

AOAO Vendor Insurance Requirements

For vendors, contractors and businesses that the AOAO deals with, we recommend the following insurance limits and additions.

- The **General Liability (CGL)** Coverage with at least:
 - \$1million per occurrence/\$2million aggregate
 - Association and/or the Property Management Company to be named as **additional insured***
 - **Waiver of subrogation**** in favor of the Association and/or Property Management Company
- The **Automobile Liability** coverage with at least \$1million combined single limit
- The **Workers Compensation** coverage:
 - Association and/or the Property Management Company to be named as **additional insured or alternate employer***
 - **Waiver of subrogation**** in favor of the Association and/or Property Management Company

*The **additional insured and alternate employer** status extend coverage to the Association under the vendor/contractor's policies.

** The purpose for having the **waiver of subrogation** is that it prevents the vendor's/contractor's insurance company from going after the association for their employees' injuries sustained while working.

If the property management company, also had a part in selecting or hiring the vendor/contractor, they may also want to be named as additional insured and have the waiver of subrogation include them.





UNIT# _____

Move In / Move Out / Delivery Request

- Complete this form and provide all necessary requested information a minimum of 10 days before the requested move in/move out or delivery dates requested.
- Name of Mover or Delivery Company: _____
- Provide Certificate of Insurance (COI) of Moving/Delivery Company per the attached Certificate of Insurance Requirement. Please pay close attention when submitting the COI that the following information in the COI is included:
 - Policy Holder is 1717 Ala Wai AOAO
 - 1717 Ala Wai AOAO is named as additionally insured.
 - Proof of Worker's Comp is provided, and waiver of subrogation is in favor of the AOAO
 - Proof of Auto Insurance with correct coverage
- I am the owner of the unit and I will be moving in/moving out or delivering items on my own with friends and helpers who are covered under my homeowner's insurance policy.
- I am a renter of the units and I will be moving in/moving out or delivering items with friends. I have a renter's insurance policy. (Please provide copy of policy).

MANAGEMENT CANNOT SCHEDULE ANY DELIVERY OR MOVE IN AND MOVE OUT WITHOUT A CERTIFICATE OF INSURANCE FROM THE VENDOR OR PROOF OF RENTER'S INSURANCE.

Moving and Deliveries are only between the hours 9am to 2pm (*effective 07/01/2020*)

- Date of Move in/out or Delivery to Reserve Elevator:
 - Circle One: Monday Tuesday Wednesday Thursday Friday Saturday
 - Date: _____
- Tenant Information:
 - Unit #: _____
 - Tenant Name/Contact: _____
 - Email: _____
 - Ph: _____
- Date Received by Management Office: _____
- Date Approved by Management Office: _____



Unit# _____

Renter Move In / Registration Checklist

- Move In / Move Out / Delivery Request
 - 1717 Ala Wai Insurance Requirements
- Copy of lease or letter from landlord/rental agent acknowledging residency
 - Mandatory Pest Control policy must be included
- Copy of photo identification of all renters
- Registration (\$25 fee)
 - Registration Form
 - Vehicle Registration (car, moped, bicycle, surfboard)
 - Stickers
 - FOB Registration (\$50 refundable deposit)
 - receipt
 - enter into EZ Unit
 - Rental Agent provided (y/n)
 - How many keys may renter have? _____
 - Email Registration (newsletters, notifications)
- Permission to Sign (y/n)
- Permission to Enter (y/n)
- Elevator Deposit (\$100 refundable deposit)
- Rental Agent Update Form

Name(s): _____

Move in: _____ Move out: _____

Car Registration Sticker # _____

Moped/Bicycle# _____

Elevator Deposit Rec'd: _____

FOB #: _____

UNIT: _____

❖ **RENTER INFORMATION** *(renters fill out only)*

Renter's Name: _____ Renter's Email Address: _____

Renter's Number: (HOME) _____ (BUSINESS) _____ (CELL) _____

Renter's Move in Date: _____ Renter's Move out Date: _____

Is lease month to month? YES NO

Renter's Emergency Contact: (NAME & NUMBER) _____

Renter's Emergency Contact: (NAME & NUMBER) _____

Renter's Doctor: (NAME & NUMBER) _____

Occupants related to renter (i.e. renter's relatives & friends):

1. (NAME, NUMBER & EMAIL) _____

2. (NAME, NUMBER & EMAIL) _____

3. (NAME, NUMBER & EMAIL) _____

4. (NAME, NUMBER & EMAIL) _____

5. (NAME, NUMBER & EMAIL) _____

Please make note of any special circumstances that management should be aware of:

Do you give permission to enter your unit?
(During emergency situations we have a right to enter.)

YES

NO

Do you give staff permission to sign for mail?

YES

NO

Would you like the newsletter emailed to you?

YES

NO

If so, to what email address ? _____

UNIT: _____

❖ **VEHICLE INFORMATION**

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

SECURITY INFORMATION

Is there any personal information that Security Officer's should be aware of in order to better protect you?
We are aware that this is sensitive information and we will handle it accordingly.

Management is revising our Emergency Strategy. Emergency procedures for a residential property must take into account the resident profile. Because we would like to provide a ready response in the case of emergencies and disasters, management asks that you please complete the following form to the best of your ability. Feel free to contact management if you have any questions. The information below will be kept confidential, and will only be given to the Emergency Team during emergency situations to help minimize potential dangers.

✓ THE RESIDENT PROFILE

How many people reside in this unit? _____

Do any children reside in this unit? YES NO

If so, how many children reside in this unit? _____

If so, what are their names? _____

If so, are they alone during the day or evening? YES NO

If so, how can the parents be reached in case of emergency? _____

If so, do they have any food or drug allergies? _____

Are any residents 70 years old or older? YES NO

If so, how many? _____

If so, what are their names? _____

UNIT: _____

If so, are they alone during the day or evening?

YES

NO

If so, how can the emergency contact or care giver be reached in case of an emergency? _____

If so, do they have any food or drug allergies? _____

Do any disabled people reside in this unit?

YES

NO

If so, how many disabled people reside in this unit? _____

If so, what are their names? _____

If so, please describe the extent of this disability? _____

If so, do you have an assistive animal?

YES

NO

If so, how can the emergency contact or care giver be reached in case of an emergency? _____

If so, do they have any food or drug allergies? _____

Would you like to volunteer for the Safety Committee Emergency Team?

YES

NO

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____

WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

All participants must fill out and sign this document (PRINT LEGIBLY)

For participants under 18 years of age, participant and parent(s) or legal guardians must sign below

NOTICE: Please read this Document carefully before signing in the presence of an employee, officer, director, or agent of 1717 Ala Wai Association of Apartment Owners. This Document informs you about your responsibilities and assumption of risks, and includes a release of liability, indemnification and surrender of certain legal rights.

Parent(s) and Legal Guardian(s) (hereinafter, collectively, "parent(s)") of any participating minor (hereinafter sometimes "minor" or "child") shall sign this Agreement. Participating minors (those under the age of 18) shall also sign. "I", "me", "my", or other first person references shall include both the parent and the minor, unless the context requires otherwise. References to "participant" or "participants" include both minor and adult participants.

I, the undersigned participant, request authorization for myself to use the athletic or fitness facilities, including but not limited to the physical training equipments, machinery, the sauna room, and any and all related activities and/or amenities therein, located in the recreational area of the premises at 1717 Ala Wai Boulevard, Honolulu, Hawaii 96815 (hereinafter, collectively, the "Fitness Center"). I acknowledge that the use of the Fitness Center by me is expressly conditioned upon my agreement to each of the terms of this Document.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

Physical exercise and the use of physical training equipments are inherently risky for serious injury. The 1717 Ala Wai Association of Apartment Owners encourages you to obtain a physical examination from a licensed physician and adequate health and accident insurance before using any exercise equipments or participating in any exercise activity.

In consideration of being allowed the use of the Fitness Center, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities in weight training, cardiovascular exercise, or any activity that involves exertion, as well as the use of the Fitness Center's facilities, such as its exercise equipments, is significant, including the potential for serious bodily injury and illness (including but not limited to sprains, strains, broken bones, concussions, lacerations, abnormal blood pressure, heartbeat disorders, fainting, shortness of breath, chest pain, strokes, heart attack, or even death) and
2. Any and all such risks are compounded in that many and/or physical activity opportunities in the Fitness Center are unsupervised, including but not limited to use of all types of exercise equipments and/or its sauna room; and
3. I KNOWINGLY AND FREELY ENGAGE IN ANY AND ALL EXERCISES AND PHYSICAL ACTIVITY OPPORTUNITIES, SUPERVISED OR UNSUPERVISED, USE ITS EXERCISE EQUIPMENTS, AND USE THE FITNESS CENTER'S FACILITIES AT MY OWN RISK AND ASSUME ANY AND ALL DANGERS AND RISKS INHERENT THEREIN, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of 1717 Ala Wai Association of Apartment Owners, its employees, officers, agents, directors, successors or assigns (collectively, the "Association"), or other participants or visitors of the Fitness Center, and assume full responsibility for my participation;
4. I acknowledge and understand that the Association does not provide medical or any other form of insurance to participants; and
5. The Association will not be held responsible for any loss or damage to my personal property brought to or left in or about the Fitness Center.

STATEMENT AS TO HEALTH AND CONDITION

I certify that I have undergone a physical examination by a doctor who determined that I am in good health and that I have no physical limitations that would preclude my safe use of the Fitness Center and its equipments.

WAIVER OF LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

In further consideration of my being permitted to use the facilities, amenities and/or equipments in the Fitness Center, participant, if he/she is an adult, or parent(s), for themselves and on behalf of their participating minor child:

1. **Agree to release and covenant not to sue the Association**, with respect to all claims, liability, suits or expenses (including attorneys fees and costs), arising out of any injury, damage, death or other loss to me or my child in any way, regardless of negligence, in connection with my/my child's (a) use of any and all amenities and equipments in or about the Fitness Center, (b) the malfunctioning of any equipment and/or (c) my slipping and/or falling while in or about the premises of the Fitness Center, including adjacent stairways and walkways. **I understand that I agree to waive all claims I may have against the Association, and agree that I, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate, will not make a claim or file a lawsuit of any kind against the Association, as a result of any injury, damage, death or other loss suffered by me or my child;**
2. **Agree to indemnify** ("indemnify" meaning protect by reimbursement or payment) **and hold harmless and defend the Association** with respect to any and all claims, liabilities, suits or expenses (including attorney's fees and costs):
 - a. brought by or on behalf of me, my spouse, my child, or a family member, arising out of any injury, damage, death or other loss to me or my child in any way connected with my/my child's use of any and all amenities and equipments in or about the Fitness Center; or
 - b. brought by a co-participant or any other person, arising out of any injury, damage, death or other loss claimed to be caused, in whole or in part, by my/my child's conduct in the course of using any and all amenities and equipments in or about the Fitness Center.

This waiver of liability, release, and indemnity agreement includes any losses claimed to be caused, in whole or in part, by the negligence of the Association and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise.

I agree that this Document and all other aspects of my relationship with the Association are governed by the laws of the State of Hawaii. Any portion of this Document deemed unlawful or unenforceable shall not affect the enforceability of the remaining provisions of this Document and the remaining provisions shall continue in full force and effect.

MEDICAL ATTENTION: I authorize the Association to obtain or provide medical care for me/my child or to transport me/my child to a medical facility. I authorize medical personnel to render such treatment they deem necessary for me/my child's health. I agree that the Association has no responsibility for medical care provided to me/my child and I agree to pay all costs associated with such medical care and transportation.

[SIGNATURE PAGE FOLLOWS]

I have carefully read, understand and voluntarily sign this Document and that I fully understand and agree that by signing below I am contracting away my right to sue and that I WILL BE SOLELY RESPONSIBLE FOR ANY INJURY, DEATH, OR DAMAGE, THAT I MAY SUSTAIN AT OR IN CONNECTION WITH THE USE OF THE FITNESS CENTER and acknowledge that this Document shall be effective and binding upon myself and my family and my heirs, executors, representatives and estate. I sign this Document freely and voluntarily without any inducement.

Participant's Signature

Date

Print Name Here

Apartment No.

Telephone Number

If the participant is under eighteen (18) years of age, the parent and/or legal guardian agrees that, as a parent or legal guardian of the above-named participant, I authorize the minor to participate. I also join in the statements and agreements made by the participant in this Document. I agree that, in the event participant or anyone acting on his or her behalf, should make any claims, I will provide the indemnities described above.

Parent/Legal Guardian Signature

Print Name Here

ASSOCIATION'S STAFF ONLY:

Witness Signature

Print Name Here