



University Towers

Moving and Deliveries - Insurance Requirements

Preparing to move in or out? Receiving delivery of new furniture, a mattress or replacing an appliance? Please follow these instructions.

Move-ins, -outs, and deliveries are permitted 8am-5pm, and require use and reservation of the freight elevator #3 (the one with the padding).

To reserve the freight elevator:

We will reserve the freight elevator for you as well as a parking space for your moving van.

- Email john@cpepropertymanagement.com with
 - Date and time of your move/delivery
 - The company name
 - Any other relevant details
- OR call the UT Front Desk at 203-772-2714 to provide this information.

Provide a valid COI

To ensure that any damage is covered by the company's insurance (and UT will not be held liable), a COI (Certificate of Insurance) is required for ALL moving and delivery companies.

- **It is your responsibility to provide a valid COI.**
- No work can commence until a COI with the required coverage has been received.
- Your moving/delivery company's insurance agent will need to provide a COI made out specifically for your name and unit.
- Please see the attached template for specific instructions:
 - Association Name = University Towers Owners Corporation.
 - Unit first and last name, Unit number = your first and last name, Unit #.
 - Coverage amounts need to be as shown on the template.

Please email COI to john@cpepropertymanagement.com or deliver to the UT Office.

Moving out: Please leave all key cards/fobs at the UT Office (or use the mail slot)On Moving/Delivery Day:

- Have your movers/delivery pull into the Crown St lot.
- Park in the parking space(s) to the right of the dumpsters – marked with a cone.
- Larger vehicles please pull into the lot –
 - Weekdays: do not block access to dumpsters for the trash removal company.
 - OR leave truck with driver inside, move truck for trash removal as needed.
- Have the crew supervisor sign in at the front desk.
- Access the freight elevator by using the moving ramp to the basement.

Moving in:

You will need a key fob/card to access the building, laundry room, and parking garage

- Key cards/fobs are \$20 each and are billed to the unit ledger, not the occupant
- Parking is available in the George St garage at \$100/month per car
 - The Management Office can add garage access to your keycard/fob.
 - Fill out a Parking Registration form in the office.
 - Obtain a Parking Permit decal.

Please note: you need to be in residence at UT to receive packages by mail or mail carrier. We cannot hold any items for you in advance. Please plan any delivery dates accordingly.

Buyers:

- come pick up your key fob at the Front Desk or UT Office after closing on your unit.

Renters:

- Keep your landlord updated on your move (both moving in and out).
- Reserve the freight elevator and provide a COI.
- Moving in: stop by the Management Office to obtain a keycard/fob.
- Moving out: leave your key card/fob(s) with the UT Office upon moving out

COI TEMPLATE FOR UNIVERSITY TOWERS



CERTIFICATE OF LIABILITY INSURANCE

DATE (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 ABC Agency, Inc. 123 Main St Middletown CT 06457	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Insurance Company A</td> <td style="width: 20%;">NAIC # 12345</td> </tr> <tr> <td>INSURER B: Insurance Company B</td> <td>56789</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Insurance Company A	NAIC # 12345	INSURER B: Insurance Company B	56789	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Insurance Company B	56789												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

INSURED
 Contractor Name
 123 MAIN ST

 AVON CT 06001

COVERAGES **CERTIFICATE NUMBER:** CL123456789 **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	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	abc123@%\$	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eo occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	987&%\$zyx	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Eo accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	123abc%\$	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

Association Name its residents and board of directors, CPE Property Management its officers, agents and affiliates Unit First and Last name, Unit number are additional insured on a primary and non contributory basis for ongoing and completed operations in regards to General Liability, Auto Liability. Waiver of Subrogation applies to General Liability, Auto Liability, and Workers Compensation in favor of the additional insureds

CERTIFICATE HOLDER Association Name C/O CPE Property Management Solutions P.O. Box 526 Branford, CT 06405	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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