



Garthchester Realty Associates

www.garthchester.com

440 Mamaroneck Avenue, Suite S-512
Harrison, New York 10528
(914) 725-3600 F: (914) 725-6453

98-20 Metropolitan Avenue, Suite 1
Forest Hills, New York 11375
(718) 544-0800

PURCHASE PACKAGE

This purchase package includes:

1. Power of Attorney (sign & return to Classic)
2. Resident Information Form (sign & return to Classic)
3. Move In/Out Policy (sign & return to Classic)
4. Request forms for Move In/Out & Deliveries/Pickups
5. Pet Application (if applicable sign & return to Classic)
6. Rules & Regulations Request Form (sign & return to Classic)
7. Condo Closing Form (sign & return to Classic)

In addition, please include with your package:

8. Copy of the homeowner's insurance (submit to The Classic)
9. Check in the amount of \$500.00 non-refundable move-in fee
10. Check in the amount of \$500.00 **refundable** security deposit

The checks should be written to **The Classic Condominium**. The security deposit check is returned once the building area/elevator is inspected and no damage is observed after the move in occurs.

Move-ins are allowed **Monday – Friday, 8:00am to 4:00pm**. Required payment and all required signed documents must be submitted prior to move in.

Buyers are to inform their moving company that they must email the Certificate of Insurance (COI) form to Betsy Klampert, bklampert@garthchester.com before the move-in date. A copy of our sample COI form is included.

SECTION 23

Volume 8
Sheet 23
Block 8232
Lot 14
Town of Greenburg

POWER OF ATTORNEY

The Classic

The undersigned _____, the owner of Unit _____ in the Building known as The Classic, 50 East Hartsdale Avenue, Hartsdale, Town of Greenburgh, New York, as designated and described in the Declaration establishing The Classic dated _____, 1986, recorded in the Office of the Clerk of Westchester County on _____ 198_, in Liber _____ at page _____ and on the floor Plans on file in said Clerk's Office as Map No. _____, do hereby nominate, constitute and appoint the persons who from time to time shall constitute the Board of Managers of The Classic, and their successors in office, jointly, true and lawful attorneys-in-fact for the undersigned, coupled with an interest, with power of substitution, to acquire in their own name, as members of the Board of Managers, or in the name of their designee, corporate or otherwise, on behalf of all owners of Units in said Property, in accordance with their respective Common Interest, any Unit whose owner desires to abandon or sell the same, the undivided interest in the Common Elements appurtenant thereto, the interest of such Unit Owner in any other Units theretofore acquired by the Board of Managers, or its designee, on behalf of all Unit Owners, or in the proceeds of sale or lease thereof, if any, and the interest of such Unit Owner in all other assets of the Condominium (hereinafter collectively called the "Appurtenant Interest"), or any Unit, together with the Appurtenant Interests, which shall be the subject of a foreclosure or other judicial sale, or to lease any Unit whose owner desires to rent the same, at such price or at such rental, as the case may be, and on such other terms and conditions as said attorneys-in-fact shall deem proper, and thereafter to convey, sell, lease, mortgage, or otherwise deal with any such Unit so acquired by them, or to sublease any such Unit so leased by them, on such terms and conditions as said attorneys-in-fact may determine, granting to said attorneys-in-fact the power to do all things in the said premises which the undersigned could do if the undersigned were personally present to execute, acknowledge and deliver

(a) any declaration or other instrument affecting the Condominium that the Board of Managers deems necessary or appropriate to comply with any law, ordinance, regulation, zoning resolution or requirement of any public authority, applicable to the maintenance, demolition, construction, alteration, repair or restoration of the Condominium or (b) any consent, covenant, restriction, easement or declaration, or any amendment thereto, affecting the Condominium or the Common Elements, that the Board of Managers deems necessary or appropriate.

The acts of a majority of such persons shall constitute the acts of said attorneys-in-fact.

This Power of Attorney is irrevocable.

IN WITNESS WHEREOF, the undersigned has (have) executed this Power of Attorney this day of
198 .

STATE OF NEW YORK)

ss.

COUNTY OF WESTCHESTER)

On the ____ day of _____, 202____, before me personally came _____ to me known, and known to me to be the individual (s) described in, and who executed the foregoing instrument, and duly acknowledged to me that they executed the same.

Notary Public

STATE OF NEW YORK)

ss.

COUNTY OF WESTCHESTER)

On the ____ day of _____, 202____, before me personally came _____ to me known, and known to me to be the individual (s) described in, and who executed the foregoing instrument, and duly acknowledged to me that they executed the same.

Notary Public



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RESIDENT INFORMATION FORM

Unit Owner: (Y/N) _____

Renter: (Y/N) _____

Unit #: _____

OCCUPANT #1

Email address: _____

Cell #: _____

Vehicle License Plate #: _____ Permit#: _____ State: _____

Garage Space # _____ LP _____ LL _____ Bin# _____

Make _____ Year _____ Model _____ Color _____

OCCUPANT #2

Email address: _____

Cell phone: _____

Vehicle License Plate #: _____ Permit # _____ State _____

Garage Space # _____ LP _____ LL _____ Bin# _____

Make _____ Year _____ Model _____ Color _____





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MOVE-IN/MOVE-OUT POLICY

1. **DENIAL OF ENTRY:** The Property Manager or managing agent has the right to deny entry to any worker who appears to be ill or cancel the move (as determined in their discretion).
2. **MOVES TO BE SCHEDULED AHEAD OF TIME:** All moves into or out of a unit must be scheduled and coordinated with the Property Manager at least fourteen (14) days prior to the move.
3. **DAYS AND TIMES:** Moves must be conducted **Monday - Friday, 8:00am to 4:00pm** except for legal or building holidays. Any extension must be approved by the Property Manager.
4. **EXCEPTIONS:** The Property Manager will determine how long movers may remain in the building depending upon the circumstances.
5. **MAXIMUM OF THREE MOVERS:** No more than three (3) movers may be in the building at any time.
6. **SERVICE ENTRY ONLY:** All moves must be conducted using the service entrance and the elevator designated by management. Use of the main lobby entrance, the stairs or any other elevator is strictly prohibited.
7. **NO ENTRANCE TO OTHER AREAS OF BUILDING:** Movers are strictly prohibited from entering any portion of the building, not along the direct path of the move from the outside of the building to the unit in which the move is taking place.
8. **LEGAL CONSIDERATIONS:** The unit owner shall comply with all applicable provisions of law and shall require its moving company to also do so. In the event any fine, violation, penalty or fee is assessed against the building, its Board members, officers, employees, unit owners, residents, or managing agent, the unit owner shall pay the same or reimburse the party against whom it is imposed.
9. **FEES:** All fees, reimbursement of expenses, security deposits, insurance,



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indemnities and/or releases typically required for moves into or out of the building shall continue to apply.

10. **NON-COMPLIANCE:** The Property Manager may require movers who do not comply with this policy to leave the building or may take other steps deemed necessary to protect the safety and health of its residents and employees.
11. **DISINFECTING:** Immediately following any move, the physical areas along the direct path of the move, including the building's service entry, service elevator and hallway shall be disinfected by a professional cleaning company hired by the building or its managing agent. The move to a new apartment owner shall be responsible for all costs and expenses associated with this cleaning.
12. **CHECKS TO BE PROVIDED:** At least **five (5) days prior** to any move in-out or move to another unit, the person moving shall provide the Property Manager with (2) checks **payable to The Classic Condominium:**
 - 1) Refundable security deposit: \$500.00
 - 2) Non-refundable move fee: \$500.00

Resident: _____ Date: _____

Moving Company: _____ Date: _____



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***COI MUST BE WRITTEN AS FOLLOWS:**

DESCRIPTION of OPERATIONS/ADDITIONAL INSURED:

1. Name of Resident, Address & Apt. #
2. **Classic Condominium**
3. GARTHCHESTER REALTY

CERTIFICATE HOLDER:

Classic Condominium

c/o GARTHCHESTER REALTY
440 Mamaroneck Ave., S-512
Harrison, NY 10528

Please send completed COI to:
Betsy Klampert, Property Manager,
bklampert@garthchester.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURERS(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 Insurance Agency Name Insurance Agency Address	CONTACT NAME: FULL NAME OF CONTACT	
	PHONE (A/C, No, Ext): PHONE OF CONTACT	FAX (A/C, No): FAX OF CONTACT
	E-MAIL ADDRESS: EMAIL ADDRESS OF CONTACT	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: CARRIER 1 - AM BEST (A-) OR BETTER	
INSURED NAMED OF INSURED (MUST MATCH SIGNED CONTRACT) FULL CURRENT ADDRESS OF CONTACT	NAIC #	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Contractual Liability GEN' AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X	X	\$1,000,000 / \$2,000,000 MINIMUM	CURRENT	CURRENT	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	\$1,000,000 MINIMUM	CURRENT	CURRENT	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X	X	SEE AGREEMENT	CURRENT	CURRENT	EACH OCCURRENCE See agreement AGGREGATE See agreement
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	\$1,000,000 MINIMUM NEW YORK STATE DISABILITY - Statutory	CURRENT	CURRENT	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. EACH ACCIDENT - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 <<Unit Owner >>, <<Condominium >>, and <<Managing Agent>> are named as additional insureds (policy form CG201011/85 or equivalent) for ALL operations by Contractor or by any of its subcontractors or agents. Liability policies include a Primary/Non-Contributory endorsement and a waiver of subrogation endorsement in favor of the Additional Insureds, their agents and employees. Liability policies shall have NO limitations or exclusions for injuries to employees, subcontractor employees, location or type of work performed.
 Loc. <<unit address>>

CERTIFICATE HOLDER:

Classic Condominium c/o GARTHCHESTER REALTY 440 Mamaroneck Ave., S-512 Harrison, NY 10528	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 MUST BE SIGNED
--	--

UNIT OWNER'S INDEMNIFICATION & INSURANCE AGREEMENT

Whereas _____ (“Unit Owner”) is and will be performing renovation work in Unit No. _____ within _____ (“Condominium”) located at _____, managed by _____ (“Managing Agent”), pursuant to decoration or alteration agreements and/or the contract/proposal dated _____, now therefore, as to all such work, the Unit Owner, Condominium and Managing Agent hereby agree:

INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, Unit Owner agrees to indemnify, defend and hold harmless Condominium and Managing Agent from any and all claims, suits, damages, liabilities, professional fees, including attorneys' fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) arising out of or in connection with the performance of the work of the Unit Owner, its agents, servants, contractors, subcontractors or employees. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against the Condominium and Managing Agent without negligence and solely by reason of statute, operation of law or otherwise, and partial indemnity in the event of any actual negligence on the part of Condominium and/or Managing Agent either causing or contributing to the underlying claim. In that event, indemnification will be limited to any liability imposed over and above that percentage attributable to actual fault, whether by statute, by operation of law or otherwise. If Unit Owner fails to procure insurance as required, recoverable damages shall not be limited to the cost of premiums for such additional insurance, but shall include all sums expended, and damages incurred by Condominium and/or Managing Agent and their respective insurers, which would have otherwise been paid by the Unit Owners required insurance.

INSURANCE PROCUREMENT

Unit Owner shall obtain and maintain at all times during the term of this agreement, at its sole cost and expense, personal liability insurance with a minimum limit of \$1,000,000. Unit Owner shall, by specific endorsements cause Condominium and Managing Agent to be named as additional insureds. Unit Owner shall, by specific endorsement, cause the coverage afforded to the additional insureds thereunder to be primary to and not concurrent with other valid and collectible insurance available to the additional insureds.

If the terms of this Agreement directly conflict with any other written agreements between the parties, the term contained in this Agreement shall supersede in that instance.

Condominium:

Managing Agent:

Unit Owner:

Signature: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Name: _____

Date: _____

Date: _____

Date: _____



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REQUEST FOR MOVE-IN/MOVE-OUT

WHEN MOVES WILL BE ALLOWED: MOVES WILL ONLY BE ALLOWED BETWEEN THE HOURS OF 8:00AM TO 4:00PM, MONDAY TO FRIDAY. RULES FOR MOVES WILL BE STRICTLY ENFORCED. PLEASE NOTE THAT ANY MOVE THAT EXTENDS BEYOND THE PERMITTED TIME WILL CAUSE YOU TO FORFEIT YOUR REFUNDABLE DEPOSIT.

FEES: There is a ***\$500.00 refundable security deposit*** required for any possible damages. The refundable check should be made payable to **The Classic Condominium**. The Classic will not be held responsible for unforeseen delays or circumstances beyond the building's control, such as elevator out of service, weather-related delays, etc. If the move is not completed by **4:00pm**, you will lose your \$500.00 refundable security deposit.

There is an ***additional \$500.00 non-refundable move fee required*** for moving in or moving out. The check should be made payable to **The Classic Condominium**.

CERTIFICATE OF LIABILITY INSURANCE (COI) REQUIRED PRIOR TO MOVE: Please advise your moving company that it needs to provide a Certificate of Liability Insurance (COI) that includes workers' compensation, naming The Classic Condominium and its managing agent as additional insured. The COI should be emailed to bklampert@garthchester.com. If the certificate is not provided prior to the move date, be advised that the move will not be permitted to take place.

Signature required: _____

Resident Name _____ Unit # _____

Cell Number _____ Move-in date _____ Move-out date _____

FOR MOVE-OUTS: A forwarding address is required. Please note that if no damage occurs, your damage deposit will be destroyed unless otherwise directed.

Street Address _____

State _____ Zip Code _____

Refundable Security Deposit - \$500.00 – Payable to THE CLASSIC CONDOMINIUM

Check Received by _____ Date _____

Inspection/Date _____ Time _____ Performed by _____

NOTE: IF A MOVE REQUIRES THE USE OF A HAND TRUCK OR A DOLLY, THE MOVING COMPANY MUST PROTECT THE CLASSIC'S CARPETING WITH MASONITE BOARDS. MOVING COMPANIES ARE REQUIRED TO ARRIVE AT THE BUILDING PREPARED WITH THEIR OWN HAND TRUCKS AND MASONITE BOARDS. UNIT OWNERS/RESIDENTS ARE REQUIRED TO INFORM THEIR VENDORS TO COME PREPARED. UNIT OWNERS WILL INCUR A FEE OF \$100.00 IF THE CLASSIC CONDOMINIUM HAS TO SUPPLY THE MASONITE BOARDS. THE \$100.00 FEE WILL BE CHARGED TO THE UNIT OWNER'S ACCOUNT.

Signature Required _____

Date: _____

Damage Report: - Location and items damaged:

Moving company notified: ___yes ___no

Contractor notified: ___yes ___no

Resident notified: ___yes ___no

Security check deposit returned (date) _____

On the date of the move, the driver should go to the front desk to check in and the front desk personnel will direct him where to park the truck.



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***COI MUST BE WRITTEN AS FOLLOWS:**

DESCRIPTION of OPERATIONS/ADDITIONAL INSURED:

1. Name of Resident, Address & Apt. #
2. **Classic Condominium**
3. GARTHCHESTER REALTY

CERTIFICATE HOLDER:

Classic Condominium
c/o GARTHCHESTER REALTY
440 Mamaroneck Ave., S-512
Harrison, NY 10528



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURERS(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 Insurance Agency Name Insurance Agency Address	CONTACT NAME: FULL NAME OF CONTACT	
	PHONE (A/C, No, Ext): PHONE OF CONTACT	FAX (A/C, No): FAX OF CONTACT
	E-MAIL ADDRESS: EMAIL ADDRESS OF CONTACT	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: CARRIER 1 - AM BEST (A-) OR BETTER	
INSURED NAMED OF INSURED (MUST MATCH SIGNED CONTRACT) FULL CURRENT ADDRESS OF CONTACT	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	NAIC #	

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.

INS R L T R	TYPE OF INSURANCE	ADD L INS R	SU BR WV D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Contractual Liability GEN' AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X	X	\$1,000,000 / \$2,000,000 MINIMUM	CURRENT	CURRENT	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	\$1,000,000 MINIMUM	CURRENT	CURRENT	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	SEE AGREEMENT	CURRENT	CURRENT	EACH OCCURRENCE See agreement AGGREGATE See agreement
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	\$1,000,000 MINIMUM NEW YORK STATE DISABILITY - Statutory	CURRENT	CURRENT	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. EACH ACCIDENT - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

<<Unit Owner >>, <<Condominium >>, and <<Managing Agent>> are named as additional insureds (policy form CG201011/85 or equivalent) for ALL operations by Contractor or by any of its subcontractors or agents. Liability policies include a Primary/Non-Contributory endorsement and a waiver of subrogation endorsement in favor of the Additional Insureds, their agents and employees. Liability policies shall have NO limitations or exclusions for injuries to employees, subcontractor employees, location or type of work performed.

Loc. <<unit address>>

CERTIFICATE HOLDER:

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
	MUST BE SIGNED



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REQUEST FOR DELIVERIES/PICKUPS

WHEN DELIVERIES ARE ALLOWED: *DELIVERIES AND PICKUPS WILL ONLY BE ALLOWED BETWEEN THE HOURS OF 8:00AM TO 4:00PM, MONDAY TO FRIDAY.* RULES FOR DELIVERIES WILL BE STRICTLY ENFORCED. PLEASE NOTE THAT FOR ANY DELIVERY THAT EXTENDS BEYOND THE PERMITTED TIME, YOU WILL FORFEIT YOUR REFUNDABLE DEPOSIT.

REFUNDABLE SECURITY DEPOSIT: There is a **\$500.00 refundable security deposit** required for any possible damages. The refundable check should be made payable to **The Classic Condominium**. The Classic will not be held responsible for unforeseen delays or circumstances beyond the building's control, such as elevator out of service, weather-related delays, etc. If the delivery is not completed by **4:00pm**, you will lose your \$500.00 refundable security deposit.

CERTIFICATE OF LIABILITY INSURANCE (COI) NEEDED PRIOR TO DELIVERY: Please advise your delivery company that they need to provide a Certificate of Liability Insurance (COI) to include workers' compensation, naming the Classic Condominium and its managing agent as additional insured. *The COI should be emailed to bklampert@garthchester.com.* If the certificate is not provided prior to the delivery date, be advised that the delivery will not be permitted to take place.

Signature required: _____

Resident Name _____ Unit # _____

Cell Number _____ Delivery date _____

Refundable Security Deposit - \$500.00 – Payable to THE CLASSIC CONDOMINIUM

Check Received by _____ Date _____

Inspection/Date _____ Time _____ Performed by _____

NOTE: IF A DELIVERY REQUIRES THE USE OF A HAND TRUCK OR A DOLLY, THE DELIVERY COMPANY MUST PROTECT THE CLASSIC'S CARPETING WITH MASONITE BOARDS. DELIVERY COMPANIES ARE REQUIRED TO ARRIVE AT THE BUILDING PREPARED WITH THEIR OWN HAND TRUCKS AND MASONITE BOARDS. UNIT OWNERS/RESIDENTS ARE REQUIRED TO INFORM THEIR VENDORS TO COME PREPARED. **UNIT OWNERS WILL INCUR A FEE OF \$100.00 IF THE CLASSIC CONDOMINIUM HAS TO SUPPLY THE MASONITE BOARDS.** THE \$100.00 FEE WILL BE CHARGED TO THE UNIT OWNER'S ACCOUNT.

Signature Required _____

Date: _____

Damage Report: - Location and items damaged:

Delivery company notified: ___ yes ___ no

Contractor notified: ___ yes ___ no

Resident notified: ___ yes ___ no

Security check deposit returned (date) _____

On the date of the delivery, the driver should go to the front desk to check in and the front desk personnel will direct him where to park the truck.



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PET APPLICATION INFORMATION FORM

Unit #: _____ **Date:** _____

Name of Current Owner: _____

Pet's Name: _____

Type of Pet/Breed: _____ Weight: _____ Gender(M/F): _____

	YES	NO
Has your pet ever bitten anyone?		
Is your pet aggressive?		
Is your pet neutered?		

Please provide a description of your pet's behavior:

Please sign below indicating that the information you have provided is accurate.

Current Owner _____ Date _____



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440 Mamaroneck Ave, Suite S512
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(914) 725-3600 F: (914) 725-6453

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Forest Hills, New York 11375
(718) 544-0800

RULES & REGULATIONS ~ DOGS AND OTHER PETS

(A) All pets shall be on a leash at all times while in the public areas, in the shrubbery, driveways, or other public areas of the Classic. Should any accidents occur, owners are responsible to clean up after their pets. All pets shall be on a leash no more than 6 feet at all times while in the public areas, in the shrubbery, driveways, or other public areas of the Classic.

(B) No pet shall be curbed on walkways, driveways, parking areas, close buildings, or other public areas of the Classic.

(C) Owners bringing in pets shall assume full responsibility for any damages by pets to personal property and common elements of the Classic.

(D) Guests and visitors of apartment occupants shall not be permitted to bring any pet on the premises of the Classic.

(E) Animals may not be kept on the Property other than dogs, cats, and other typical household pets not exceeding two (2) per Residential unit. Said pets may not be kept for any commercial purpose.

(F) No pet shall be allowed to create or cause any disturbance or nuisance of any kind. The pet owner may be required to permanently remove the pet from the condominium property if the disturbance or nuisance is not corrected.

(G) Types of Dogs that are **prohibited** at the Classic are as follows:

Pit bull types
Rottweilers
Dobermans

German Shepherds
Husky types
Chow Chows



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(H) Residents with pets already living at the building that may be aggressive towards people or other pets must take the following precautions:

- The dog must be kept on a leash no longer than 4 feet
- The dog must be muzzled when in common areas of the building
- The garages must be used to enter or exit the building with the dog

Carry liability insurance at a minimum of \$50,000.00

(I) New pets being brought to the building must be described in an application completed by their owner which includes questions concerning the pet's behavior. Pets with known aggressive or otherwise undesirable behaviors may be excluded from residing at or visiting the Classic. All pets over 50 lbs. will be denied permission to reside at or visit the Classic unless approved by the Board of Managers on an exception basis. This also applies to puppies of breeds and/or mixed breeds in which the dog will grow and weigh over the permitted weight.



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***NEW REGULATIONS ~ FOR DOGS & OTHER PETS**

As a result of suggestions from some residents, the Board has reviewed the current rules and regulations pertaining to dogs, especially the size of dogs that are permitted at the Classic.

After careful review and discussion, the Board has decided to include the following new regulation to the rules under the section Dogs and Other Pets:

- **(I) Before being permitted to reside at the Classic, new pets being brought to the building must be described in an application completed by their owner which includes questions concerning the pet's behavior. Pets with known aggressive or otherwise undesirable behaviors may be excluded from residing at or visiting the Classic. All pets over 50lbs. will be denied permission to reside at or visit the Classic unless approved by the Board of Managers on an exception basis. This also applies to puppies of breeds and/or mixed breeds in which the dog is normally expected to grow and weigh over the permitted weight.**

Any dog or other pet that currently resides at the Classic will not be affected by the new regulation. A pet application will be required to be completed and approved for owners or tenants bringing a new pet to reside at or visit the Classic, regardless of size, for a description of their pet and its behavior. Prospective and existing owners and/or tenants wishing to bring a new pet over 50 pounds or a puppy that is normally expected to grow and weigh over this amount to reside at the Classic will be required to submit an application and will be required to meet with the Board with their pet for approval or rejection. Any application later determined to be incomplete or inaccurate may result in fines or further actions including but not limited to eviction of the pet. Residents are not permitted to walk their dogs through the front entrance of the building. Residents must exit with their dogs



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through the LL and LP garage, and you may re-enter the building through the front entrance.

Please include this new regulation* with your copy of the rules and regulations for the Classic. Please contact the Classic office with any questions you may have.



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RULES AND REGULATIONS REQUEST

Dear Prospective Buyer,

It is the responsibility of the prospective buyer to request a copy of The Classic's Rules and Regulations. A copy can be obtained through the on-site Management Office. Please contact Betsy Klampert via email at bklampert@garthchester.com or call Betsy at 914-949-0018.

By signing this form, I have received and read the building's regulations and agree to abide by all Rules and Regulations of the Classic Condominium.

Unit #

Buyers' name

Signature

Buyers' name

Signature

Date



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GARAGE HEIGHT RESTRICTIONS

Garage levels LL and LP have a fire protection system installed within the ceilings of the garages. As a result of this fire protection system there are certain height restrictions for vehicles in effect for both garage levels. Listed below are the height restrictions for both levels. If your vehicle exceeds these height restrictions, you cannot use our garages under any circumstances, and you must make your own arrangements for parking offsite.

LL Garage Level – 6' 3"

LP Garage Level – 6' 2"

Anything placed on the roof of your vehicle, bicycles, luggage, must be removed prior to entering the garages, and added only after exiting. It is imperative that residents comply with these height restrictions as the repair costs, damage, to the building's fire sprinkler system could be an enormous expense for the building or the resident that causes the damages. You will be held responsible for damages caused by your vehicle due to failure to comply with these height restrictions.