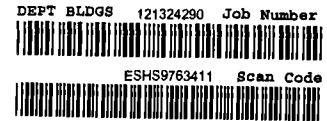




PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

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) 501

Street Name West 30th Street

Borough Manhattan

Block 702

Lot 10

BIN 1012456

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 _____

☐ ☐ Depth of Excavation < 12'?

Number of stories of proposed construction _____

☐ ☐ Proposed Height < 35'?

Height of tallest adjacent building _____

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

Number of stories of tallest adjacent building _____

☒ ☐ Is a Tower Crane to be used?

Permit Type _____

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 Jed Thies

Notarization (required if not licensee)

State of New York, County of: MANHATTAN

Licensee Seal or Notary Seal

Registration/Tracking Number 610857

Sworn to or affirmed under penalty of perjury

Signature [Signature]

24TH day of SEPTEMBER 2014

Date 9/23/2014

Notary Signature [Signature]

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: \$ 110 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 ACCOUNT

BENJAMIN FAUST

Address of Broker

320 West 57th St. 3rd Floor

Signature of Authorized Broker [Signature]

Name and Title of Authorized Officer

BENJAMIN FAUST

ACCOUNT EXECUTIVE

Notarization (required)

State of New York, County of: MANHATTAN

Notary Seal

Sworn to or affirmed under penalty of perjury

24TH day of SEPTEMBER 2014

Notary Signature [Signature]