

MOVE-OUT FORM

1. Name of Company: _____

2. Date of Move: _____

3. Moving Company: _____

4. 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 Insured:

- 40 West 53rd Associates Limited Partnership
- Paramount Group, Inc.
- PGREF V 40 West 53rd GP, LLC
- 52nd Street Realty Company LLC
- PGREF V 31 West 52nd Street Investors, L.P.
- JP Morgan Investment Management Inc.

5. Forwarding Address:

