HEALTHCARE REALTY

Tenant Move-in Procedures

EMAIL $-869 \ 2? \ 52-9450-?2?2-94F \ 0<:$ **MAIL** $\begin{array}{c} E < (4) \ 5-?3 \ ?602 \ \%B642 \\ \hline{Z} \ 2D \ (-C2) \ & & \end{array}$

Tenant name:	Suito #:
lenant name:	Suite #:

The following rules pertain to moving furniture, equipment and supplies in and out of

Building address:	

ANY MOVERS THAT DO NOT ADHERE TO THE FOLLOWING RULES WILL NOT BE ALLOWED TO ENTER THE PREMISES OR WILL BE REQUIRED TO DISCONTINUE THE MOVE.

Clean masonite sections will be used as runners on all finished floor areas where heavy furniture or equipment is being moved with wheel or skid-type dollies. All sections of masonite must be taped to prohibit sliding.

The mover must provide and install protective coverings on all walls, door facings, elevator cabs and other areas along the route to be followed during the move. These areas will be inspected for damage after the move.

Only one elevator that management specifies will be used for movement of furniture, equipment and supplies unless prior written approval to use both lobby elevators has been granted by the Real Estate Management Office.

Move-ins of large quantities of furniture, equipment or supplies must be scheduled with the Real Estate Management Office. Move-ins on weekends or holidays will also need to be approved by the Real Estate Management Office.

The moving company will be required to remove all boxes, trash, etc. when leaving the building. Any materials left behind will be disposed of and charges for this disposal will be sent to the moving company. The tenant is responsible to enforce this with their moving company.

The tenant will pay for any damage to the building or fixtures caused by the move. The tenant is required to have the moving company's certificate of insurance on hand during the actual move. Additionally, a copy must be forwarded to the Real Estate Management Office prior to the move. The moving company must carry insurance including, but not limited to the following:



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	Workman's compensa	ation in statutory limit for the State of; bodily inju	ıry,			
	personal injury and property damage liability insurance in comprehensive general liability form.					
	An insurance certificate must be furnished to the Real Estate Management Office before moving					
	any items into the building. Please have the following listed as the additional insured:					
	ADDITIONAL I	NSURED				
	Building owner's	name:				
	Building address	·				
	Office address: _					
	The moving company must agree to protect, indemnify and hold the Real Estate Management					
	Office harmless from and against all claims, demands and causes of action of every kind in					
		vor of the moving company's employees, Landlord's employees or oth				
		int of bodily injury, personal injury, death or damage to property in any or negligent acts of omissions of moving company, its agents, employe				
	_	ocontractors. The moving company shall be responsible for all damage				
		nem to their tools and equipment utilized in the performance of all wo				
	thereunder. In the eve	nt of damage to the building the moving company representatives an	d or			
	employees should no	tify the Real Estate Management Office immediately.				
Mov	ving informatio					
14101						
1	MOVING COMPANY/MOV	/ER:				
	Phone:	Address:				
2	PROVIDING SERVICE FO	DR:				
		Ordered by:				
	On what date(s).	Ordered by.				
		By signing below, I acknowledge that I have reviewed these requirements an with all of the conditions.	d agree to comply			
		with all of the conditions.				
		TENANT ACKNOWLEDGEMENT				
		Signature Date _				
		(Electronic signature represented by blue type)				
		Name (print)				
		MOVING COMPANY REPRESENTATIVE				
		Signature Date _				
		(Electronic signature represented by blue type)				
		Name (print) Title				

