



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: _____

**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 <div style="background-color: yellow; padding: 5px; text-align: center;">Moving Company's Name</div>	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			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	Y/N		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)	<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 58th Street
New York NY 10019

CERTIFICATE HOLDER**CANCELLATION**

Van Dorn Holdings 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