



THE MEURICE 145 WEST 58TH STREET NEW YORK, NY 10019 TELEPHONE: 212-757-7500 FAX: 212-581-9130

FREIGHT ELEVATOR RESERVATION FORM

Email to 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

**CERTIFICATE OF LIABILITY INSURANCE**

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).

PRODUCER Commerce Coverage Group 171 Madison Ave. Ste. 1315 New York, NY 10016	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Moving Company's Name	INSURER A:	
	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. SUBR. INSR	W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			02-LX-006262531-8	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	<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 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP INCL			02-CA-006269574-8	09/30/2015	09/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ 1,000 DED COMP/COLL \$ 1,000 DED
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE			01-UD-000399185-8	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PRODS/COM \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A	G12869418	10/01/2015	10/01/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> 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 58th Street
New York NY 10019

CERTIFICATE HOLDER**CANCELLATION**

575 Associates Inc.
145 West 58th Street
New York, NY 10019

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