LAWN TERRACE
Owners Corporation

MOVE-IN APPLICATION

LAWN TERRACE OWNERS CORP.
C/O GRAMATAN MANAGEMENT, INC.
2975 WESTCHESTER AVENUE SUITE G 01
PURCHASE, NY 10577
914.654.1414

Date of Moving-In:	Apartment Number:
Resident's Name, Address, and Contact Number:	
Moving Company Name:	

Required forms:

Please submit the following information to Gramatan Management:

1. This completed form
2. Signed Move-In Policy form
3. Certificate of Insurance and any additional paperwork from your moving company
4. Move in fee in amount of $1000 – check made out to Lawn Terrace Owners Corp.

THIS COMPLETED KIT MUST BE DELIVERED TO OUR SUPERINTENDENT OR GRAMATAN MANAGEMENT AT THE TIME OF PURCHASE APPROVAL BY THE BOARD NO PURCHASE WILL BE APPROVED WITHOUT PAID FEE AND COMPLETED PAPERWORK.

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MOVE IN – MOVE OUT POLICY

A move in-move out deposit of $1000 is required for any move ins or move outs. The deposits must be made in form of a $1000 check made out to Lawn Terrace Owners Corporation. This deposit is refundable under the conditions listed below. The deposit will be returned only if all the following rules are adhered to:

1. The superintendent or management must be given seven (7) days prior notice of the impending move. The check for $1000 must be given to the super, or management, at least seven (7) days prior to the move.
2. Moving companies must notify the superintendent two (2) days prior to the move.
3. Moving companies must have valid Certificate of Insurance on file with Gramatan Management.
4. Moving companies must ensure that building entry doors and walls are covered with blankets or other protective material so that no damage is caused to the property while moving.
5. You may only move in or move out Monday through Friday (non-holidays) between the hours of 9AM and 4PM. Your move must be completed by 5PM. Moving companies and their vehicles will only be allowed on the property during this time. If moving vehicles or movers are noticed on the property outside of allowed times, you will forfeit your deposit, and PD may be called to remove them.
6. The superintendent or the property manager will assess the condition of hallways, doorways, pathways and lawns after the move is over. If damages to any of these occur, you will forfeit your deposit. If damages are higher than $1000, the difference will be billed to you.
7. The movers must not traverse or damage the lawns with their moving equipment:
    a. For buildings 106-116, access must be from the top of the complex (Lawn Terrace St.)
    b. For buildings 100-104 and 118-134, access must be from our private road or from two side parking lots (other cars must not be blocked).

It is very important that these rules are fully adhered to, otherwise, you will forfeit the deposit and may face additional expenses.

THE SUPERINTENDENT'S PHONE NUMBER IS 646-824-6934

By signing this, it is understood that you have read, understood, and agree to adhere to the Lawn Terrace Owners Corp's move in/move out policy:

_____ _____
Signature Signature

_____ _____
Building and Apartment Number Date

LAWN TERRACE
Owners Corporation

OP ID: _

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/11/2013

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	Phone:	CONTACT NAME:	
	Fax:	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Your Company Your Address		INSURER A Carrier	10674
		INSURER B : Carrier	20281
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY							
	X COMMERCIAL GENERAL LIABILITY			POLICY NUMBER	03/20/2013	03/20/2014	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	HIRED AUTOS							$
	NON-OWNED AUTOS							$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		POLICY NUMBER	09/12/2013	09/12/2014	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

SAMPLE

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

Description of Operation MUST Include the following as an ADDITIONAL INSURED

Name of Building and Gramatan Management Inc.

CERTIFICATE HOLDER	CANCELLATION
Building Name c/o Gramatan Management Inc. 2 Hamilton Avenue, Suite 217 New Rochelle, NY 10801	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

ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

LAWN TERRACE
Owners Corporation

ADDENDUM TO CONTRACT

Date: _____

This Agreement is made this day by and between:

LAWN TERRACE OWNERS CORP.

(Legal name of Property Owner or legal representative)
Hereafter referred to as "Owner and/or Managing Agent", and:

(Legal name of Contractor) hereafter referred to as "CONTRACTOR", with respect to the performance and provision by Contractor to Owner and/or Managing Agent of certain work, services, labor and/or materials, described herein as:
(Description of job)

(all as more fully described in the contract, invoice, purchase order or other attached document referencing the Contractor's work and services to be provided, which is incorporated by reference herein and made a part hereof), hereinafter referred to as "the work", and the contract amount for said work being:

$_____, it is hereby further agreed:

1. INDEMNIFICATION:
   To the fullest extent permitted by law, Contractor agrees to indemnify, defend and hold harmless Owner and or Managing Agent from and against any and all suits, actions, liabilities, damages, professional fees, including attorneys' fees, costs, court costs, expenses, disbursements or claims of any kind or nature for injury to or death of any person or damage to any property (including loss of use thereof) arising out of or in connection with the performance of the Work of the Contractor, its agents, servants, subcontractors or employees, or the use by Contractor, its agents, servants, subcontractors or employees, of any premises

or facilities, or part thereof, of the Owner and or Managing Agent. This agreement to indemnify specifically includes full indemnity in the event of liability imposed against the

Owner and or Managing Agent without any negligence or fault on the part of Owner and or Managing Agent and solely by reason of statute, operation of law or otherwise. In the event any negligence or fault is assigned or apportioned to the Owner and or Managing Agent, this agreement specifically includes partial indemnity of Owner and or Managing Agent, but limited to any liability imposed over and above that percentage attributed to the Owner and or Managing Agent.

2. INSURANCE

Contractor shall obtain and maintain at all times during the term of this agreement, at its sole cost and expense, the following insurance (a) Workers Compensation insurance with statutory limits and employer's liability coverage of not less than $500,000; (b) Commercial General Liability insurance with a minimum limit of $ 1,000,000 per occurrence and $ 2,000,000 in the aggregate, which insurance shall cover the following: premises and operations liability, contractual liability, products/completed operations, personal & advertising injury and independent contractor's liability; (c) Automobile Liability insurance covering owned, hired and non-owned vehicles, with a minimum limit of liability of $1,000,000; and (d)Umbrella or Excess liability insurance with a limit of $ 5,000.000 per occurrence and a general aggregate of $ 5,000.000. All of Contractor's insurance policies shall include Owner and Managing Agent as additional insureds. The coverage afforded to Owner and Managing Agent under Contractor's policies shall be primary to, and non-contributing with any other insurance, primary, excess, or umbrella available to Owner and Managing Agent. If Contractor fails to procure insurance for the Owner and Managing Agent 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 Owner and Managing Agent, and their respective insurers, which would have otherwise been paid by the Contractor's required insurance.

Prior to commencing "the Work" described in this Agreement, Contractor shall provide Owner and or Managing Agent a Certificate of Insurance evidencing compliance with the insurance procurement requirements herein, in standard ACORD form.

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In the event any part of this Addendum conflicts with any other provisions between Owner/Managing Agent and Contractor regarding indemnity or insurance requirements, this Addendum controls. This Agreement cannot be modified orally, and any commencement of "the Work" described in the

Agreement by the Contractor, or its agents, servants, employees or subcontractors shall constitute an acceptance of this written Agreement as is and shall have the same force and effect as though same were fully executed.

Dated: _____

Owner/Managing Agent By: _____

Contractor By: _____