

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: RT SHARE INC

Address of Mover: 757 FOXHURST RD BALDWIN NY 11510

Mover's Telephone Number: 516 996-8609

Mover's DOT Number: T35538

Storage Facility Name: RT SHARE INC

Storage Facility Address: 757 FOXHURST RD BALDWIN NY 11510

Storage Facility Telephone Number: 516 764-1000

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 and with the proper
equipment (minimum 4 men, boxes etc.) or the eviction will be cancelled.

Date: ___ / ___ / 20___

Signature: _____

STATE OF New York)
)SS:
COUNTY OF NASSAU)

**NOTE: We no longer require an attorney's signature to
be notarized. All other signatures must be notarized.**

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 within instrument and acknowledged to me that (she/he)executed the same
in (his/her) capacity, and that by (his/her) signature on the instrument, the individual, or the person upon behalf of which the
individual acted, executed the instrument.

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2021

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 ROBERT T. KIRKWOOD, INC. 91 Washington Avenue Pleasantville NY 10570	CONTACT NAME: PHONE (A/C No. Ext): (914) 769-9070		FAX (A/C, No): (914) 769-4706
	ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: HUDSON INSURANCE CO. INSURER B: Travelers Property & Casualty INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED R T Share, Inc. c/o Richard Zullo 3176 Benjamin Road Oceanside NY 11572			

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	GENERAL LIABILITY			HMS201800568GL	02/10/2021	02/10/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
A	AUTOMOBILE LIABILITY			HMS201800568AU	02/10/2021	02/10/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 350,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	MOTOR TRUCK CARGO			QT6606C071229TIL18	02/10/2021	02/10/2023	Single Conveyance/\$5,000	
							Loading/Unloading/	Deduct/1,000

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

***** FOR INFORMATIVE PURPOSES ONLY *****

CERTIFICATE HOLDER FOR INFORMATIVE PURPOSES ONLY	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 R Kirkwood/CER001 <i>Kate Mann</i>