



Moving Procedures

The following rules are for moving furniture or equipment in or out of the buildings. Any movers who do not adhere to the rules will not be allowed to enter the premises or will be required to discontinue the move.

1. Move-ins of large quantities of furniture, equipment, or supplies must be accomplished after 6:00 PM or before 7:00 AM on weekdays or on weekends or holidays and must be coordinated through the Management Office.
2. All moves must be approved using a security clearance work order through the Angus Portal.
3. Upon arrival, all parties associated with move (construction projects should have the site manager report and act as primary contact with security) must check in with security on the loading dock. By providing a picture ID as a deposit, a security access card for the freight elevator will be assigned. The identification will be returned upon receipt of security card. Replacement cost for any lost security access card is \$50.00.
4. Clean masonite sections will be used as runners on all finished floor areas where heavy furniture or equipment is being moved with wheel or skid type dollies. The masonite should be at least one-fourth inch thick. All sections of masonite should be taped to prevent sliding.
5. The mover must provide and install protective coverings on all vulnerable corners, walls, door facings, elevator cabs, and other areas along the route to be followed during the move. These areas will be inspected for damage after the move.
6. Never stick duct tape on the floors, walls, doorjambs or doors.
7. Tenants must make arrangements with the Management Office for use of a freight elevator for each move. A firm arrival time must be established.
8. The moving company must schedule a time following the move to arrange to pick up all discarded boxes.
9. No smoking is allowed inside the buildings loading docks or parking areas by any employee of the moving company.
10. All moving company employees should provide upon check-in to Central Security a picture I.D. and must be wearing a company uniform. Any moving company individual without picture I.D. or uniform will be denied access to work on property unless authorized by security supervisor or property/construction management.
11. The moving company must carry insurance coverage with the Owner and Owners Agents listed as additional insured. A sample certificate of insurance is enclosed.
12. The Transwestern staff is not allowed to move furniture or equipment. Should you require these services, you can call your Property Administrator for a list of companies who provide specialized moving needs in this area.

Contact Information

Central Dispatch - 404-654-1285
Management Office - 404-524-3787



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AN

DATE (ISSUED)
06/25/2015

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 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 Snellings Walters Agency, Inc. 1117 Perimeter Ctr West W-101 Atlanta, GA 30338 William S. Pharr	CONTACT NAME: Becky Whitaker PHONE (A/C, No, Ext): 678-111-1234	FAX (A/C, No): 770-399-9880
	E-MAIL ADDRESS: bwitaker@insurance.com	
INSURER(S) AFFORDING COVERAGE INSURER A : Selective Ins Co of America		NAIC # 12572
INSURED Moving Vendor Name and Address		INSURER B : Wesco Insurance Company
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	S2134040	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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 \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	S2134040	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0	X	X	S2134040	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ follow form
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WWC3150217	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

JP Morgan Chase Comm Mtg Sec Trust, Comm Mtg P/T Certs, Series 2018-PTC Lower-Tier REMIC, Wilmington Trust, Transwestern Commercial Services Georgia, L. L. C. dba Transwestern as Landlord and Manager, respectively are to be named as Additional Insured on the Commercial General Liability policy as Landlord and Managing Agent.

CERTIFICATE HOLDER**CANCELLATION**

TRANS-5 JP Morgan Chase Comm Mtg Sec Trust, Comm Mtg P/T Certs, Series 2018-PTC Lower-Tier REMIC, c/o Transwestern Commercial Services Georgia, LLC d/b/a Transwestern 225 Peachtree Street NE Ste 200 Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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