



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 34 St.

Borough Manhattan

Block 705

Lot 1

BIN 1089412

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?

Height of proposed construction 36'

☐ ☒ Depth of Excavation < 12'?

Number of stories of proposed construction 3

☒ ☐ Proposed Height < 35'?

Height of tallest adjacent building 93 ft

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

Number of stories of tallest adjacent building 6

☐ ☒ Is a Tower Crane to be used?

Permit Type Foundation

Calculated Project Specific GL Insurance Required 10M

**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 Darren Johnson

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

11 day of 12 20 14

Date

12/11/14

Notary Signature

G. Morales

GLORIANIE MORALES  
NOTARY PUBLIC OF NEW JERSEY  
I.D. # 2396527  
My Commission Expires 5/14/2015

**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: \$ 10 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

Alliant Insurance Services Inc

Address of Broker

131 Oliver St. 4th Fl. Boston, MA 02110

Signature of Authorized Broker

Karen Walsh

Name and Title of Authorized Officer

Karen Walsh, Director of Insurance

Notarization (required)

State of New York, County of Suffolk

Massachusetts

Sworn to or affirmed under penalty of perjury

10th day of December 20 14

Notary Signature

Sandra C. Lopes

Notary Seal

