



LONDON TERRACE TOWERS OWNERS, INC.

468 West 24th Street. New York, NY 10011 | (212) 675-2000

Important documents

Sample Certificate of Insurance: Pages 2 - 5
for professional movers move-in/move out

Indemnification Form: Page 6 *for self move
in/out, furniture delivery, etc.*

Elevator Dimensions: Page 7

Fees:

\$250 - *Move in/out fee (Non-refundable)*

\$500 - *Move in/out deposit (Refundable)*

**Please note deposit is refundable assuming no damages
and will be issued 2 business days (48hrs) after completion.**



LONDON TERRACE TOWERS

Certificate of Insurance Information for Move-In / Move – Out /Deliveries/ Repairs/Contractors

The freight elevator may be reserved Monday to Friday, from 9am to 4pm. Please submit your COI no less than 48 hours from your requested reservation date; additionally, you may submit your reservation request via Buildinglink.

ON ALL CERTIFICATES OF INSURANCE, THE DESCRIPTION OF OPERATIONS SHOULD HAVE THE FOLLOWING ENTITIES LISTED AS ADDITIONAL INSURED:

- 1. LONDON TERRACE TOWERS OWNERS, INC.**
- 2. LONDON TERRACE TOWERS CONDOMINIUM**
- 3. LONDON TERRACE ASSOCIATES**
- 4. DOUGLAS ELLIMAN PROPERTY MANAGEMENT**
- 5. NAME, ADDRESS, AND APT. NUMBER OF RESIDENT/UNIT OWNER**

THE COI SHOULD ALSO INCLUDE GENERAL LIABILITY, UMBRELLA LIABILITY, AND WORKER’S COMP.

THE CERTIFICATE HOLDER IS:

London Terrace Towers Owners, Inc.
C/O Douglas Elliman Property Management
468 West 24th Street
New York, NY 10011
(212) 675–2000

PLEASE EMAIL THE CERTIFICATE OF INSURANCE AND PROOF OF WORKERS COMPENSATION TO:

LTT.ManagementOffice@ellimanpm.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 PRODUCER NAME ADDRESS ADDRESS	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED INSURED NAME ADDRESS ADDRESS	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 BRAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NY15CGL139712IC	9/11/2017	9/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NY15CGL139712IC	9/11/2017	9/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			TH7-61696-836	9/11/2017	9/11/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	2016-07-58-41-7	9/11/2017	9/11/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

ALL OF THE FOLLOWING ARE ADDED/LISTED AS ADDITIONAL INSURED:

- LONDON TERRACE TOWERS OWNERS, INC.
- LONDON TERRACE TOWERS CONDOMINIUM
- LONDON TERRACE TOWERS ASSOCIATES
- DOUGLAS ELLIMAN PROPERTY MANAGEMENT
- NAME, ADDRESS, AND APT. NUMBER OF THE RESIDENT/ UNIT OWNER

CERTIFICATE HOLDER**CANCELLATION**

LONDON TERRACE TOWERS OWNERS, INC. C/O DOUGLAS ELLIMAN PROPERTY MANAGEMENT 468 West 24th Street NEW YORK, NY 10011 (212) 675-2000 (Phone) LTT.ManagementOffice@ellimanpm.com (Email)	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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Exhibit A

Each of Shareholder's contractors shall provide insurance of the types and in not less than the limits set forth below with a company or companies satisfactory to the Corporation, licensed to do business in the State of New York, and all such policies shall name the Corporation, the Corporation's officers, directors, and shareholders, the Corporation's Designated Engineer and the Managing Agent as additional named insureds (see sample of Certificate of Liability Insurance attached). No diminution of limits of insurance will be permitted.

[i] **WORKER'S COMPENSATION** as required by law together with Employer's Liability Insurance and Disability Benefits Insurance as required by the State of New York.

[ii] **COMMERCIAL GENERAL LIABILITY** including Contractor's Liability and Blanket Contractual Liability (oral or written), all on an occurrence basis with Personal Injury Coverage, which shall include mental anguish as well as standard conditions, and Broad Form Property Damage, without any exclusion relating to Explosion, Collapse, and Underground Property Damage.

The Policy will contain the "Broad Form Comprehensive General Liability" endorsement in Section 1 in such form; the exclusion pertaining to liability assumed by the Contractor under any contract or agreement (Section II Section B (1)) is to be deleted. The Completed Operations Coverage is to extend for a period of one year following termination of the Work and Contractual Indemnity Coverage is also to extend for one year following termination of the Work. The policy is also to include (a) Owners Protective Liability Coverage, (b) Knowledge of Occurrence and Notice of Occurrence endorsements and (c) Unintentional Errors and Omissions clause. The policy shall also include coverage with respect to asbestos exposure if the Work involves any asbestos-containing material, and shall not include a sunset clause without the Corporation's consent.

\$1,000,000 BODILY INJURY & PROPERTY DAMAGE* (combined single limit)

[iii] **COMPREHENSIVE AUTOMOBILE LIABILITY**, including non-ownership and hired car coverage, as well as owned vehicles:

\$1,000,000 BODILY INJURY & PROPERTY DAMAGE (combined single limit)

[iv] **UMBRELLA LIABILITY, BODILY INJURY, PERSONAL INJURY AND PROPERTY DAMAGE** If umbrellas are written in more than one company any layers above the first one shall follow the form of the primary umbrella.

\$3,000,000 COMBINED*
(combined single limit)

Prior to the commencement of any work hereunder, detailed certificates of insurance shall be furnished to the Corporation showing that such insurance is in full force and the premiums due thereunder have been paid. Such certificates shall provide that the said insurance may not be cancelled, terminated or modified without ten (10) days written advance notice thereof to the Corporation. The Contractor shall promptly furnish the Corporation with copies of any endorsements subsequently issued amending insurance coverage or limits.

In the event of the failure of the Contractor to furnish and maintain such insurance, the Corporation shall have the right, at its option, at any time:

- (a) to revoke permission to perform the work and to deny entry into the Building of all workers, except that if such workers are escorted by a member of the Building's staff, they shall be permitted to remove their tools and supplies; or
- (b) to take out and maintain the said insurance for and in the name of the Corporation, the Contractor or the Shareholder and, in such a case, the Shareholder agrees to pay the cost thereof and to furnish all information and consents necessary to permit the Corporation to take out and maintain such insurance for and in the name of the Corporation, the Contractor or the Shareholder.

Compliance with the foregoing requirements to carry insurance and furnish certificates shall not relieve the Shareholder from liability assumed under any provisions of this Agreement.

The Contractor's insurance policy shall also contain in substance the following endorsement:

This insurance shall not be invalidated should the insured waive, in writing, prior to a loss, any or all right of recovery against any party for the loss occurring to the property described herein.

Nothing in this Exhibit A shall constitute a waiver of or limitation of any other rights or remedies the Corporation may have for consequential damages or otherwise.

*Amounts of insurance required may be higher for major renovations as designated by the Board of Directors.



To: London Terrace Towers Owners, Inc.

From: _____

Subject: Indemnification Letter for Resident and/or Helpers _____

Date: _____

Cc: Halit Mehmetaj
Resident Manager, London Terrace Towers Owners, Inc.

I, _____, do agree to hold harmless and indemnify London Terrace Towers Owners, Inc., London Terrace Towers Condominium, London Terrace Associates, Douglas Elliman Property Management, and its Board of Directors and Managers, employees and agents from any liability and property damage, and/or personal injury, arising out of, or relating in any way, to my move in. In addition, we agree to be personally and financially responsible for any damages and/or injury. Thank you.

Signature

Date

Signature

Date

Signature

Date



Elevator Dimensions

Passenger Elevator

Rear Wall: 59.5 inches

Side Wall: 48 inches

Height: 94 inches

Diagonal: 119.5 inches

Door Width: 36 inches

Freight Elevator

Rear Wall: 55 inches

Side Wall: 69 inches

Height: 95 inches

Diagonal: 123 inches

Door Width: 55 inches