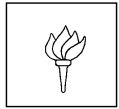




2 Washington Square Village, Suite 1-0
 New York, NY 10012
 P: 646.997.9988
 F: 646.997.9990



Moving In/Moving Out of your Apartment

Moving Companies & Insurance

Please see the attached list of movers provided for your convenience (page 4). 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-in 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

If you are moving into an apartment please note that keys are only released on your lease start date.

If you are vacating an apartment in Washington Square Village, Buildings 1 to 4, keys must be dropped off to our office 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.

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

 Tenant Signature

 Date



Move-Out Checklist for Residents

| A | PRIOR TO MOVE-OUT | Point of Contact | Notes |
|--------------------------|--|---|--|
| <input type="checkbox"/> | Surrender Agreement Forms (page 3) | Cushman & Wakefield Office or print from www.nyu.edu/faculty.housing | |
| <input type="checkbox"/> | Hand-in or mail Surrender Agreement forms to Cushman & Wakefield Office (at least 30 days prior to move out) | Cushman & Wakefield Office michael.broderick@cushwake.com Phone: 646.997.9988 | Please be sure to include a forwarding address |
| <input type="checkbox"/> | Hire Moving Company | See Contact Sheet (page 4) | |
| <input type="checkbox"/> | Reserve elevator for move-out day | Client Services Center P: 212.998.1001 E: contactcsc@nyu.edu | |
| <input type="checkbox"/> | Close electricity account with Con Edison | Con Edison Phone: 800.752.6633 | Not required for Silver Towers residents |
| <input type="checkbox"/> | Close Cable, Internet and Phone | See Contact Sheet (page 4) | |
| <input type="checkbox"/> | Return Playground Key (if applicable) | Cushman & Wakefield Phone: 646.997.9988 gina.mayonove@cushwake.com | |
| <input type="checkbox"/> | Return Garage remote / Bicycle Key to the super (if applicable) | Louis Guillen, Building Super 212-995-3414 | Silver Towers residents only |
| B | AFTER MOVE-OUT | | |
| <input type="checkbox"/> | Turn in your apartment and mailbox keys to doorman (in clearly marked envelope) | Cushman & Wakefield Phone: 646.997.9988 gina.mayonove@cushwake.com | Residents of 1, 2, 3, & 4 WSV: Return keys to Cushman & Wakefield office (2 WSV, 1-0) |
| <input type="checkbox"/> | Apartment Inspection Done | | |
| <input type="checkbox"/> | Security deposit refund check will be mailed in 6-8 weeks to the forwarding address provided | Cushman & Wakefield Office michael.broderick@cushwake.com | |

DIRECTIONS FOR SUBMITTAL

- Submit at least 30 days prior to move out
- Submit original signed document via mail or in-person to:
Cushman & Wakefield c/o Lease Administration
2 Washington Square Village, Suite 1-O, New York, NY 10012

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: _____

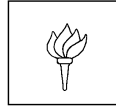
Address to Send Security Deposit:

Office Use:

PRD: _____ (payroll rent deduction)
ACH: _____ (directly debited out of checking)



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IMPORTANT CONTACTS

Movers

The following moving companies have been provided for your convenience. For competitive pricing, we suggest obtaining at least three estimates. These 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 listed below then a Certificate of Insurance must be provided by the company **prior** to your move.

Ace Worldwide Moving & Storage (agent for Atlas Van Lines)

Move Coordinator: Samantha Harley
 Email: samantha.harley@acemoving.com
 Direct Line: (215)337-3550
 Main number: (800)527-9733
<http://higherredrelo.com/customers/nyu.htm>

Collins Brother Moving Corporation

Contact: Samantha Deitz
 Email: samanthad@collinsbros.com
 Tel: 800.861.4730, ext. 722
www.collinsbros.com

Moishes Moving Systems

Relocation Consultant: Garrett Hicks
ghicks@moishes.com
 Direct Line: 800.266.8387, ext. 409
www.moishes.com

White Glove Moving and Storage

Contact: Julie Grafals/Ron Pess
 Tel: 800.340.1911
www.whiteglovemoving.us

Whalen's Moving and Storage (agent for Allied Van Lines)

Contact: Heather Nappi, CMC
 Email: hnappi@movewhalens.com
 Tel: 800.759.4253, ext. 215 / 914.242.1711
www.movewhalens.com

| Building | Passenger Elevator Dimensions | Service Elevator Dimensions |
|-----------------------------------|---|-----------------------------|
| 1 & 2 WSV | 91"Hx73"Wx51"D | 96.5"Hx78"Wx57.75"D |
| 3 & 4 WSV | 92"Hx73"Hx50.5"D | 91"Hx73"Wx51"D |
| 100 & 110 Bleecker | 93"Hx77"Wx48"D | N/A |
| 14 Washington Place | (A)92"Hx72"Wx54"D (B)100"Hx66"Wx54"D | N/A |
| 15 Washington Place | 84"Hx72"Wx48"D | N/A |
| 7-13 Washington Square North | 84"Hx54"x48"D | N/A |
| 29 Washington Square West | 89.5"Hx60"Wx50"D (North & South) | N/A |
| 37 Washington Square West | 90"Hx61"Wx50"D | 94"Hx54"Wx62"D |
| 16-18 East 8 th Street | 78"Hx36"Wx36"D | N/A |
| 120 W.15 th Street | 99"Hx80"Wx51.5"D Door: 84"Hx42"W | N/A |

Cable Companies

Time Warner Cable
 Tel: (646)531-0417
 Email: omar.knight@twcable.com

Verizon FiOS

Contact: Joshua Aaron
 Tel: (212)496-2174 / (888)438-3467
 Email: Joshua.M.Aaron@Verizon.com

Phone Service

Verizon
 Tel: 800.826.2355
www.22.verizon.com

Parking

Washington Square Village Parking
Central Parking
 Tel: 212.253.9061

| | | |
|---------------|---------------------------------|-----------------|
| <i>SAMPLE</i> | CERTIFICATE OF INSURANCE | date (mm/dd/yy) |
|---------------|---------------------------------|-----------------|

| | |
|--|--|
| PRODUCER VENDORS INSURANCE COMPANY | 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. COMPANIES AFFORDING COVERAGE COMPANY A |
| INSURED VENDOR NAME VENDOR ADDRESS | COMPANY B COMPANY C 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"/> <u>Contractual liab.incl.</u> | | MM-DD-YY | MM-DD-YY | EACH OCCURRENCE PRODUCTS- COMP / OP AGG PERSONAL & ADV INJURY GENERAL AGGREGATE FIRE DAMAGE (Any one fire) MED EXP (Any one person) | \$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 2,000,000 \$ \$ 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"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> _____ | | MM-DD-YY | MM-DD-YY | COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ 1,000,000 \$ \$ \$ |
| | 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 AGGREGATE | \$ 5,000,000 \$ 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 - POLICY LIMIT DISEASE - EACH EMPLOYEE | \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 |
| | FIDELITY BOND | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:
New York University, New York University School of Law Foundation, Cushman & Wakefield, Inc. 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 |
| Cushman & Wakefield, Inc. as agent for 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 <u>30</u> 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.**