

**GENERAL NOTES:**

- ALL WORK IS TO CONFORM TO:  
 THE 2020 IRC/2020 RESIDENTIAL BUILDING CODE OF NEW YORK STATE  
 NYS BUILDING CODE 2020  
 NYS PLUMBING CODE 2020  
 NYS MECHANICAL CODE 2020  
 NYS ECCC R CODE 2020 NOTES:  
 ALL CODES SPECIFIC TO THE TOWN OF NORTH CASTLE, NY
- BEFORE THE COMMENCEMENT OF ANY WORK, THE CONTRACTOR SHALL VISIT THE SITE TO DETERMINE ANY DIFFICULTIES THAT MAY BE ENCOUNTERED DURING CONSTRUCTION.
- BEFORE THE COMMENCEMENT OF ANY WORK, THE CONTRACTOR SHALL FURNISH TO THE OWNER AND BUILDING DEPARTMENT, ALL REQUIRED CERTIFICATES OF BOTH THE OWNER OF THE PROPERTY, AND THE ARCHITECT, JAMES FLEMING, ARE TO BE HELD HARMLESS FROM ANY CLAIMS ARISING DIRECTLY OR INDIRECTLY FROM THIS CONTRACT.
- THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS IN THE FIELD, AND REPORT ANY DISCREPANCIES TO THE ARCHITECT. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT OF ANY ERRORS, OMISSIONS, CONFLICTS OR AMBIGUITIES IN AND BETWEEN THE PLANS AND SPECIFICATIONS PRIOR TO COMMENCING WITH ANY OF THAT PORTION OF THE WORK.
- THE CONTRACTOR SHALL OBTAIN ALL PERMITS, APPROVALS, ETC., REQUIRED TO BEGIN THE WORK, AS WELL AS OBTAIN A CERTIFICATE OF OCCUPANCY/COMPLIANCE, AT THE COMPLETION OF THE WORK. THE CONTRACTOR IS RESPONSIBLE FOR ALL CONTROLLED INSPECTIONS, EQUIPMENT USE, PERMITS, ETC.
- IT IS INTENDED THAT THE DOCUMENTS INCLUDE ALL WORK NECESSARY TO COMPLETE THE WORK, PARTICULARLY CUTTING AND PATCHING, TRIM AND TRASH REMOVALS.
- DRAWINGS ARE NOT TO BE SCALED. WRITTEN DIMENSIONS HAVE PRIORITY OVER SCALE. DIMENSIONS GIVEN ARE FOR FINISHED SURFACE UNLESS OTHERWISE NOTED.
- GENERAL CONTRACTOR SHALL PREPARE SITE PARTITION LAYOUT FOR APPROVAL BY ARCHITECT WHERE APPLICABLE.
- THE CONTRACTOR SHALL MAINTAIN ONE COMPLETE, UP-TO-DATE SET OF CONSTRUCTION DOCUMENTS AT THE PROJECT SITE AT ALL TIMES, WITH THE 2020 NYS ECCC RESIDENTIAL PROVISIONS CERTIFICATE TO THE OWNER AND THE CONTRACTOR WHEN THE WORK IS INSPECTED AND COMPLETED.

**CLIMATE AND GEOGRAPHICAL DESIGN CRITERIA**

NORTH CASTLE	
NO SNOW LOAD:	30 LBS/SF
WIND SPEED (MPH):	120
SEISMIC DESIGN CATEGORY:	C
SUBJECT TO DAMAGE FROM:	
WEATHERING:	SEVERE
FROST LINE DEPTH:	42"
TERMITE:	MODERATE TO HEAVY
DECAY:	LIGHT TO MODERATE
WINTER DESIGN TEMPERATURE:	7 DEGREES

**OFF STREET PARING CALCULATIONS**

LOT IS IN TWO MUNICIPALITIES. PARKING CALCULATIONS ARE BASED ON THE PORTION OF THE STRUCTURE IN EACH MUNICIPALITY.

**NORTH CASTLE REGULATIONS REFERENCE THE NORTH CASTLE CODE CHAPTER PROFESSIONAL OFFICES**

**335-37**

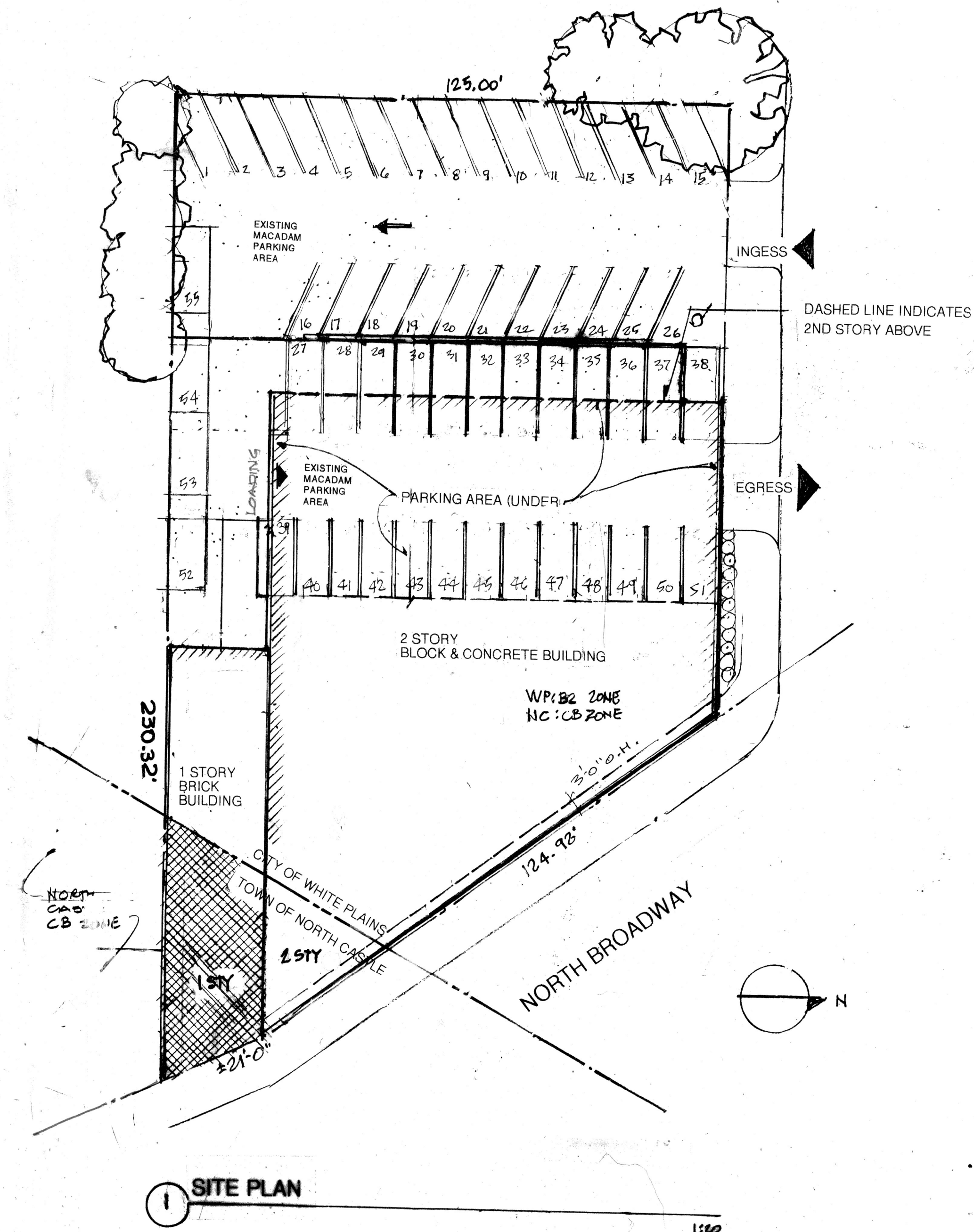
USE	REQUIRED	PROVIDED
RETAIL OR SERVICE BUSINESS	1 SPACE FOR EACH 200 SF OF RETAIL GFA 600 SF / 300 SF BUSINESS GFA 600 SF	1200 SF/200 SF/SPACE= 5 SPACES

**WHITE PLAINS REGULATIONS REFERENCE WHITE PLAINS ZONING CODE CHAPTER EIGHT-THREE (8-3)**

USE	REQUIRED	PROVIDED
WHITE PLAINS PROFESSIONAL BUSINESS OFFICE	3 SPACES PER 1000 SF OF USE 15,000 SF =	50 SPACES

**PARKING FOR EXISTING BUILDINGS (WHITE PLAINS CODE)**

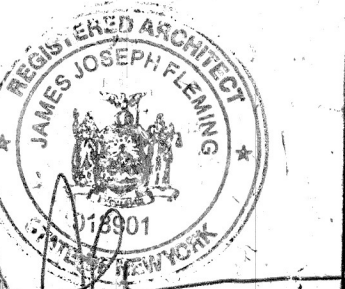
Existing "Structures" and "Uses" 8.4.1 "Structures" and "uses" in existence or for which building permits have been issued prior to the effective date of this Ordinance shall not be subject to the "parking or loading space" requirements of this Ordinance, provided that any parking and loading facilities then existing to serve such "structures" or "uses" shall not in the future be reduced, or pre-designated to serve other "structures" or "uses," except to the extent they exceed such requirements.



**1 SITE PLAN**

**1 SITE PLAN OF EXISTING COMMERCIAL STRUCTURES**  
**NORTH CASTLE/WHITE PLAINS LOTS**  
**600 N. BROADWAY**

**James Fleming, Architect**  
 11 ALDEN ROAD • LARCHMONT • NEW YORK • 10539  
 PH. 914 572.2704  
 ARCHIT@JFAD.COM  
 jamesflemingarchitect.com



ISSUE DATE

ISSUE	DATE
1	3/27/23
2	5/15/23

**SITE PLAN**

**A-1**



# TOWN OF NORTH CASTLE

17 Bedford Road

Armonk, N.Y. 10504

914-273-3000 ext. 44 Fax 914-273-3554

Building@northcastleny.com

## BUILDING PERMIT

Permit No.: 2023-0234

SBL: 122.20-1-10

Zoned: CB

Location: 606 N BROADWAY

Date: 02/27/2023

Expiration Date: 05/28/2023

Cost of Construction: \$

Total Fees: \$250.00

**Owner:**

SILVER LAKE REALTY CORP

SOUTH

199 MAIN ST

WHITE PLAINS, NY 10601

**Contractor:**

Signarama Hartsdale

28 N. Central Avenue

Hartsdale NY 10530

A permit is hereby given by the Building Department, TOWN OF NORTH CASTLE, COUNTY OF WESTCHESTER, for the structure or work described herein.

**Project Description:**

Building Sign - Broadway Station Convenience

**Required Inspections:**

**Conditions:**

1. The Building permit shall be visibly displayed at the work site and shall remain visible until the authorized work has been inspected and plans must be on site at all times for inspections.
2. All work shall be performed in accordance with the Town of North Castle code, the NYS Uniform code and the construction documents which have been submitted with and accepted as part of the application for the building permit.
3. The permit holder shall immediately notify the Building Inspector of any change occurring during the course of the work. If the Building Inspector determines that such change warrants a new or amended building permit, such change shall not be made until and unless a new or amended building permit reflecting such change is issued.
3. Building permits shall become invalid unless the authorized work is commenced within 12 months following the date of issuance. Building permits shall expire 24 months after the date of issuance and the Town approved plans must be on site at all times.
4. It is the responsibility of the owner or agent to call for all of the required inspections listed on this permit at least one day in advance.
5. Occupancy of these premises is prohibited until after a final inspection has been conducted, all fees have been paid and a Certificate of Occupancy or Compliance has been issued.

Rob Melillo  
Building/ Fire Inspector



CITY OF WHITE PLAINS, N.Y.  
DEPARTMENT OF BUILDING

70 Church Street  
White Plains, NY 10601  
PHONE 914-422-1269 FAX 914-422-1471

Thomas M. Roach  
Mayor

Damon A. Amadio, P.E.  
Commissioner

Kevin M. Hodapp, P.E.  
Deputy Commissioner

Application #: 2022-00692-ELEC  
Permit #: 2022-00692-ELEC  
Site Address: 600 NO BROADWAY  
SBL #: 120.20-3-1  
Inspector: William S. Smith

Permit Type: COM - ELEC  
Date Issued: 10/13/2022  
Applicant: Anthony E. Pircio, Jr.  
111 Cedar Street, Unit 1046  
New Rochelle, NY 10801

Description of Work:

Electrical - (3) switches for display cases, outlets for cashier / credit cards

Fees:

Fee Type	Check Number	Amount
Com - Elec	888	\$116.00
Com - Legalization fee	888	\$232.00
<b>Total Paid:</b>		<b>\$348.00</b>

Estimated Cost: \$2000

Owner: South Silver Lake Realty Corp. 199 Main Street White Plains, NY  
10601

Contractor:  
Anthony E. Pircio, Jr.  
111 Cedar Street, Unit 1046  
New Rochelle, NY 10801  
(914)760-8400

Previous Contractor:

\_\_\_\_\_  
Commissioner of Buildings

\_\_\_\_\_  
Code Enforcement Officer

**NOTE:** THIS PERMIT AND THE APPROVED PLANS MUST BE KEPT AT THE JOB. THIS PERMIT DOES NOT REPLACE ANY OTHER REQUIRED PERMITS. THE BUILDING CODE REQUIRES THAT NOTICE BE GIVEN TO THE CODE ENFORCEMENT OFFICER FOR ALL MANDATORY INSPECTIONS AS FOLLOWS: EXCAVATION, FOOTINGS, FOUNDATION, ALL CONCRETE POURS, FRAME & MASONRY, INSULATION, ELECTRICAL, MECHANICAL, INSTALLATION AND FINAL INSPECTIONS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT STARTED WITHIN 6 MONTHS FROM THE DATE OF ISSUE.

**NOTE:** THE ISSUANCE OF THIS PERMIT SHALL NOT PREVENT THE COMMISSIONER OF BUILDINGS FROM THEREAFTER REQUIRING A CORRECTION OF ERRORS IN PLANS OR IN CONSTRUCTION, OR OF VIOLATIONS OF THE WHITE PLAINS BUILDING CODE, ZONING ORDINANCE OR OTHER APPLICABLE CODES.

**IMPORTANT**

THIS PERMIT SHALL BE KEPT IN FULL VIEW ON THE JOB SITE





**CITY OF WHITE PLAINS, N.Y.  
DEPARTMENT OF BUILDING**

70 Church Street  
White Plains, NY 10601  
PHONE 914-422-1269 FAX 914-422-1471

Thomas M. Roach  
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Damon A. Amadio, P.E.  
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Deputy Commissioner

Owner: South Silver Lake Realty Corp.  
Site Address: 600 NO BROADWAY  
SBL: 120.20-3-1

**Applicant:** Anthony E. Pircio, Jr.  
111 Cedar Street, Unit 1046  
New Rochelle, NY 10801

Inspector: William S. Smith  
Appl/Permit #: 2022-00692-ELEC

Permit Type: COM - ELEC  
Date Issued: 10/13/2022

<b>Rough Inspections:</b>	Permit #:	CEO/Date	CEO/Date	CEO/Date
General Construction	_____	_____	_____	_____
Demo/Excavation	_____	_____	_____	_____
Footings/Foundations	_____	_____	_____	_____
Framing	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Sheetrock	_____	_____	_____	_____

<b>Rough Inspections:</b>	Permit #:	CEO/Date	CEO/Date	CEO/Date
HVAC	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Fire Suppression	_____	_____	_____	_____
Fire Alarm	_____	_____	_____	_____
LVW	_____	_____	_____	_____
Other	_____	_____	_____	_____

<b>Final Inspections:</b>	Permit #:	CEO/Date	CEO/Date	CEO/Date
HVAC	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Fire Suppression	_____	_____	_____	_____
Fire Alarm WPFD Sign Off	_____	_____	_____	_____
LVW	_____	_____	_____	_____
General Construction	_____	_____	_____	_____
Other	_____	_____	_____	_____

<b>Fees/Affidavit:</b>	1 <sup>st</sup> Letter:	2 <sup>nd</sup> Letter	Status	Date
Temporary CO Fee	_____	_____	_____	_____
Builders Final Affidavit	_____	_____	_____	_____
Architect/PE Final Affidavit	_____	_____	_____	_____
Final Affidavit of Cost	_____	_____	_____	_____
Additional Fee Due	_____	_____	_____	_____
Final Surveys & Plans	_____	_____	_____	_____
Final CO Fee	_____	_____	_____	_____

**IMPORTANT**

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CITY OF WHITE PLAINS, N.Y.  
 DEPARTMENT OF BUILDING  
 70 Church Street  
 White Plains, NY 10601  
 PHONE 914-422-1269 FAX 914-422-1471

Thomas M. Roach  
 Mayor  
 Damon A. Amadio, P.E.  
 Commissioner  
 Kevin M. Hodapp, P.E.  
 Deputy Commissioner

Application #: 2022-00844-BLDG Permit Type: COM - ADD/ALT  
 Permit #: 2022-00844-BLDG Date Issued: 10/05/2022  
 Site Address: 600 NO BROADWAY Applicant: Broadway Station Convenience Inc.  
 SBL #: 120.20-3-1 600 No Broadwa6y  
 Inspector: Joseph Anthony White Plains, NY 10603

Description of Work:  
 Lessee: Broadway Station Convenience Inc. - Change of tenancy (SPACE AS IS)

Fees:  

Fee Type	Check Number	Amount
Com - Add/Alt		\$212.00
<b>Total Paid:</b>		<b>\$212.00</b>

Estimated Cost: \$7500

Owner: South Silver Lake Realty Corp. 199 Main Street White Plains, NY 10601

Contractor: Broadway Station Convenience Inc.  
 600 No Broadwa6y  
 White Plains, NY 10603  
 347 772 5395  
 Previous Contractor:

\_\_\_\_\_  
 Commissioner of Buildings

\_\_\_\_\_  
 Code Enforcement Officer

NOTE: THIS PERMIT AND THE APPROVED PLANS MUST BE KEPT AT THE JOB. THIS PERMIT DOES NOT REPLACE ANY OTHER REQUIRED PERMITS. THE BUILDING CODE REQUIRES THAT NOTICE BE GIVEN TO THE CODE ENFORCEMENT OFFICER FOR ALL MANDATORY INSPECTIONS AS FOLLOWS: EXCAVATION, FOOTINGS, FOUNDATION, ALL CONCRETE POURS, FRAME & MASONRY, INSULATION, ELECTRICAL, MECHANICAL, INSTALLATION AND FINAL INSPECTIONS. THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT STARTED WITHIN 6 MONTHS FROM THE DATE OF ISSUE.

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**CITY OF WHITE PLAINS, N.Y.**  
**DEPARTMENT OF BUILDING**  
 70 Church Street  
 White Plains, NY 10601  
 PHONE 914-422-1269 FAX 914-422-1471

Thomas M. Roach  
 Mayor  
 Damon A. Amadio, P.E.  
 Commissioner  
 Kevin M. Rodapp, P.E.  
 Deputy Commissioner

Owner: South Silver Lake Realty Corp.  
 Site Address: 600 NO BROADWAY  
 SBL: 120.20-3-1

Applicant: Broadway Station Convenience Inc.  
 600 No Broadway  
 White Plains, NY 10603

Inspector: Joseph Anthony  
 Appl/Permit #: 2022-00844-BLDG

Permit Type: COM - ADD/ALT  
 Date Issued: 10/05/2022

Rough Inspections:	Permit #:	CEO/Date	CEO/Date	CEO/Date
General Construction	_____	_____	_____	_____
Demo/Excavation	_____	_____	_____	_____
Footings/Foundations	_____	_____	_____	_____
Framing	_____	_____	_____	_____
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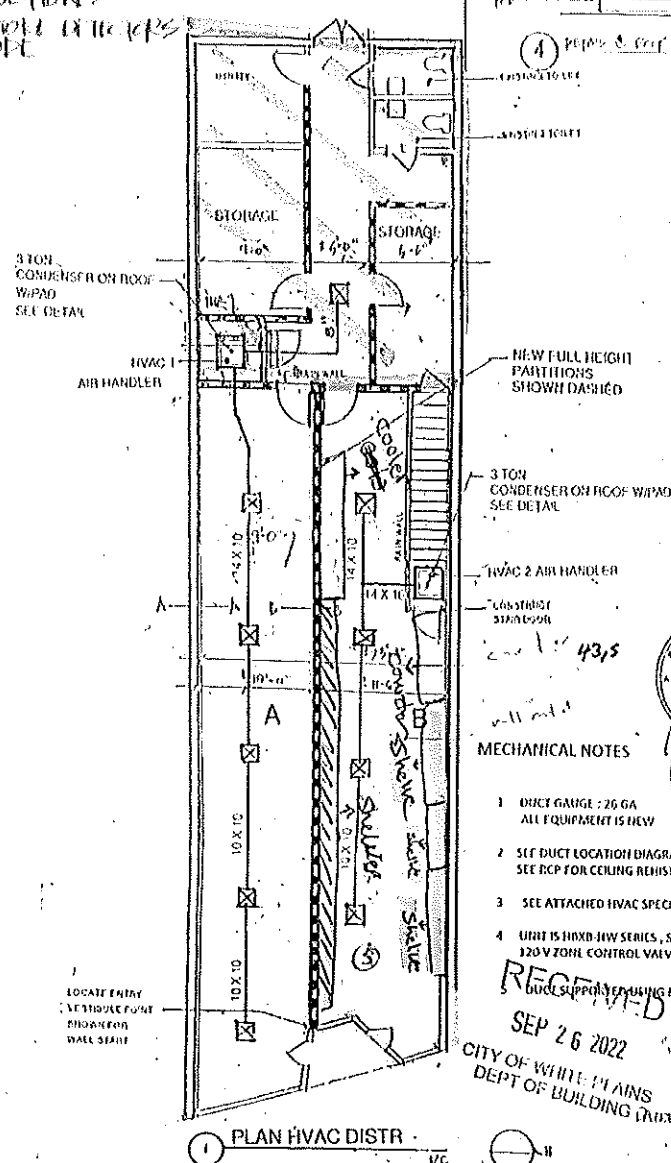
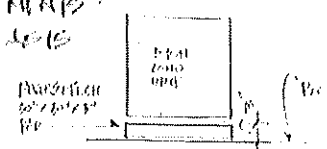
Rough Inspections:	Permit #:	CEO/Date	CEO/Date	CEO/Date
HVAC	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Fire Suppression	_____	_____	_____	_____
Fire Alarm	_____	_____	_____	_____
LVW	_____	_____	_____	_____
Other	_____	_____	_____	_____

Final Inspections:	Permit #:	CEO/Date	CEO/Date	CEO/Date
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Electrical	_____	_____	_____	_____
Fire Suppression	_____	_____	_____	_____
Fire Alarm WPFD Sign Off	_____	_____	_____	_____
LVW	_____	_____	_____	_____
General Construction	_____	_____	_____	_____
Other	_____	_____	_____	_____

Fees/Affidavit:	1 <sup>st</sup> Letter:	2 <sup>nd</sup> Letter	Status	Date
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Final Affidavit of Cost	_____	_____	_____	_____
Additional Fee Due	_____	_____	_____	_____
Final Surveys & Plans	_____	_____	_____	_____
Final CO Fee	_____	_____	_____	_____

**IMPORTANT**  
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NOTES:  
 1. ALL WORK FINISHED THROUGH 2020 CONSTRUCTION TO COMPLY WITH 2020 FIRE CODE, BURN RESISTANT PENETRATIONS THROUGH WALLS  
 2. NO STRUCTURAL WORK OR ALTERATIONS SHALL BE DONE  
 3. STATIONARY COILS ONLY  
 4. 30" WIDE EXPRESS PATH - MAINTAIN CLEAR OF OBSTRUCTIONS  
 5. SEE OTHER DRAWINGS FOR CODE



HVAC DIAGRAM  
 600-606 N. BROADWAY  
 WHITE PLAINS, NY

MECHANICAL NOTES

1. DUCT GAUGE: 26 GA  
ALL EQUIPMENT IS NEW
2. SEE DUCT LOCATION DIAGRAM  
SEE RCP FOR CEILING REGISTER LOCATIONS
3. SEE ATTACHED HVAC SPECIFICATION
4. UNIT IS 110XB-11W SERIES, SIZE AS NOTED IN SPECIFICATIONS  
120V ZONAL CONTROL VALVE (240V MAY OCCUR)  
DUCT SUPPORTS USING METAL ROD AND STRUT.



RECEIVED

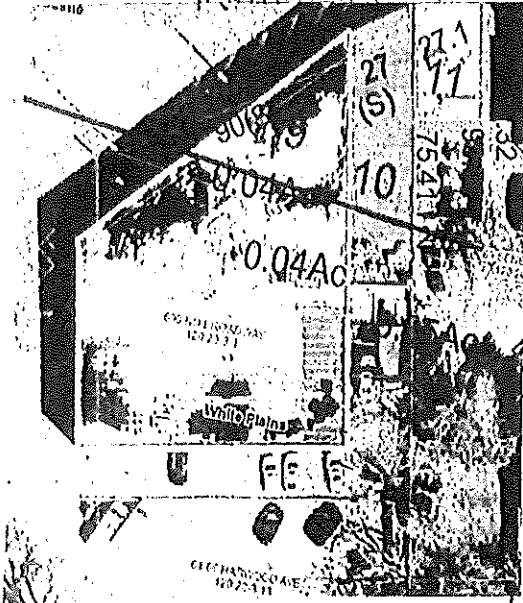
SEP 26 2022  
 CITY OF WHITE PLAINS  
 DEPT OF BUILDING (REVISED 9/16/22)

M-1

1 PLAN HVAC DISTR  
 AS REQUIRED

DEPT. OF BUILDING  
 CITY OF WHITE PLAINS  
 Section/Job/Draw: 120.20-3-1  
 Address: 600-606 N. BROADWAY  
 Project: 2022-00B44-BLDG  
 Date: 10/05/22  
 Checked by: J.A.  
 Prepared by: J.A.

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE CITY OF WHITE PLAINS ZONING ORDINANCE AND ALL APPLICABLE CODES AND REGULATIONS.  
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE CITY OF WHITE PLAINS ZONING ORDINANCE AND ALL APPLICABLE CODES AND REGULATIONS.  
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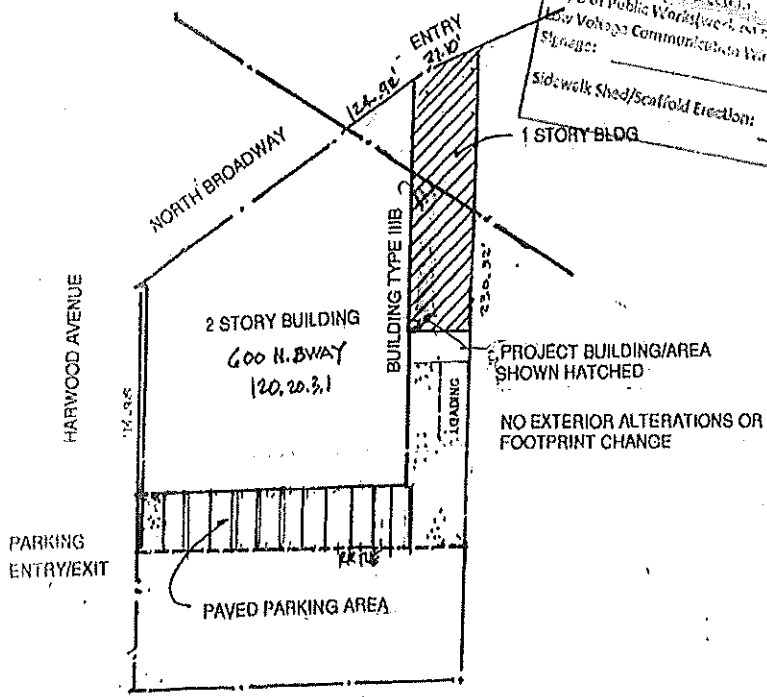
AERIAL

TYPE OF GUIDING	
CITY OF WHITE PLAINS	
Section/Block/Lot(s):	120.20-3-2
Address:	612 N BROADWAY
Floor(s):	01
Room(s):	ALTERATION
Permit No.:	KL
Permit:	2022-00053-13102
Date:	02/10/22

SEPARATE PERMITS ARE REQUIRED FOR THE FOLLOWING:

Electrical	<input checked="" type="checkbox"/>
Mechanical or plumbing	<input checked="" type="checkbox"/>
Refrigeration	<input checked="" type="checkbox"/>
The removal of a tree	<input checked="" type="checkbox"/>
Dept. of Public Works (e.g., street property)	<input checked="" type="checkbox"/>
Low Voltage Communication Wiring	<input checked="" type="checkbox"/>
Signage	<input checked="" type="checkbox"/>
Sidewalk Shed/Scaffold Erection	<input checked="" type="checkbox"/>

DEMISING PARTITION  
 600-606 N. BROADWAY  
 WHITE PLAINS, NY



Architect  
 NEW YORK \* 10559  
 firmingarchitect.com





Workers' Compensation Board

## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>BROADWAY STATION CONVENIENCE INC</b>          602 N BROADWAY          WHITE PLAINS, NY 10603</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured  <b>347-772-5495</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  <b>88-4031344</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>NYC DEPARTMENT OF BUILDINGS</b>          280 BROADWAY, 1ST FLOOR          NW YORK, NY 10007</p>	<p>3a. Name of Insurance Carrier  <b>Standard Security Life Insurance Company of New York</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>Z21621-000</b></p> <p>3c. Policy effective period  <u>9/23/2022</u> to <u>12/31/2022</u></p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.  
 B. Disability benefits only.  
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
 B. Only the following class or classes of employer's employees:

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 9/26/2022 By *Bebi A. Spina*  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)**

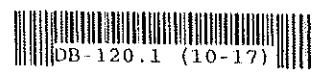
**State of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.*



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/22

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 have ADDITIONAL INSURED provisions or 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> <b>SOKKAR BROKERAGE INC</b> 7117 5th Ave Brooklyn, NY 11209-1608 License #: INSURED  <b>BROADWAY STATION CONVENIENCE INC</b> 602 N BROADWAY WHITE PLAINS, NY 10603	<b>CONTACT NAME:</b> YASSER - CRYSTAL TAX <b>PHONE (A/C, No, Ext):</b> (718)836-3600 <b>E-MAIL ADDRESS:</b> Info@sokkarinsurance.com <b>FAX (A/C, No):</b> (718)836-0770	<b>HAIC #</b> 524210
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: USLI INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

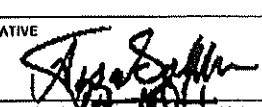
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	Y		GL1168310	09/21/22	03/21/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

CONVENIENCE STORE LOCATED AT 602 N BROADWAY, WHITE PLAINS, NY 10603

1) THE CITY OF WHITE PLAINS - 70 CHURCH STREET, WHITE PLAINS, NY 10601  
 2) SOUTH SILVER LAKE REALTY CORP - 199 MAIN STREET, MEZZANINE LEVEL, WHITE PLAINS, NY 10602  
 THE 2 ABOVE ENTITIES ARE LISTED AS ADDITIONAL INSURED ON THE POLICY AS REQUIRED PER LEASE

<b>CERTIFICATE HOLDER</b>  THE CITY OF WHITE PLAINS 70 CHURCH STREET, WHITE PLAINS, NY 10601	<b>CANCELLATION</b> 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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STATE OF NEW YORK - WORKERS' COMPENSATION BOARD  
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

**NOTICE OF COMPLIANCE  
TO EMPLOYEES**

**IMPORTANT INFORMATION FOR EMPLOYEES WHO  
ARE INJURED OR SUFFER AN OCCUPATIONAL  
DISEASE WHILE WORKING.**

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

**WORKERS' COMPENSATION BOARD OFFICES**

Albany, 12241 - 100 Broadway-Monands - (866) 750-5157  
\*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373  
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. - (866) 802-3604  
Buffalo, 14202 - 369 Franklin St. - (866) 211-0845  
\*Hauppauge, 11768 - 220 Rabro Drive - Suite 100 - (866) 681-5354  
\*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630  
\*New York, 10027 - 215 W. 125th St. - Manhattan - (800) 877-1373  
\*Peekskill, 10566 - 41 North Division St. - (866) 748-0552  
\*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373  
Rochester, 14814 - 130 Main Street West - (866) 211-0644  
Syracuse, 13203 - 935 James St. - (866) 802-3730

**\*DOWNSTATE MAIL ADDRESS**

Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to:

PO Box 5205 Binghamton, NY 13902-5205 Statewide Fax: 877-533-0337

Workers' Compensation Benefits, when due, will be paid by

(Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

<b>THE STATE INSURANCE FUND</b> 199 Church Street, New York, N. Y. 10007 (212) 312-9000	
Effective From	09/26/2022 To Cancellation
(En Vigor Desde)	(Hasta Cancellation)
Policy No.	W 25783432
(Poliza No.)	.....

C-105 (8-09)  
S. I. F. U-30m  
09/01/2018\*

PRESCRIBED BY CHAIR  
WORKERS' COMPENSATION BOARD  
STATE OF NEW YORK

www.wcb.state.ny.us

**AVISO DE CUMPLIMIENTO  
A EMPLEADOS**

**INFORMACION IMPORTANTE PARA EMPLEADOS QUE  
SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD  
OCCUPACIONAL MIENTRAS TRABAJAN.**

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concierne a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico o psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que está acogido.
5. Usted deberá requerir de su Médico que radique copias de los Informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo o resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso o la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado o por representante licenciado si usted así lo desea. Si es representado, no pague al abogado o al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo o tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina más cercana de la Junta.

Kenneth J. Munnelly  
Chair (Presidente)

Name of employer (Nombre del patrono)

BROADWAY STATION  
CONVENIENCE INC  
602 N BROADWAY, WHITE PLAINS NY

**THIS NOTICE MUST BE POSTED  
CONSPICUOUSLY IN AND ABOUT THE  
EMPLOYER'S PLACE OR PLACES OF  
BUSINESS.**

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/22

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<b>PRODUCER</b> <b>SOKKAR BROKERAGE INC</b> <b>7117 5th Ave</b> <b>Brooklyn, NY 11209-1608</b>	<b>CONTACT NAME:</b> <b>Azza Sokkar</b> <b>PHONE (A/C, No, Ext):</b> <b>(718)836-3600</b>   <b>FAX (A/C, No):</b> <b>(718)836-0770</b> <b>E-MAIL ADDRESS:</b> <b>info@sokkarinsurance.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> <b>USLI</b>   <b>NAIC #</b> <b>524210</b> <b>INSURER B:</b> _____ <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____
<b>INSURED</b> <b>BROADWAY STATION CONVENIENCE INC</b> <b>602 N BROADWAY</b> <b>WHITE PLAINS, NY 10603</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 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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	<b>GL1168310</b>	<b>09/21/22</b>	<b>03/21/23</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b> \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CONVENIENCE STORE LOCATED AT 602 N BROADWAY, WHITE PLAINS, NY 10603

- 1) THE CITY OF WHITE PLAINS - 70 CHURCH STREET, WHITE PLAINS, NY 10601
  - 2) SOUTH SILVER LAKE REALTY CORP - 199 MAIN STREET, MEZZANINE LEVEL, WHITE PLAINS, NY 10602
- THE 2 ABOVE ENTITIES ARE LISTED AS ADDITIONAL INSURED ON THE POLICY AS REQUIRED PER LEASE

**CERTIFICATE HOLDER**

**THE CITY OF WHITE PLAINS**  
**70 CHURCH STREET,**  
**WHITE PLAINS, NY 10601**

**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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