

CERTIFICATION

Petitioner(s)
-against-

Index No. _____

Respondent(s)

File No. _____
(to be filled out by sheriff)

I, _____, the (circle one) PETITIONER/ ATTORNEY FOR PETITIONER
In the above referenced proceeding, hereby certify that I have hired the mover / storage facility to
perform the functions prescribed by Nassau County Charter Section 2004 in connection with the
execution of the Warrant of Eviction and that the following information is true and correct:

Name of Mover: BENNETT MOVERS

Address of Mover: 307a Front Street Hempstead NY 11550

Mover's Telephone Number: 1-800-924-2900 --- 718-779-1393 --- FAX#718-779-5694

Mover's DOT Number: #38163

Storage Facility Name: BENNETT MOVERS

Storage Facility Address: 307A FRONT STREET, HEMPSTEAD, NY 11550

Storage Facility Telephone: 1-800-924-2900 --- 718-779-1393

Petitioner must attach to this form a copy of the mover's certificate of insurance and receipt for 30 days prepaid storage.

NOTE* The storage facility must be a commercial facility located in Nassau County.
The Mover must appear at the site of the scheduled eviction on time with the proper
equipment (minimum 4 men, boxes, etc.) or the eviction will be canceled.

Date: ___ / ___ /20___

Signature: _____

STATE OF NEW YORK)
)SS:
COUNTY OF NASSAU)

On the ___ day of _____ in the year 20__ before me the undersigned, personally appeared
_____, personally known to me or proved to me on the basis of satisfactory evidence to be the
individual whose name is subscribed to the wither instrument and acknowledged to me that (she/he) executed the same in
(is/her) capacity and that be (his/her) signature on the instrument, the individual, or the person upon behalf of which the
individual acted, executed the instrument.

Notary Public

BENNETT MOVERS
307A FRONT STREET
HEMPSTEAD, NY 11550
TEL# 800-924-2900 FAX# 718-779-5694

PROOF OF PAYMENT FOR 30 DAYS OF STORAGE

DATE _____ INDEX # _____

LANDLORD ON WARRANT

NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

**REALTOR / PERSON RESPONSIBLE FOR PAYMENT OF EVICTION
(IF DIFFERENT FROM LANDLORD ABOVE)**

NAME _____

PHONE # _____ FAX # _____

TENANT ON WARRANT

NAME _____

ADDRESS _____

CLIENT SIGNATURE _____

BUSINESS SIGNATURE  _____

ALL PAYMENTS ARE DUE ON THE DAY OF ACTUAL EVICTION. COST OF EVICTION WILL BE DETERMINED THAT DAY. IF NOT NOTIFIED OF A CANCELLATION 24 HOURS BEFORE EVICTION, THERE WILL BE A \$499.00 APPEARANCE FEE CHARGED TO THE LANDLORD. IF WE ARE NOTIFIED OF CANCELLATION PRIOR TO 24 HOURS, THERE ARE NO FEES.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2024

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 SCS Agency, Inc. 1981 Marcus Avenue #125 New Hyde Park NY 11042	CONTACT NAME: SCS Agency PHONE (A/C. No. Ext): 516-466-6007 E-MAIL ADDRESS: movingcertificates@scsai.com		FAX (A/C. No): 516-829-5857
	INSURER(S) AFFORDING COVERAGE		
INSURED All Ready Moving & Storage, Inc dba Bennett Movers 307 A FRONT STREET HEMPSTEAD NY 11550	ALLREAD-01	INSURER A :	Wesco Insurance 25011
		INSURER B :	Kinsale Insurance Co. 38920
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1146189784

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 INSD	SUBR 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	WPP198708402	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	WPP198708502	9/22/2024	9/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	01002509941	9/22/2024	9/22/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ Follows Form
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo Legal Warehouse Legal			WPP2053883	9/22/2024	9/22/2025	Per Vehicle Limit 100,000 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is also an Additional Insured with respects to the General Liability for Ongoing Operations per the attached form CG2026. Coverage is written on a Primary and Noncontributory basis per form CG2001. Waiver of Subrogation applies to the General Liability per the attached form CG2404. The certificate holder is also an Additional Insured with respects to the Auto Liability per the attached form CA9903 Waiver of Subrogation applies per attached form CA0444. Excess Liability Follows Form.

CERTIFICATE HOLDER**CANCELLATION**

Evidence Only Certificate

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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