLAS J NARDOZI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01NA6371375
Qualified in Queens County
Commission Expires February 26, 2022

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 \$ 15 MM million and the total general aggregate limit, which applies per project, is \$ 16 MM 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
Orrino Capital Services, LLC

Notarization (required)

State of New York, County of:

Suffolk

Address of broker or agent
500 W Main Street, Suite 208, Babylon NY 11702

Sworn to or affirmed before me this

Email address of broker or agent
Certificates@orinocapital.com

12 day of July 2019

Signature of authorized official, broker or agent

Notary Signature

Name and title of authorized official, broker, or agent
Gino A. Orrino - Agent

Notary Public for the State of NY

Notary Seal

NICHOLAS J NARDOZI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01NA6371375
Qualified in Queens County
Commission Expires February 26, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/12/2019

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 Orrino Capital Services, LLC 500 W Main Street Suite 208 Babylon NY 11702	CONTACT NAME: Certificates Department	
	PHONE (A/C, No, Ext): 631-669-0215	FAX (A/C, No): 631-669-0216
	E-MAIL ADDRESS: certificates@orinocapital.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Peleus Insurance Company	34118
	INSURER B: The North River Insurance Comp	21105
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Federici Construction Corp.
50-02 108th Street
Corona NY 11368

FEDECON-01

COVERAGES**CERTIFICATE NUMBER:** 2055763859**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 INSD 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:		103 GL 0024078-01	6/6/2019	6/6/2020	EACH OCCURRENCE \$ 1,000,000 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 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ 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 \$		AR3462447	6/6/2019	6/6/2020	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 \$
B	Excess Umbrella		522-805189-5	6/6/2019	6/6/2020	OCC/ AGG 9,000,000

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

Tracking #/Contractor ID: 608051
RE: 46-01, 108th Street, Queens NY.

DEPT BLDGS Job No. 421948398



Scan Code ESHS8165613

CERTIFICATE HOLDER**CANCELLATION**

New York City Department of Buildings
Attn: Licensing & Exams 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

© 1988-2015 ACORD CORPORATION. All rights reserved.