



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) 501 Street Name WEST 30TH STREET
Borough Manhattan Block 702 Lot 50 BIN 1089323 CB No. 104

2 Project Specific Insurance Requirement *The required insurance is calculated based on information provided by the applicant.*

Yes No

- | | |
|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> 1 or 2 family home? | Height of proposed construction 878 ft |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Depth of Excavation < 12'? | Number of stories of proposed construction 50 |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Proposed Height < 35'? | Height of tallest adjacent building 1269 ft |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Proposed construction on lot line with an existing structure? | Number of stories of tallest adjacent building 68 |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Is a Tower Crane to be used? | Permit Type NB/Major Alt |

Calculated Project Specific GL Insurance Required 25M

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 Amanda Rekemeyer

Registration/Tracking Number 613954

Signature

Date

Amanda Rekemeyer
8/28/17

Notarization (required if not licensee)
State of New York, County of: *New York*
Sworn to or affirmed under penalty of perjury

28 day of *August* 2017
Notary Signature *J. Chan*

Licensee Seal or Notary Seal

JENNIFER CHAN
NOTARY PUBLIC STATE OF NEW YORK
QUEENS COUNTY
LIC. #01CH6345890
COMM. EXP. 08/01/2020

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 \$ 100 million and the total general aggregate limit, which applies per project, is \$ 100 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

Alliant Insurance Services

Address of broker or agent

140 East 45th, 6th, New York, NY

Email address of broker or agent

bfaust@alliant.com

Signature of authorized official, broker or agent

BFA

Name and title of authorized official, broker, or agent

Benjamin Faust
Program Manager

Notarization (required)

State of *New York* County of: *New York*

New York

Sworn to or affirmed before me this

11th day of *September* 20 *17*

Notary Signature

Mia Wouwarren

Notary Public for the State of *NY*

Notary Seal

MIA WOO-WARREN
Notary Public, State of New York
No. 01WO6318091
Qualified in New York County
Commission Expires 01/20/2019