

# Brickell Heights

## MOVE IN/OUT AND DELIVERY POLICY

### ***PLEASE READ THIS ENTIRE PAGE***

**All move-ins, move-outs, and deliveries, must be scheduled with the *Management Office***

Notice for move-ins and move-outs must be given at least two (2) weeks prior in order to schedule a reservation for the service elevator. Please re-confirm your move-in/out and large deliveries one (1) week in advance. All other small deliveries not requiring more than one (1) elevator trip must be scheduled at least 24 hours in advance. Reservations are made on a first-come, first-serve basis. **Only one (1) Unit will be permitted to reserve the service elevator for a block of time up to four (4) hours (either 9:00 am - 12:30 pm or 12:30 pm - 4:30 pm) with a maximum of two (2) Units allowed to perform a move per day.** Moves must be 100% completed and their corresponding delivery vehicle(s) removed from the premises no later than 12:30 pm or 4:30 pm, respectively. Elevator protective panels must be installed prior to moving. Deliveries, including move-ins, are only permitted Monday through Friday between the hours of 9:00 am to 4:30 pm. **Weekend deliveries and/or moves are not permitted unless approved by the Association.**

Moving companies must provide proof of liability insurance with a minimum coverage limit of **One Million Dollars (\$1,000,000.00)**.

**A refundable Elevator Use Fee of Two Hundred and Fifty Dollars (\$250.00) in the form of a check or money order must be submitted to the Management Office in order to reserve your spot for your Move-In/Move-Out.** If any damage occurs, the Association, its management agents, in their sole discretion, will charge the Unit Owner's maintenance assessment account for any damage-requiring repair.

Moving vehicles are permitted to park in designated areas only and **must not** park anywhere on the main entrance driveway, block the garage entrances or exits, or obstruct any parking areas. Any assembly work must be performed inside the apartment or off the premises. The common areas are not available as a work area for delivery persons. **PODS are not allowed on premises.** Arrangements for deliveries are the sole responsibility of the Owner/Resident.

All pallets, boxes, and packing materials (bubble wrap, foam, shrink wrap, etc.) must be removed by delivery personnel. Boxes can be disposed of by being broken down and brought to the Receiving Clerk on the ground level. No disposal of any packing materials is permitted on your floor or down the trash chute. Please call the Front Desk if you need directions or assistance with the disposal of boxes and packing materials.

Management reserves the right to ask moving or delivery personnel to leave the property and/or deny future access to ensure orderly move-ins, move-outs, and deliveries. Please contact the Management Office if you require additional assistance.

**\*\* Checks shall be made payable to Brickell Heights East Condominium Association, in the form of a Cashier's check or money order in the amount of (\$250.00) two hundred and fifty dollars. \*\***



# CERTIFICATE OF LIABILITY INSURANCE

KWPRO-1 OP ID: LD

DATE (MM/DD/YYYY)  
04/24/2015

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 <b>BROWN &amp; BROWN OF FLORIDA INC</b> 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	CONTACT NAME: <b>Fausto Alvarez</b>	
	PHONE (A/C, No, Ext): <b>305-364-7800</b>	FAX (A/C, No): <b>305-714-4401</b>
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>TEST CUSTOMER</b>	INSURER A: <b>*FCCI Insurance Company*</b>	
	INSURER B: <b>*FCCI Advantage Insurance Co</b>	
	INSURER C: <b>*National Trust Insurance Co.</b>	
	INSURER D: <b>*Continental Casualty Co</b>	
	INSURER E:	
	INSURER F:	

Note # 1

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
B	<input checked="" type="checkbox"/> COMMERCIAL <b>GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPP00084917	06/17/2014	06/17/2015	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> Emp Ben. \$ <b>1,000,000</b>								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA00118267	06/17/2014	06/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			UMB00069317	06/17/2014	06/17/2015	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	000617	06/17/2014	06/17/2015	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ <b>1,000.00</b></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ <b>1,000.00</b></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ <b>1,000.00</b></td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$ <b>1,000.00</b>	E.L. DISEASE - EA EMPLOYEE	\$ <b>1,000.00</b>	E.L. DISEASE - POLICY LIMIT	\$ <b>1,000.00</b>
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E.L. DISEASE - POLICY LIMIT	\$ <b>1,000.00</b>														
D	Crime			596356933	08/10/2014	08/10/2015	Limits see notes Ded see notes								

Note # 2

Note # 3

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

Note # 4

**(No "required by written contract" language shall be included anywhere on this policy.)**

CERTIFICATE HOLDER Brickell Heights East Condominium Association, Inc. Brickell Heights Master Association, Inc. KW Property Management, LLC 45 SW 9th Street, Suite 700 Miami, FL 33130	CANCELLATION 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 Brown and Brown of Florida, Inc.
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Note # 5

Note # 6

## Certificate of Insurance Notes

1. **INSURED** - The “Insured” named on the certificate should match the name on the W-9 and on the invoices.
2. **GENERAL LIABILITY COVERAGE** – We require a \$1,000,000 minimum for each occurrence. An X must also be marked in the Additional Insured and Subrogation Waived columns.

### **Why do we require General Liability?**

The General Liability policy provides protection from claims arising from alleged injury, personal injury, or property damage liability.

### **Why do we require to be added as an additional insured?**

An additional-insured clause is designed to extend rights to a party other than the primary insured (the vendor). As an additional insured, the Association and KW Property Management and Consulting (hereinafter referred to as the “client”) can file a claim against the primary insured if the activities of the vendor cause damages.

### **What is the difference between Certificate Holder and Additional Insured?**

A certificate of insurance listing the client as a certificate holder provides proof of insurance and does not provide any coverage to the client. A certificate of insurance listing the client as an additional insured indicates that the client is added to the policy and will be covered in the event of a lawsuit.

### **Why do we require a waiver of subrogation?**

Subrogation means, in a legal sense, one party has the right to “step into the shoes” of another party for the purpose of bringing a claim for damages. The waiver of subrogation clause provides that the vendor waive all its rights against the client for damages covered by the vendor’s insurance. The intent is to minimize lawsuits and claims among the parties. The risk of loss lies with the insured vendor, and they will not be allowed to seek further compensation from the client.

3. **WORKERS’ COMPENSATION COVERAGE** – We require Worker’s Compensation coverage, even if the company is exempt from obtaining Workers’ Compensation coverage by the State. An X must be marked in the Subrogation Waived column for the reasons listed in No. 2 above.

### **Why do we require Workers’ Compensation?**

Workers’ compensation is designed to ensure that employees who are injured or disabled while on the job are compensated properly, limiting the need for related lawsuits.

4. **DESCRIPTION OF OPERATIONS BOX** – This section may be used to copy verbatim information in the policy. The additional-insured and waiver of subrogation status should not be listed in this box. The appropriate columns must be marked with an X. Please be aware that using a certificate or attached form in an attempt to vary policy terms presents legal risks, including violation of insurance regulatory requirements, and should not be engaged in without prior consultation with insurance carriers, policies, and legal counsel.
5. **CERTIFICATE HOLDER** - Both the *Association* and *KW Property Management and Consulting* must appear on the Certificate Holder Box. One Certificate of Insurance may include both names; however, the address listed must be the Association’s Management Office mailing address.
6. **ACORD FORM** - The certificate must be on an ACORD 25 (2009/09) Form or a later version.

### **Why do we require Certificates of Insurance to be presented on ACORD 25 (2009/09) or a later version?**

These current versions are compliant with state insurance regulatory requirements in all states and filed with the state insurance departments as required. Non-current versions of an ACORD form may not be compliant with insurance regulations and should not be distributed for use. Thus, anyone using an outdated form runs the risk that the form is not compliant with statutory requirements.