

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)
9/20/2022

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.

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.

PRODUCER: SCS Agency, Inc. 1981 Marcus Avenue Suite 125 Lake Success, NY 11042
INSURED: All Ready Moving & Storage, Inc 307 A FRONT STREET HEMPSTEAD, NY 11550
CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, Cargo Legal, Warehouse Legal.

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

CERTIFICATE HOLDER: All Ready Moving & Storage, Inc 307 A FRONT STREET HEMPSTEAD, NY 11550
CANCELLATION: 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