



FREIGHT ELEVATOR RESERVATION FORM

Email to WAMadmin@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:_____



BIGJO-1

OP ID: DM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2021

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):

E-MAIL

ADDRESS:

FAX

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Moving Company's Name

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		02-LX-006262531-8	09/30/2021	09/30/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input checked="" type="checkbox"/> CONTR LIABILITY					MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> BLNKT ADDL INSD					PERSONAL & ADV INJURY \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG \$ 2,000,000
						Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY		02-CA-006269574-8	09/30/2021	09/30/2022	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	09/30/2021	09/30/2022	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	Y/N	G12869418	09/30/2021	09/30/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	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
A	CARGO LEGAL LIAB		02-LX-006262531-8	09/30/2021	09/30/2022	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						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

Meurice Equity Partners, LLC
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

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