



MOVE IN/OUT PROCEDURES

These procedures apply to any movement of furniture, equipment, and supplies in and out of the buildings. It is important to avoid damage to the building and minimize interference with other Tenants in the building.

1. The building is a SMOKE-FREE environment—No Smoking Please.
2. Please schedule your move with the General Manager at (678)892-8080. We ask that you notify us as soon as you know the date and time of your move, with a minimum of five days' notice.
3. A Certificate of Insurance for damage, liability and workman's compensation must be obtained from the moving company showing "Sun Belt Office I, LLC" and "Cushman & Wakefield, U.S. Inc." This certificate must be delivered to the Property Management Office before the move may commence. (Please see Pg. 2 for COI Sample)
4. The freight elevator will be used for moving anything other than Tenant personnel. The freight elevator must be padded along with the service corridor walls and flooring.
5. Movers will only be allowed to use the service entrance of the building.
6. Your initial move-in should be scheduled with the Property Manager. Otherwise, moving is restricted to after **6:00pm** on weekdays or on weekends and holidays. The Property Management must approve any variation, in writing.
7. The mover must protect all common hallway floors and elevator floors with Masonite. Each board must be at least ¼" thick and the sections taped to prevent slipping. No dollies will be permitted on granite or marble floors.
8. No duct tape is to be placed on floors, walls, doors, or any other surface of the building.
9. The mover must also provide protective covering on exposed corners, doors, and any other areas along the move route that could be damaged.
10. All moving personnel must be in uniform.
11. The moving company must remove move-in trash from the property at the time of the move. If trash is removed by Landlord's vendors, Tenant will be assessed the cost plus 25% to remove trash.
12. All doors must be secured and no doors should be propped open and left unattended.

CERTIFICATE OF LIABILITY INSURANCE SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2013

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 LIABILITY 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 XYZ Insurance Agency, Inc. 123 Main Street Anywhere, ST 12345	CONTACT NAME: John Smith	
	PHONE (A/C, No, Ext): (XXX) XXX - XXXX	FAX (A/C, No):
	E-MAIL ADDRESS: jsmith@xyzinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company 1	NAIC # 54958
	INSURER B: Insurance Company 2	15958
INSURED ABC Construction Company 567 Elm Street Anywhere, ST 67890 (XXX) XXX - XXXX	INSURER C: Insurance Company 3	67342
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	
	INSURER H:	

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	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			TBA12587457	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PERSONAL & ADV INJURY \$ 1,000,000
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UMB828512XS	01/01/2021	01/01/2022	GENERAL AGGREGATE \$ 2,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PRODUCTS - COM/OP AGG \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			2548AU877896	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	N/A						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) All operations performed for Sun Belt Office I, LLC and Cushman & Wakefield U.S., Inc. Except for Workers Compensation/Employers Liability, the Certificate Holder is included as an Additional Insured. Subrogation is waived in favor of the Certificate Holder.							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 All operations performed for Sun Belt Office I, LLC and Cushman & Wakefield U.S., Inc. Except for Workers Compensation/Employers Liability, the Certificate Holder is included as an Additional Insured. Subrogation is waived in favor of the Certificate Holder.

CERTIFICATE HOLDER Sun Belt Office I, LLC c/o Cushman & Wakefield U.S., Inc. 200 Mansell Court East, Suite 330 Roswell, GA 30076	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
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COVID-19 – Vendor Rules and Regulations

As building occupancies begin to increase in the coming weeks, we ask that you communicate to your employees that under no circumstances should they report to work at the Property while experiencing symptoms of COVID-19 or if they recently have been in “close contact” with someone diagnosed with COVID-19 per CDC guidelines. Failure to follow this mandate creates additional risk and expense for your firm, employees, building staff, tenants, contractors or other vendors.

General Guiding Principles

- All guidance from Federal and State Government, OSHA and Local Building Departments must be followed.
- Your employees must utilize PPE as designated by the CDC and local jurisdictions.
- Please remind your employees to abide by specified social distancing guidance as applicable.
- All tools and equipment utilized by your employees must be wiped down with approved CDC disinfectants at the end of each shift.

Failure to abide by these guidelines will result in removal from the asset and potential termination of contract or future work.

Effective immediately to protect the safety of all occupants and visitors of our managed assets, please have all employees sign in and out with building security and/or building management.

Please notify building management immediately if you learn one of your employees or on-site suppliers tested positive or are showing symptoms consistent with COVID-19 (fever, shortness of breath, coughing).

Thank you for your continued cooperation in helping to maintain a safe workplace.

For further questions, do not hesitate to contact the following security contacts:

- Primary Phone: Security
Cell: (678) 334-1131
- Secondary: Security
Cell: (678) 334-1820
- Security Supervisor
Cell: (470) 381-8380

Approvals:

Signing below indicates vendor acceptance of these procedures.

Authorized Signature

Printed Name

Date

Please provide the name and contact information for the immediate supervisor for this particular project:

Name: _____

Cell Phone Number: _____