



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 the project described below.

1 Location Information *Required for all applications.*

House No(s) 550

Street Name W 34th St

Borough Manhattan

Block 705

Lot 1

BIN 1089412

CB No. 104

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 780'

☐ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction 51

☐ ☐ Proposed Height < 35'?

Height of tallest adjacent building 93'

☐ ☐ Proposed construction on lot line with an existing structure?

Number of stories of tallest adjacent building 7

☒ ☐ Is a Tower Crane to be used?

Permit Type New Building

Calculated Project Specific GL Insurance Required 80M

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 ROBERT VAN AKIN

Notarization (required if not licensee)

State of New York, County of: Essex

Licensee Seal or Notary Seal

Registration/Tracking Number 036789

Sworn to or affirmed under penalty of perjury

Signature [Signature]

28 day of Oct 20 15

Date 10-29-15

Notary Signature G. Morales

GLORIANIE MORALES
NOTARY PUBLIC OF NEW JERSEY
I.D. # 2396527
My Commission Expires 5/14/2020

4 Brokers Certification *Required for all applications.*

The undersigned insurance broker represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects, and that the described insurance is effective as of the date of this Certification. With regard to the liability insurance (including excess or umbrella insurance) described there, the undersigned further represents that:

The total per occurrence and aggregate limit dedicated to the project is: \$ 80 million

[Total of all primary, umbrella and excess policy limits dedicated to project for which DOB permit is sought (or being renewed). Must be same or higher than "Calculated Project Specific GL Insurance Required" in section 2 above.]

The City of New York is additional insured on these policies.

Name of Broker
Jessica Rasulo

Address of Broker
200 Liberty St, New York, NY 10281

Signature of Authorized Broker [Signature]

Notarization (required)

State of New York, County of:

Notary Seal

PATRICE E. DOYLE
Notary Public, State of New York
#01DO6007130

Name and Title of Authorized Officer
Senior Vice President

Sworn to or affirmed under penalty of perjury

28 day of October 20 15

Notary Signature Patrice E Doyle

Qualified in New York County
Commission Expires July 17, 2018



RELACON-01

DSOUZAAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2015

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 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 Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: Willis Global Certificate Center	
	PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378	
	E-MAIL ADDRESS: certificates@willis.com	
INSURED Gilbane Building Company 88 Pine Street 27th Floor New York, NY 10005	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Starr Indemnity & Liability Company	38318
	INSURER B: American Guarantee and Liability Insurance Company	26247
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		9100000081	06/01/2015	06/01/2019	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			1000040358151	06/01/2015	06/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Excess Liability			AEC 0118396-00	06/01/2015	06/01/2021	See Attached

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

RE: 550 W 34TH St, Manhattan, Block #705, Lot #1, BIN #1089412, CB #104.

City of New York, city of new York Department of Buildings together with its officials and employees are included as Additional Insureds as respects to General Liability to the extent as required by a written contract.

Umbrella/Excess Follows Form.

CERTIFICATE HOLDER

CANCELLATION

City of New York 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

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POLICY NUMBER: B080116705U15	
POLICY TYPE: Excess Liability (Excess \$25M po \$50M xs \$40M) CARRIER: Ohio Casualty Insurance Company POLICY TERM: 06/01/2015 – 06/01/2021 POLICY NUMBER: ECO (21) 56503244	\$25,000,000 – Each Occurrence \$25,000,000 – Aggregate