



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 50 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 565 ft  
☐ ☒ Depth of Excavation < 12'? Number of stories of proposed construction 47  
☐ ☒ Proposed Height < 35'? Height of tallest adjacent building 0 ft  
☐ ☒ Proposed construction on lot line with an existing structure? Number of stories of tallest adjacent building 0  
☐ ☒ Is a Tower Crane to be used? Permit Type Foundation

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 RON WACKROW

Notarization (required if not licensee)

Licensee Seal or Notary Seal

Registration/Tracking Number DEVELOPER

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

Signature

day of November 2012

Date

11/7/12

Notary Signature

PHILLIP JACKIER  
Commissioner of Buildings  
City of New York - Kings County  
Certificate Filed in Kings County  
Commission Expires 1/1/13

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: \$ 100 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

Address of Broker

320 West 57th St, New York, NY

Signature of Authorized Broker

Benjamin Faust

Name and Title of Authorized Officer

Program Manager

Notarization (required)

State of New York, County of:

Sworn to or affirmed under penalty of perjury

15 day of Oct 2012

Notary Signature

MARIA J TERZULLI

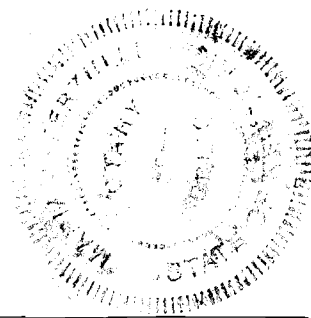
NOTARY PUBLIC-STATE OF NEW YORK

No. 01TE4882981

Qualified in Kings County

My Commission Expires January 12, 2015

Notary Seal



05/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2012

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).

<b>PRODUCER</b> Alliant Insurance Services 320 West 57th Street, 3rd Floor New York, NY 10019	<b>CONTACT NAME:</b> Benjamin Faust	
	<b>PHONE (A/C, No, Ext):</b> 212-603-0225 <b>FAX (A/C, No):</b>	
<b>INSURED</b> The Related Companies, L.P. 60 Columbus Circle New York, NY 10023	<b>E-MAIL ADDRESS:</b> bfaust@alliantinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> ACE American Insurance Co.	<b>NAIC #</b> 22667
	<b>INSURER B:</b> ACE Property & Casualty Insurance Co.	20699
	<b>INSURER C:</b> SEE ATTACHED	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X	G24548843	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>OCCUR</b>					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>					PRODUCTS - COMP/OP AGG \$ 4,000,000
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> <b>ANY AUTO</b>					BODILY INJURY (Per person) \$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b>	<input type="checkbox"/> <b>SCHEDULED AUTOS</b>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> <b>HIRED AUTOS</b>	<input type="checkbox"/> <b>NON-OWNED AUTOS</b>				PROPERTY DAMAGE (Per accident) \$
B	<b>UMBRELLA LIAB</b>	X	XCQG24548855	9/30/2012	9/30/2013	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>					AGGREGATE \$ 6,000,000
	<input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	C47008359	9/30/2012	9/30/2013	<input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b>
	<input type="checkbox"/> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>					E.L. EACH ACCIDENT \$ 2,000,000
	<input type="checkbox"/> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>					E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
						E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Re: 500 West 30th Street, Block 701, Lot 42, BIN 1805898

The City of New York, together with its officials and employees, is an Additional Insured on the policies above.

The policy shall not be cancelled, modified, or changed in a way that affects the city by the issuing insurance company unless thirty (30) days prior written notice is sent to the Named Insured and the Commissioner of the New York City Department of Buildings, except that termination for non-payment may be made on only ten (10) days written notice.

## CERTIFICATE HOLDER

City of New York Department of Buildings  
Attention: Licensing Unit  
280 Broadway, 6th Floor  
New York, NY 10007

## CANCELLATION

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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

<b>AGENCY</b> Alliant Insurance Services		<b>NAMED INSURED</b> The Related Companies, L.P. 60 Columbus Circle New York, NY 10023	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Line of Coverage	Insurance Carrier	Policy Number	Effective Dates	Limit
Excess Liability #2	Aspen Insurance UK Limited	B1217MLW120019	9/30/2012-9/30/2018	Occurrence: \$10,000,000 Aggregate: \$10,000,000
Excess Liability #3	American Guarantee & Liability Insurance Co.	AEC583399000	9/30/2012-9/30/2018	Occurrence: \$10,000,000 Aggregate: \$10,000,000
Excess Liability #4	Navigators Insurance Company	LA12FXS751128IV	9/30/2012-9/30/2018	Occurrence: \$7.5M p/o \$15,000,000 Aggregate: \$7.5M p/o \$15,000,000
Excess Liability #5	Ironshore Indemnity, Inc.	1485900	9/30/2012-9/30/2018	Occurrence: \$7.5M p/o \$15,000,000 Aggregate: \$7.5M p/o \$15,000,000
Excess Liability #6	Scottsdale Indemnity Company	XLI0004839	9/30/2012-9/30/2018	Occurrence: \$7.5M p/o \$15,000,000 Aggregate: \$7.5M p/o \$15,000,000
Excess Liability #7	AXIS Insurance Company	MLU769864012012	9/30/2012-9/30/2018	Occurrence: \$7.5M p/o \$15,000,000 Aggregate: \$7.5M p/o \$15,000,000
Excess Liability #8	Swiss Re International SE (SRI)	MH947111	9/30/2012-9/30/2018	Occurrence: \$25,000,000 Aggregate: \$25,000,000
Excess Liability #9	Berkley National Insurance Company	CEX0960001400	9/30/2012-9/30/2018	Occurrence: \$25,000,000 Aggregate: \$25,000,000



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	<b>INSURER A:</b> ACE American Insurance Co.	22667
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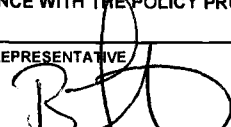
Re: 501 West 30th Street, Block 702, Lot 50, BIN 1012456

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## CERTIFICATE HOLDER

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City of New York Department of Buildings Attention: 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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



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