



University Towers

Moving and Delivery Guidelines - Insurance Requirements

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

Move-ins, -outs, and deliveries are permitted Sunday through Saturday from 8am-5pm, and require use of the freight elevator #3 (the one with the padding). To reserve the freight elevator, email the date and time of your move/delivery, the company name, and any other relevant details to john@cpepropertymanagement.com, OR Call the UT Front Desk at 203-772-2714.

It is your responsibility to 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. No work can commence until a COI showing the required coverage has been received. Your moving/delivery company's insurance agent will need to provide the COI specifically for you; 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.
- Email to john@cpepropertymanagement.com or deliver to the Management Office.

Upon moving in:

- Stop by the Management Office to obtain a keycard/fob for access to the building
 - Keycards/fobs are \$20 each and are billed to the unit, not the occupant
- Parking is available in the garage on George St. 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.

Renters:

- Keep your landlord updated on your move (both moving in and out).
- Make sure to reserve the freight elevator.
- Your landlord will provide your keys to the unit and your mailbox.

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): E-MAIL ADDRESS: FAX (A/C, No):																					
INSURED Contractor Name 123 MAIN ST AVON CT 06001	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurance Company A</td> <td>12345</td> </tr> <tr> <td>INSURER B:</td> <td>Insurance Company B</td> <td>56789</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance Company A	12345	INSURER B:	Insurance Company B	56789	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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	ADDL INSUR (INSR) (Y/N)	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	abc123@#\$	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/CP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	Y	987&%\$zyx	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	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	N/A	123abc&%\$	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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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