Move Out Packet

Moving Companies & Insurance
Please see the attached list of movers provided for your convenience (page 3). For competitive pricing, we suggest obtaining at least three estimates. These particular companies have current Certificates of Insurance on file with NYU. While no additional certificate is required for these companies, NYU recommends obtaining personal insurance when hiring a mover.

If you do not use one of the movers from the list provided, then a Certificate of Insurance must be provided by the company prior to your move. The Certificate of Insurance must include a cover sheet detailing the name of the moving company, your name, address and apartment that you are moving to/from. The Certificate may be faxed to Cushman & Wakefield at (646) 997.9990 or emailed to gina.mayonove@cushwake.com.

Move-out Times & Elevator Reservations
The buildings allow for tenant moves Monday through Friday, 9:00am to 5:00pm only and moves are not allowed on weekends or holidays. In addition, we require a minimum of 30 days’ notice for all moves. To avoid elevator usage conflict, please reserve the elevator with Client Services at 212-998-1001 or email contactcsc@nyu.edu. If there is already a scheduled move for the time of your request, you will be contacted to reschedule for another date.

There is a freight elevator in most buildings. Movers and tenants will not be allowed to bring boxes, furniture or other large items into passenger cars.

If you are not using a moving company and are moving your possessions by yourself, any damage to either the freight elevator or hallways will be charged back to your account or retained from your security deposit.

Keys & Surrender Agreement
If you are vacating an apartment in Washington Square Village, Buildings 1 to 4, keys must be dropped off to Cushman & Wakefield at 2 WSV, 1o in an envelope marked with your name, building, and apartment number. All other keys may be dropped off to the respective doorman of your building in a clearly marked envelope.

Please be sure to complete your surrender agreement and submit to Cushman & Wakefield 30-days prior to your vacate date.

If you have any questions regarding moving procedures, please do not hesitate to contact us at 646-997-9988.
<table>
<thead>
<tr>
<th>A</th>
<th>Prior to move-out</th>
<th>Point of Contact</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surrender Agreement, submit 30- days prior to vacate date</strong></td>
<td>Cushman &amp; Wakefield - 646.997.9996 <a href="mailto:michael.broderick@cushwake.com">michael.broderick@cushwake.com</a></td>
<td>Please include forwarding address.</td>
<td></td>
</tr>
<tr>
<td><strong>Hire moving company</strong></td>
<td>See list of movers on page 3</td>
<td>Moves are permitted Monday-Friday 9am-5pm</td>
<td></td>
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<tr>
<td><strong>Reserve elevator</strong></td>
<td>Client Service Center - 212.998.1001 <a href="mailto:contactcsc@nyu.edu">contactcsc@nyu.edu</a></td>
<td></td>
<td></td>
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<tr>
<td><strong>Close ConEdison account</strong></td>
<td><strong>Con Edison</strong> 800.752.6633</td>
<td>Not applicable to Silver Towers</td>
<td></td>
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<tr>
<td><strong>Close cable, internet &amp; phone account(s)</strong></td>
<td><strong>Time Warner Cable</strong> 800.892.4357 <strong>Verizon Fios</strong> 800.837.4966</td>
<td></td>
<td></td>
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<tr>
<td><strong>Silver Towers residents: return garage remote and bicycle key to superintendent</strong></td>
<td>Louis Guillen, Silver Towers Superintendent 212.995.3414</td>
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<tr>
<th>B</th>
<th>After move-out</th>
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<tbody>
<tr>
<td><strong>Return playground key (if applicable), mailbox and apartment key(s)</strong></td>
<td>Cushman &amp; Wakefield - 646.997.9996 <a href="mailto:gina.mayonove@cushwake.com">gina.mayonove@cushwake.com</a></td>
<td>Write name, address on envelope</td>
</tr>
<tr>
<td><strong>Security deposit refund check will be mailed 6-8 weeks after vacate date.</strong></td>
<td>Cushman &amp; Wakefield - 646.997.9996 <a href="mailto:michael.broderick@cushwake.com">michael.broderick@cushwake.com</a></td>
<td>Please include forwarding address.</td>
</tr>
</tbody>
</table>
Movers

Consolidated Business Resources
Contact: Bob Richardson
P: (646) 772.1993 or (973) 483.7600
Email: brichardson@cbrgogreen.com
Website: www.consolidatedbusinessresources.com

Moishes
P: (800) 266.8387
Website: http://www.moishes.com/

<table>
<thead>
<tr>
<th>Building</th>
<th>Passenger Elevator Dimensions</th>
<th>Freight Elevator Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2 WSV</td>
<td>91&quot;Hx73&quot;Wx51&quot;D</td>
<td>96.5&quot;Hx78&quot;Wx57.75&quot;D</td>
</tr>
<tr>
<td>3 &amp; 4 WSV</td>
<td>92&quot;Hx73&quot;Hx50.5&quot;D</td>
<td>91&quot;Hx73&quot;Wx51&quot;D</td>
</tr>
<tr>
<td>100 &amp; 110 Bleecker</td>
<td>93&quot;Hx77&quot;Wx48&quot;D</td>
<td>N/A</td>
</tr>
<tr>
<td>14 Washington Pl</td>
<td>(A) 92&quot;Hx72&quot;Wx54&quot;D</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>(B) 100&quot;Hx66&quot;Wx54&quot;D</td>
<td>N/A</td>
</tr>
<tr>
<td>15 Washington Pl</td>
<td>84&quot;Hx72&quot;Wx48&quot;D</td>
<td>N/A</td>
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<tr>
<td>7-13 Washington Square North</td>
<td>84&quot;Hx54&quot;Wx48&quot;D</td>
<td>N/A</td>
</tr>
<tr>
<td>29 Washington Square West</td>
<td>89&quot;Hx60&quot;Wx50&quot;D</td>
<td>95&quot;Hx41.&quot;Wx 61&quot;D</td>
</tr>
<tr>
<td>37 Washington Square West</td>
<td>90&quot;Hx61&quot;Wx50&quot;D</td>
<td>150&quot;Hx54&quot;Wx48&quot;D</td>
</tr>
<tr>
<td>16-18 East 8th Street</td>
<td>78&quot;Hx36&quot;Wx36&quot;D</td>
<td>N/A</td>
</tr>
<tr>
<td>120 West 15th Street</td>
<td>99&quot;Hx80&quot;Wx51.5&quot;D</td>
<td>Door: 84&quot;Hx42&quot;W</td>
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</tbody>
</table>
SURRENDER AGREEMENT

An Agreement to end a lease on or before the termination date in the original lease agreement.

Date of this Agreement: _____________________

Information from Original Lease

Landlord: New York University

Tenant Name: ______________________________

Tenant Address: ____________________________

Tenant Apartment Number: __________________

Payment for Surrender

Landlord gives and Tenant accepts $-0- as payment for the Surrender of the original lease.

Surrender

Tenant gives possession of the Apartment and the keys to the Landlord. The Landlord accepts the keys and possession of the Apartment.

Tenant’s Statement

Tenant has done nothing which would give anyone a claim against the Apartment.

Release

Tenant shall give possession of the leased apartment and the keys to the Landlord on or before ____________ (enter vacate date). The Landlord accepts the keys and possession of the apartment. Tenant shall remove all personal property from the Apartment and leave Apartment in “broom clean” condition on or before ____________ (enter vacate date). Any property or belongings left behind after ____________ (enter vacate date) shall be deemed abandoned and may be disposed of by the Landlord without cost or liability to the Landlord. Landlord shall return the security deposit, less any outstanding arrears or damages caused by the Tenant, ordinary wear and tear excepted.

If there is more than one landlord tenant, the words “Landlord” and “Tenant” used in this Agreement shall include them.

Signatures

Tenant: ________________________________

Landlord: NEW YORK UNIVERSITY

By: ________________________________

Address to Send Security Deposit:

____________________________________

____________________________________

PRD: _______ (pay roll rent deduction)

ACH: _______ (directly debited out of checking)
CERTIFICATE OF LIABILITY INSURANCE

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

CONTACT

NAME:

PHONE (A/C, No. Ext):

FAX (A/C, No.):

EMAIL ADDRESS:

INSURED

INSURER(S) AFFORDING COVERAGE N/A #

INSURER A: Insurance Company Information

INSURER B: Insurance Company Information

INSURER C: Insurance Company Information

INSURER D: Insurance Company Information

INSURER E: Insurance Company Information

INSURER F: Insurance Company Information

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.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>GENERAL LIABILITY</td>
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<td>B</td>
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<tr>
<td>C</td>
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<tr>
<td>D</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

New York University, New York University School of Law Foundation are named as additional insured as respect to their interests regarding New York University & New York University School of Law Foundation.

CERTIFICATE HOLDER

New York University
2 Washington Square Village / Suite 1-0
New York, NY 10012

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

Broker Signature Here

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