



**FREIGHT ELEVATOR RESERVATION FORM**

Email to [Khando@WAMnetworks.com](mailto:Khando@WAMnetworks.com)

PLEASE NOTE: FREIGHT ELEVATOR HOURS ARE FROM 9:00AM TO 4:00PM MONDAY THROUGH FRIDAY.

Building Address and Apartment Number: \_\_\_\_\_

Tenant(s) Name (Please Print): \_\_\_\_\_

Telephone Number (Main/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

**RESERVING FREIGHT ELEVATOR FOR:** *Please check one and complete the applicable section.*

**MOVING IN**

Preferred Reservation Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Lease Commencement Date: \_\_\_\_\_

Name of Hired Moving Company: \_\_\_\_\_ Mover's Insurance Carrier: \_\_\_\_\_

**MOVING OUT**

Preferred Reservation Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Lease Termination Date: \_\_\_\_\_

Name of Hired Moving Company: \_\_\_\_\_ Mover's Insurance Carrier: \_\_\_\_\_

Tenant(s) Forwarding Address: \_\_\_\_\_

**DELIVERY**

Preferred Reservation Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Name of Shipping Company: \_\_\_\_\_ Shipper's Insurance Carrier: \_\_\_\_\_

**CONFIRMATION:**

Tenant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Insurance (COI) Sample Below - Email to [Khando@WAMnetworks.com](mailto:Khando@WAMnetworks.com)



# CERTIFICATE OF LIABILITY INSURANCE

BIGJO-1 OP ID: DM

DATE (MM/DD/YYYY)

09/29/2015

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> Commerce Coverage Group 171 Madison Ave. Ste. 1315 New York, NY 10016	<b>CONTACT NAME:</b> _____														
	<b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
<b>INSURED</b>  <div style="background-color: yellow; padding: 5px; text-align: center;">Moving Company's Name</div>															

**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. SUBR. INSR	W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			02-LX-006262531-8	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> CONTR LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> BLNKT ADDL INSD						GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY			02-CA-006269574-8	09/30/2015	09/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$ 1,000 DED
	<input checked="" type="checkbox"/> PIP INCL						COMP/COLL \$ 1,000 DED
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		01-UD-000399185-8	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						PRODS/COM \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			G12869418	10/01/2015	10/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below.						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	CARGO LEGAL LIAB			02-LX-006262531-8	09/30/2015	09/30/2016	PER VEH 200,000
							PER DIS 400,000

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

Tenant: \_\_\_\_\_ Apt: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Additional Insured William Moses CO. Inc. with respect to General Liability subject to all policy Terms and provisions: William Moses Co., Inc., 145 West 58<sup>th</sup> Street  
 New York NY 10019

<b>CERTIFICATE HOLDER</b>  <div style="background-color: yellow; padding: 5px;">Van Dorn Holdings LLC 145 West 58th Street New York, NY 10019</div>	<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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