

OLYMPIC TOWER
INSURANCE REQUIREMENTS AND ENTRY PROTOCOL – Revised 03/04/10

In order to gain access to the building, movers/contractors will need the following, on file with the Management Office, **PRIOR** to entering the building:

1. Proof of Liability and Worker's Compensation insurance naming the appropriate parties as additional insured (see attached sample).
2. Signed Hold Harmless Agreement Exhibit "A" (see attached).
3. Moves **MUST** be scheduled with our Package Room, in advance, by phoning 212.486.9400 x3.

ENTRY PROTOCOL

- A. Movers are required to bring **Masonite** to protect the common areas of the building, from the service elevator on the unit owner's floor to the unit. Contractors may be required to do the same, depending on the scope of work. Please check with management (212.486.9400 x1).
- B. Movers/contractors are responsible for removing all boxes and debris.
- C. All moves/work is permitted on any Monday through Friday (which is not a *building observed* holiday) from 9:00AM and 4:30PM (out of the building by 5PM).
- D. The Condominium reserves the right to require movers/contractors to have photo identification and/or company identification. Those persons who do not have such identification may be refused access to the building.

OTHER IMPORTANT INFORMATION

The freight entrance is located on the north side of 51st Street (next to Prime Burger), between Madison and Fifth Avenues.

The exterior entry door frame between 51st Street and the freight car measure approximately: Width of 3' and height of 8'4." The smallest service car (#14) measures approximately: Width of 4'8", depth of 4'11" and height of 9'5." The car door measures a width of 2'11½" and a height of 7'10". **MAXIMUM WEIGHT LIMIT IS 2,500lbs.**

If the item for delivery exceeds these dimensions, under no circumstances will the elevator service car emergency hatch be opened, nor will items be placed on top of the car, unless arrangements are made with the Condominium's elevator company (at your expense). Contact the Management Office, for more details.

**If you have any questions, please contact
Olympic Tower Management Office:**

**641 Fifth Avenue, C1
New York, New York 10022
212.486.9400 x1
212.935.6745 - Fax**

ACORD		CERTIFICATE OF INSURANCE			DATE(MM/DD/YY)		
PRODUCER		THIS CERTIFICATE IS 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.					
BROKER'S NAME AND ADDRESS		COMPANIES AFFORDING COVERAGE					
		COMPANY A	INSURANCE COMPANY NAME				
INSURED		COMPANY B	INSURANCE COMPANY NAME				
CONTRACTOR AND/OR TENANT NAME AND ADDRESS		COMPANY C	INSURANCE COMPANY NAME				
		COMPANY D	INSURANCE COMPANY NAME				
COVERAGES							
THIS IS TO CERTIFY THAT 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.							
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					OCURANCE	AGGREGATE	
A	GENERAL LIABILITY	XYZ 12345	CURRENT DATE		BODILY INJURY (PER ACCIDENT)	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM						
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL				\$ LIMIT	\$ LIMIT	
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROP. DAMAGE						
<input checked="" type="checkbox"/> PERSONAL INJURY		\$ LIMIT					
B	AUTOMOBILE LIABILITY		CURRENT DATE		BODILY INJURY (PER PERSON)	\$	\$
	<input checked="" type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS (PRIVATE USE)						
	<input type="checkbox"/> ALL OWNED AUTOS (COMMERCIAL/DRIV. PASS)						
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
C	EXCESS LIABILITY	JKL 12345	CURRENT DATE		BI & PD COMBINED	\$ LIMIT	\$ LIMIT
	<input checked="" type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
D	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	FAC 4432	CURRENT DATE		STATUTORY X		
					\$ (EACH ACCIDENT)		
					\$ (DISEASE POLICY LIMIT)		
					\$ (DISEASE EACH EMPLOYED)		
OTHER							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
The following are included as Additional Insured with respects to liability: <u>Unit Owner's name/unit</u> , Olympic Tower Condominium and their respective employees, Tishman Speyer, L.P., ARVIC Realty Corp, Olympic Tower Associates and their respective employees, Douglas Elliman Property Management and their respective employees and Olympic Gold LLC.							
CERTIFICATE HOLDER				CANCELLATION			
Attn: Jacklyn Auerbach, Asst. to the Gen. Mgr. Olympic Tower Condominium 841 Fifth Avenue, C1 New York, NY 10022				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
				AUTHORIZED REPRESENTATIVE			

EXHIBIT A

Hold Harmless/Indemnification Provision

Contractor, its sub-contractors, and/or Moving Company shall, to the fullest extent permitted by law at its own cost and expense, defend, indemnify and hold the Insured, its directors, officers, employees, agents and representatives harmless from and against any and all claims, loss (including attorney fees, witness fees and all court course costs) damages, expenses and liability resulting from injury and or death of any person, or damage to or loss of an property arising out of any negligent or wrongful act, error, omission or breach in connection with the operations of Contractor, sub-contractor, and/or Moving Company, its employees, agents and representatives.

PLEASE COMPLETE THE BELOW:

Company Name

Authorized Representative of Company

Signature of Authorized Representative

As applicable, Contractor's NYC Department of Consumer Affairs License Number

The Insured: Olympic Tower Condominium and _____
Unit Owner's Name and Unit Number

Date: