

**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/22/2021

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 Suite 125  
Lake Success, NY 11042

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** (516) 466-6007  
**FAX (A/C, No):** (516) 829-5857  
**E-MAIL ADDRESS:**

**INSURED**  
All Ready Moving & Storage, Inc  
307 A FRONT STREET  
HEMPSTEAD, NY 11550

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Protective Insurance Co	12416
INSURER B:	Aspen American Insurance Co	43460
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

### COVERAGES      CERTIFICATE NUMBER: EVIDEN      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 LJR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MC000000029	9/22/2021	9/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per 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
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MC000000029	9/22/2021	9/22/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<input checked="" type="checkbox"/> CARGO LEGAL		IM00NME21	9/22/2021	9/22/2022	PER VEHICLE \$ 100,000

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

### CERTIFICATE HOLDER

### CANCELLATION

EVIDENCE OF INSURANCE

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

**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.