APPLICATION FOR MOVING PERMIT

When completed and signed by a Management Officer, this permit is valid for a move ONLY on the date and at the time specified. Changes must be rescheduled. Please print legibly all information in Part A, and then sign.

PART A

1. I (we) hereby apply to move **INTO** ☐ **OUT OF** ☐ (select one)

   Unit _____ in Building _____

   Requested Date of Move: _____ Time: _____

2. Name of Resident(s): _____

   Current home address: _____

   Phone: _____ Email: _____

3. Name of Unit Owner(s): _____

   Address: _____

   Phone: _____ Email: _____

   Name of Mover: _____

   Address: _____

   Phone: _____ License No. _____ Issued by: _____

4. I (we) understand and accept that this move is made subject to the Rules and Regulations of The Consulate on The Park Condominium and that I am (we are) responsible for any damage to Consulate property.

   Resident's signature: _____ Date: _____

   Owner's signature: _____ Date: _____

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PART B (PERMIT TO MOVE)

Date Received: _____ All Fees Received: _____

Compliance with Regulations: _____

Comments: _____

Approved date of move: _____ Time: _____

Additional restrictions (if any) _____

Date and time of property Inspections: _____

Before Move: _____

After Move: _____

Permit approved: _____ Date: _____

Managing Agent

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

MOVING-IN - MOVING-OUT, and DELIVERY REGULATIONS

1. All moves and large deliveries must be scheduled in advance with the super and with the Managing Agent. All require a certificate of insurance confirmed prior to move or delivery date. To request a sample COI contact Dawn Levin at 914-813-1944 or email dlevin@garthchester.com. Samples can also be found on the Garthchester Website under the **Property Information** tab.

2. Furniture and appliance deliveries must be made using the service entrance.

3. Moves are permitted only during the hours of:
9:00 a.m. – 5: 00 p.m. Monday to Saturday. No moves on Sundays or legal holidays. Legal holidays are as follows: New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day and Christmas Day

REASONS:
   a. Elevators must be protected by padding.
   b. Common areas must be inspected for damage before and after the move.
   c. Moves must be controlled (time of day) so as to minimize inconvenience to residents

4. The application for a moving permit must be made on the Consulate application form at least **five** business days before the move. Each application must contain the names and addresses and phone number of the owner and the mover.

5. The owner of the unit will be charged a non-refundable fee of one hundred dollars **($100.00)** for the moving permit. The permit will be valid for one move only.

6. A security deposit of two hundred fifty dollars **($250.00)** will be required from the person who is moving to protect the condominium against damage caused by moving. This deposit less the costs of repairs for damage caused by the move will be returned by the condominium after the posts-move inspection has been completed.

7. The owner will be notified of the date and time when the inspection for damage will be made. He or she will be entitled to accompany the inspector. In the event of disagreement about damages, the decision of the Board of Managers will be conclusive.

8. NO WAIVER OF THE BOARD'S RIGHT OF FIRST REFUSAL ON A SALE WILL BE GRANTED UNTIL THE FEES FOR THE MOVE OUT OF THE UNIT HAVE BEEN PAID IN FULL AND ALL OTHER PERTINENT REQUIREMENTS HAVE BEEN MET.

9. Any move made without a permit or otherwise in violation of these regulations will be deemed a violation of the Rules and Regulations of the condominium and will subject the violator(s) to fines and other appropriate penalties needed for enforcement and the proper maintenance of the property, as determined by the Board of Managers.

10. These regulations were approved unanimously by the Board of Managers on March 24, 1992, and become effective on May 1, 1992.

Tenants $250 deposit do not get back their refund until they move out.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 00/00/0000

PRODUCER FAX * 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.
	INSURERS AFFORDING COVERAGE
INSURED * NAME AND ADDRESS OF INSURED (Must match signed contract)	INSURER A: xxxxxxxxxx INSURER B: xxxxxxxxxx INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICES 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	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	$1,000,000/$2,000.000	00/00/00	00/00/00	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (any 1 person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS ☐ _____ ☐ _____	$1,000,000 minimum	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
	GARAGE LIABILITY ☐ ANY AUTO ☐ _____				AUTO ONLY – EA ACCIDENT OTHER THAN AUTO ONLY EA ACC OTHER THAN AUTO ONLY AGG	$ $ $
B	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
*	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	$1,000,000 minimum	00/00/00	00/00/00	☐ WC Statutory Limits ☐ Other E.L. EACH ACCIDENT E.L. DISEASE –EA EMPLOYEE E.L. DISEASE –POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
	OTHER					

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

Also additionally insured: Unit Owner's Name, Address and Apt. Number
The Consulate on The Park - Consulate Drive, Tuckahoe, NY 10707
Garthchester Realty Associates, 440 Mamaroneck Ave, Harrison, NY 10528
Date of Move /Delivery/ Work:

CERTIFICATE HOLDER ____

The Consulate on The Park C/O
Garthchester Realty Associates
440 Mamaroneck Ave. S-512
Harrison, NY 10528

CANCELLATION

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 KINDUPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Must have signature

XX*IF WORKERS COMP IS NOT ON THIS CERTIFICATE – YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)