

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: _____