

**280-290 COLLINS OWNERS CORP.  
 MOVE-IN REQUEST AND AUTHORIZATION  
 SUBMITTED BY UNIT OWNER**

Date: \_\_\_\_\_  
 To: **Stillman Management Realty Corp.**  
 From: \_\_\_\_\_ Apartment \_\_\_\_\_ Phone # \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of tenant if apartment is rented \_\_\_\_\_ Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Moving date requested \_\_\_\_\_

Before a move-in date can be scheduled you must submit the following to Stillman Management:

1. A move-in fee of \$250.00 and a refundable move-in deposit of \$250.00
2. A completed move-in Request and Authorization form.
3. A Certificate of Insurance from your mover naming the unit owner as named insured and 280-290 Collins Owners Corp. and Stillman Management Realty Corp., as additional insured. (These forms can be sent directly to Stillman Management by your mover.)
4. An executed Indemnification Agreement (copy attached).

**WITHOUT THE PROPER CERTIFICATE OF INSURANCE AND THE HOLD HARMLESS AGREEMENT SIGNED YOUR REQUEST WILL NOT BE PROCESSED.**

Tenants must also complete and attach a parking permit, a pet registration form and a new resident data sheet (all attached).

The deposit will not be returned until the new owner or tenant meets with the Orientation Committee and the super inspects the property after the move.

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 I (or my tenant) has received the section of 280-290 Collins Owners Corp. Rules and Regulations on "Moving In and Out" (attached) and agrees to comply with them.

\_\_\_\_\_  
 Signature of Unit Owner

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**To be sent by Nick to Stillman Management after the move:**

Date of Move \_\_\_\_\_  
 Time Move-In Began \_\_\_\_\_ Time Move-In Completed: \_\_\_\_\_

		<u>Damage</u>	
Inspection	Hallway Walls:	NO _____	YES _____
	Lobby:	NO _____	YES _____
	Building Front Door:	NO _____	YES _____
	Elevators:	NO _____	YES _____
	Unit Door:	NO _____	YES _____

Please return \$250.00 deposit: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 Date \_\_\_\_\_  
 Nick Goff, Superintendent  
 \_\_\_\_\_  
 Date \_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

00/00/0000

PRODUCER <span style="float:right">FAX</span>  * NAME AND ADDRESS OF INSURANCE CARRIER	THIS CERTIFICATE 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 POLICIES BELOW.  <b>INSURERS AFFORDING COVERAGE</b>
INSURED  * NAME AND ADDRESS OF INSURED (Must match signed contract)	INSURER A: xxxxxxxxxxxx INSURER B: xxxxxxxxxxxx INSURER C: INSURER D: INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	xxxxxxxxxxx	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000	
					DAMAGE TO RENTED PREMISES	\$ 1,000,000	
					MED EXP (any 1 person)	\$ 10,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	xxxxxxxxxxx	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident)	\$	
					BODILY INJURY (per person)	\$	
					BODILY INJURY (per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY	EA ACC	\$
						AGG	\$
B	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
*	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	xxxxxxxxxxx	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other		
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE -EA EMPLOYEE	\$	
					E.L. DISEASE -POLICY LIMIT	\$	
	OTHER						

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Also additionally insured: Shareholder's Name, Address and Apt. Number  
 a) 280-290 Collins Owners Corp., 280-290 Collins Ave, Mt. Vernon, NY 10552  
 b) Stillman Management Realty Corp., 440 Mamaroneck Ave, Harrison, NY 10528  
 Date of Move /Delivery/ Work:

<b>CERTIFICATE HOLDER</b>  280-290 Collins Owners Corp. C/o Stillman Management Realty Corp 440 Mamaroneck, Ave. Harrison, NY 10528	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE Must have signature
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XX\*IF WORKERS COMP IS NOT ON THIS CERTIFICATE - YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)

# CLIENT / MANAGING AGENT / CONTRACTOR INDEMNIFICATION AND INSURANCE REQUIREMENT AGREEMENT

Contractor Name: \_\_\_\_\_  
Managing Agent Name: Stillman Management Realty Corp.  
Property Name & Address: 280-290 Collins Owners Corp., 280-290 Collins Avenue, Mt. Vernon NY 10552  
Unit Owner / Unit #: \_\_\_\_\_

Whereas the "Contractor" seeks to perform certain work pursuant to oral and/or written agreement for listed shareholder/unit-owner within an apartment/unit located at listed "Property", managed by the "Managing Agent"; parties agree to the following:

## ACCESS TO PROPERTY LOCATION AND COMMON AREAS

Whereas, Contractor, in order to perform work for shareholder/unit-owner, requires access to various parts of the Property Location, which are the responsibility of the Property Location and Managing Agent, and not the responsibility of shareholder/unit-owner (the "Common Areas"); and, Whereas, Contractor acknowledges the Property Location's and/or Managing Agent's exposure to liability arising out of the Contractor's access to the Common Areas and work at the Property Location; and, Whereas, Contractor agrees that Contractor and/or Contractor's insurance carriers (and NOT Property Location, Managing Agent or their insurance carriers) should be responsible for said liability; Property Location, and Managing Agent agree as follows:

## INDEMNIFICATION AGREEMENT

In consideration for access to the Property Location, to the fullest extent allowable by law, Contractor agrees to indemnify, defend and hold harmless the Unit Owner, the Property Location and/or Managing Agent from any liability, loss, or other claim, including but not limited to expenses and reasonable attorneys' fees, related to death, personal injuries or property damage (including, but no limited to loss of use thereof) arising out of or in connection with the performance of the work by the Contractor, its agents, servants, subcontractors or employees, except to the extent of any fault attributed to the Property Location and/or Managing Agent.

## INSURANCE REQUIREMENT AGREEMENT

While performing work at the Property Location, Contractor shall maintain: workers compensation and employer's liability insurance with statutory limits; and commercial general liability insurance with a minimum limit of \$1,000,000 per occurrence, which shall name Property Location, Managing Agent and Unit Owner as "Additional Insured" and which shall be primary and non-contributory to any other insurance available to the Property Location and/or Managing Agent. If required by Property Location or Managing Agent, Contractor shall also maintain excess/umbrella liability insurance.

Commencement of the work by the Contractor at the Property Location shall be deemed acceptance of this Indemnification and Insurance Requirement Agreement for purposes legally equivalent to full execution of same. These terms supersede any others which may be inconsistent herewith. The term of this Agreement shall be one year, commencing on the contractor Authorized Signature Date (below); and this Agreement shall renew annually for subsequent one year terms until cancelled in writing by either party.

	Signature	Printed Name	Date
<b>Agent for Property:</b>	_____	_____	_____
<b>Contractor:</b>	_____	_____	_____
<b>Unit Owner</b>	_____	_____	_____