

Faculty Housing

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 the mover must provide a Certificate of Insurance prior to your move. **Please send your mover a copy of NYU's sample Certificate of Insurance and confirm the details of your mover's insurance with them as early as possible in your planning. Moving companies that do not meet NYU's minimum insurance requirements will not be approved to come on NYU's property.** The mandatory minimum insurance requirements are enclosed. 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 door attendant 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.

Any property or belongings left behind after your vacate shall be deemed abandoned and may be disposed of by the Landlord without cost or liability to the Landlord

If you have any questions regarding moving procedures, please do not hesitate to contact us at 646-997-9988 or cushwake@nyu.edu.

A	Prior to move-out	Point of Contact	Notes
	Surrender Agreement, submit 30-days prior to vacate date	Cushman & Wakefield - 646.997.9996 michael.broderick@cushwake.com	Please include forwarding address.
	Hire moving company	See list of movers on page 3	Moves are permitted Monday-Friday 9am-5pm. Send COI gina.mayonove@cushwake.com
	Reserve elevator	Client Service Center - 212.998.1001 contactcsc@nyu.edu	
	Close ConEdison account	Con Edison https://www.coned.com/en/services-and-outages/start-service ConEdison inquiries: NYU.electric@cushwake.com	Not applicable to Silver Towers
	Close cable, internet & phone account(s)	Spectrum Sales 1-855-243-8892 Customer Support 1-800-892-4357 Web: www.spectrum.com	Verizon FIOS Main number: 888.GET.FIOS (888.438.3467) Internet: www22.verizon.com
	Silver Towers residents: return garage remote and bicycle key to superintendent	Aleksander Juric, Silver Towers Superintendent 212.995.3414	
	Submit change of address/mail forwarding to US Post Office	USPS https://moversguide.usps.com/icoa/home/icoa-main-flow.do?execution=e1s1&flowId=icoa-main-flow	https://www.usa.gov/post-office
	Dispose of old furniture and other items not being taken	The Junkluggers® of Manhattan & Brooklyn main tel: 1-800-LUG-JUNK (584-5865) https://www.junkluggers.com/	Any property or belongings left behind after your vacate shall be deemed abandoned and may be disposed of by the Landlord without cost or liability to the Landlord
B	After move-out		
	Return playground key (if applicable), mailbox and apartment key(s)	Cushman & Wakefield 646.997.9996 gina.mayonove@cushwake.com	Write name, address on envelope
	Security deposit refund check will be mailed 6-8 weeks after vacate date.	Cushman & Wakefield - 646.997.9996 michael.broderick@cushwake.com	Please include forwarding address.

Movers

COI on File with NYU:

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 ext. 526

Website: <http://www.moishes.com/>

Liffy Van Lines

P: (212) 410- 3500

Email: sales@liffeyvan.com

<http://liffeyvanlines.com/>

COI not on file with NYU – please submit a copy of the COI for your move:

- Reliable Van & Storage - <https://www.newjerseymoversnj.com/> (Tristate NY-NJ-CT)
- J Sutton & Company Moving Services - <https://jsuttonandco.com/> (Tristate NY –NJ-CT)
- Oz Moving & Storage - <https://www.ozmoving.com/new-york/manhattan> (local + USA)
- FlatRate Movers - <https://www.flatrate.com/> (local + USA + International)
- Suddath Relocation - <https://suddath.com/> (local + USA + International)
- Beltmann Group - <https://www.beltmann.com/> (local + USA + International)
- Armstrong Relocation - <https://www.armstrongrelocation.com/> (local + USA + International)
- Atlas Van Lines - <https://www.atlasvanlines.com/> (local + USA + International)
- Molloy Bros Moving/Mayflower Transit - <http://www.molloybros.com/> (local + USA + International)

Please send your mover a copy of NYU's sample Certificate of Insurance and confirm the details of your mover's insurance with them as early as possible in your planning. Moving companies that do not meet NYU's minimum insurance requirements will not be approved to come on NYU's property. The mandatory minimum insurance requirements are enclosed. 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.

Elevator Dimensions

Building	Passenger Elevator Dimensions	Freight Elevator Dimensions
1 & 2 WSV	92"H x 70"W x 45"D	98 1/2"H x 63"W x 47"D
3 & 4 WSV	92"H x 70"W x 45"D	98 1/2"H x 63"W x 47"D
100 & 110 Bleecker	93"H x 77"W x 48"D	N/A
14 Washington Pl	(A) 92"H x 72"W x 54"D (B) 100"H x 66"W x 54"D	N/A
15 Washington Pl	94 1/2"H x 72"W x 48"D	N/A
7-13 Washington Square North	89"H x 68"W x 47"D	N/A
29 Washington Square West	89"H x 60"W x 50"D	95"H x 41"W x 61"D
37 Washington Square West	90"H x 61"W x 53"D	90"H x 54"W x 46"D
16-18 East 8th Street	78"Hx36"Wx36"D	N/A
120 West 15th Street	99"H x 80"W x 51.5"D (Door: 84"Hx42"W)	N/A

Surrender Agreement

An Agreement to end a lease on or before the termination date in the original lease agreement. Please be sure to complete your surrender agreement and submit to Cushman & Wakefield 30-days prior to your vacate date.

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) Please note that PRD needs to be stopped on the 15th of the month to guarantee processing by next pay cycle.

ACH: _____ (directly debited out of checking)

SAMPLE		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.					
VENDORS INSURANCE COMPANY		COMPANIES AFFORDING COVERAGE					
		COMPANY A					
INSURED		COMPANY B					
VENDOR NAME		COMPANY C					
VENDOR ADDRESS		COMPANY D					
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN'L LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTR'S PROT <input checked="" type="checkbox"/> Contractual liab.incl.		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE \$ 2,000,000 PRODUCTS- COMP / OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ 5,000 pp		
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____		MM-DD-YY	MM-DD-YY	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$		
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$		
D	WORKER'S COMP. AND EMPLOYER'S LIABILITY THE PROP/PARTNERS/ <input checked="" type="checkbox"/> INCL EXEC. OFFICERS ARE <input checked="" type="checkbox"/> EXCL		MM-DD-YY	MM-DD-YY	X STATUTORY LIMITS EACH ACCIDENT DISEASE - \$ 1,000,000 POLICY LIMIT DISEASE - \$ 1,000,000 EACH EMPLOYEE \$ 1,000,000		
	FIDELITY BOND						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:							
New York University, New York University School of Law Foundation, and their respective members, subsidiaries and affiliates are hereby named as additional insured as respect to their interests regarding New York University & New York University School of Law Foundation.							
CERTIFICATE HOLDER				CANCELLATION			
NEW YORK UNIVERSITY 2 Washington Square Village / Suite 1-0 New York, NY 10012				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED SIGNATURE			

*Please fax back to 646-997-9990 – be sure to include client name, address, apartment #, and date of move .