

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: _____

❖ **OWNER INFORMATION**

Owner's Name: _____ Owner's Email Address: _____

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

Owner's Address: _____

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

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

Owner's Doctor: (NAME & NUMBER) _____

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

Are there pets in the unit? YES NO

If so, what is the breed and description, and who is the owner? _____

Are you renting your parking stall out? YES NO Stall# _____

If so, to whom? (NAME & UNIT) _____

Do you give permission to enter your unit? (During emergency situations we have a right to enter.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you give staff permission to sign for mail?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you like the newsletter emailed to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, to what email address? _____		
If you are not residing in the unit, do you have family residing in your unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the unit rented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE FILL OUT THE RENTAL INFORMATION FORM.		

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#: _____