

## MOVE-OUT FORM

Name of Company: \_\_\_\_\_

Date of Move: \_\_\_\_\_

Certificate of Insurance showing evidence of insurance, in the name of the moving company, for Workers' Compensation, Public Liability with limits of \$5,000,000 per occurrence, and Property Damage with limits of \$5,000,000 per occurrence.

Certificate of Insurance must list the following as Additional Insureds:

**WvF-Paramount 745 Property L.P., &/or WvF Paramount 745 Investor, L.P. &/or WvF 745 L.P., &/or Paramount Development and Investment, Inc., &/or Dekabank are included as additional insureds.**

Forwarding Address:

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