

**MOVE REQUEST – REGIONS BUILDING**

The movement of large amounts of furniture, equipment, or boxes into or out of Regions Building must be scheduled through the management office. Moves will be scheduled on a first-come, first-served basis. To avoid scheduling conflicts with other tenant moves, **Items 1-7 below** should be completed and submitted by the tenant as soon as moving plans are known, **but not less than two (2) days prior to the requested move date**. Please do not finalize your moving plans until the management office has completed page two, signed this form and returned it to you.

1. Tenant Name/Suite No: _____.

2. The requested date and time for this move is _____, ____ 20____
between the hours of _____ and _____. This move is a
(check one): move-in _____ move-out _____ relocation _____ to suite # _____.

3. The tenant representative will be: _____.
The Tenant representative must be on hand at all times to monitor this move and to ensure adherence to these requirements.

4. Estimate the approximate number pieces that will be moved. **Please be as accurate as possible.**

_____ Number of **large** pieces (desks, tables, credenzas, and filing cabinets).

_____ Number of **small** pieces (chairs, boxes, pictures, office equipment).

5. The tenant's moving company should be licensed in the state of Louisiana and engaged in the business of moving on a full-time, professional basis. National moving companies are preferred. If tenant intends to perform the move, then write in "self-move" below.
The moving company will be: _____.

6. Indicate below if any items to be moved are too large for the freight elevator (wider than 42" or taller than 7'9"). Circle Yes / No and identify items below.

Description of Item(s): _____.

7. Indicate below if any unusual heavy items such as safes, are to be moved. Circle Yes / No and identify items below.

Description of Item(s): _____.



Regions Center

Forms

The sections below will be completed by the property management office based on the information you provided in Items 1-7 above. Check-marked Items apply to your move:

- _____ Your moving company must use the **Regions Tower** loading dock, service entrance and freight elevator to access the service corridor in the lower level that leads to the lower level of **Regions Building**. An access card can be obtained from the security guard. The moving company **MUST** then use the **Regions Building** service elevator (the one on the far left side of the elevator bank). No other entrances, loading areas, or elevators may be used. No exceptions please.
- _____ Your mover must furnish clean, taped together, masonite sections to be used as runners on all finished floors in public corridors where heavy furniture or equipment is being moved with wheel or skid type dollies.
- _____ Your mover must install protective covering on all vulnerable corners, walls, door facings, elevator cabs and other areas in public corridors along the moving route. The use of duct tape or other similar tapes is not allowed on floors, doors and walls.
- _____ You have item(s) which are too large to be placed in the freight elevator and which will require special hoisting arrangements to be made with the building elevator contractor (Schindler Elevator Company @ (318) 635-8147). The cost of special hoisting should be included in the moving company's bid. Movement of any unusually heavy items (such as safes) must be preapproved by the elevator company.
- _____ Your moving company must furnish a certificate of insurance evidencing the following coverages: a) Worker Compensation as required by statute; b) Comprehensive general liability insurance with coverage for premises/operation, elevators, products and completed operations, personal injury and contractual liability in limits no less than \$500,000 each occurrence; \$500,000 per injury; \$500,000 general aggregate and \$500,000 products/completed operations aggregate. c) An umbrella policy with a limit of \$1,000,000.00 per occurrence. d) All moving company employees must be bonded. Additionally, the landlord and property management company must be named as additional insureds on the certificate of insurance as follows: Plaza Investment Holdings III LLC., d/b/a Regions Center and Hertz Investment Group, LLC. In the case of "self-moves", the tenant's insurance will apply, and by signing this form, Tenant agrees to hold Landlord harmless from damages and injuries resulting from this move.

Please complete and submit this form at least two (2) days prior to your requested move date. Fax completed form to (318) 429-1029 or e-mail ahosey@hertzgroup.com.

TENANT:

MANAGEMENT OFFICE

By: _____

By: _____