THE
CROSBY

RESALE APPLICATION PACKAGE

The following are steps that need to be followed to sell a Unit:

1. Seller and prospective buyer(s) must fill out all forms completely.

   - ❖ Applications will **not** be processed if not fully completed.
   - ❖ A copy of the applicant's I.D. must be included with the resale application.
   - ❖ If the buyer is under a company name (Corporation, LLC, etc.) provide a copy of the annual report.

2. A copy of the fully executed sales contract must be included with the resale application.

3. An Estoppel must be requested FirstService Residential at FirstService Residential Florida - Order Documents & Certificates

MANAGEMENT OFFICE HOURS ARE FROM MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:30 AM-5:00 PM.

Resale Checklist

All items must be checked before submitting to the Management Office

Seller: _____ Unit: _____

Buyer: _____

Application to Sell _____

Copy of Sales Contract _____

Estoppel Letter _____

Copy of I.D.'s _____

Applicant Information Form _____

Anticipated Move-in Date: _____ Time: _____

Notice: Every form in this package must be completed. All information required must be provided. Failure to provide a completed package may delay your ability to move into The Crosby Miami Worldcenter Condominium. The completion of this package is your responsibility. Please submit it as soon as possible.

Name: _____ Signature: _____ Date: _____
Buyer Buyer

Name: _____ Signature: _____ Date: _____
Seller Seller

THE
CROSBY

RESALE APPLICATION AND ACKNOWLEDGEMENT AGREEMENT

To the Board of Directors:

I/We agree to provide to the purchaser a copy of The Crosby Miami Worldcenter Condominium Association Declaration, By-Laws, Articles of Incorporation, and Rules & Regulations, before the occupancy of the unit by the purchaser or lessee.

I/We will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules & Regulation of the Condominium Association.

In order for you to facilitate consideration of my/our Application for the sale of the above-designated unit, I/We have caused the proposed purchaser to complete the attached Application. I/We consent that you may have further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a Copy of the Purchase Contract or other documents which truly and accurately set forth the terms of the offer that I/we wish to accept.

I/We agree that the Purchaser shall not move in unless pre-registered with the Association.

Dated: This _____ Day of _____, 20_____.

Seller Signature: _____

Seller Name: _____

Unit Number: _____

THE
CROSBY

RESALE APPLICATION

Date: _____

_____
Name of Applicant(s)

_____
Address Unit Number

_____
Name of Real Estate Agent Handling Sale Telephone # E-Mail Address

THE FOREGOING IS TO INFORM APPLICANT (S) OF THE PROCEDURES FOR APPLICATIONS FOR SALE REVIEW SO THAT HE/SHE CAN PLAN ACCORDINGLY. Please sign and return this form with your application and ATTACH A COPY OF DRIVER'S LICENSE OR PASSPORT.

Processing an application requires time and **may take up to fourteen (14) days.**

1. Your completed re-sale application package will be reviewed.
2. Prospective buyers must complete this application in detail.
3. Please attach a copy of the sales contract and a copy of the applicant's valid driver's license or valid passport.
4. Processing of this application will begin after all required forms have been completed, signed, and submitted to the Association.
5. **Occupancy before final review is prohibited**.

Thank you for your cooperation and understanding.

ACKNOWLEDGEMENT AND ACCEPTANCE OF ASSOCIATION RULES & REGULATIONS

I hereby agree for myself and on behalf of all persons who may use the Unit, which I seek to purchase that we will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Condominium Documents and restrictions of Iconbay Condominium Association, Inc.

I have___have not____ received from the Seller a copy of all the Condominium Documents and Rules and Regulations.

Signature of Applicant:_____Date:_____

The above signed acknowledges that the Association, or Agent assigned by the Association, may investigate the information provided by the above-signed and agrees that a full disclosure of any information mentioned herein including residential, employment, criminal background, personal and credit related may be made to the Association.

THE
CROSBY

Applicant Name: _____

_____ _____
Birth Date **Driver's License #/Passport #**

_____ _____ _____ _____
Social Security # **Marital Status** **Telephone #** **Work Telephone #**

_____
E-mail Address

Spouse/ Co-Applicant Name: _____

_____ _____
Birth Date **Driver's License #/Passport #**

_____ _____ _____ _____
Social Security # **Marital Status** **Telephone #** **Work Telephone #**

_____
E-mail Address

_____ _____ _____
Total Number of Occupants **# of Occupants Over 18** **# of Occupants Under 18**

_____ _____ _____
Children's Names and Ages

Residence History: Current Address

_____ ☐ Own How long? _____
_____ ☐ Rent Monthly Payment Amount: _____
_____

_____ _____
Name of Present Landlord/Mortgage Lender **Telephone Number**

Emergency Contact Information

In case of emergency notify: _____
Name **Telephone**

Secondary contact: _____
Name **Telephone**

THE
CROSBY

PARKING/VEHICLE REGISTRATION

First Name | Middle Name | Last Name | Unit #

Contact Phone #

Parking Space Number with Valet:

Alternative Phone #

Email

Vehicle 1:

Year (approximate) | Make | Model | Color

State | License Plate | Valet Decal:

Vehicle 2:

Year (approximate) | Make | Model | Color

State | License Plate | Valet Decal:

****To complete the vehicle registration, please provide a copy of each vehicle's registration, valid insurance information, valid driver's license or Florida-issued identification card **** If not provided at the time of Orientation please email AA@thecrosbymiami.com or AM@thecrosbymiami.com

MANAGEMENT OFFICE HOURS ARE FROM MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:30 AM-5:00 PM.

The Association will only register one vehicle unit.

Signature

Date

For Office Use Only

Copies	Date Received:	Received By:
Vehicle Registration(s)		
License		

THE
CROSBY

PET REGISTRATION

Resident Name: _____

Unit #: _____ Phone Number: _____

Pet 1:

Type of Pet (please circle one): Dog Cat Bird Other

Pet's Name: _____ Pet's Date of Birth: _____

Breed: _____ Color: _____ Weight: _____ Age: _____ Sex: _____

Pet's License/Tag Number: _____ Expiration Date: _____

Pet 2:

Type of Pet (please circle one): Dog Cat Bird Other

Pet's Name: _____ Pet's Date of Birth: _____

Breed: _____ Color: _____ Weight: _____ Age: _____ Sex: _____

Pet's License/Tag Number: _____ Expiration Date: _____

******* Please attach a recent photo of pet(s) to this form along with a copy of vaccine records *******

A maximum of two (2) domesticated pets may be maintained in a unit and may not exceed 50 lbs combined. Pets must always be carried when on the Common Elements located within the building and always kept on a leash in designated areas. Under no circumstances are pets allowed in the Lobby, Club Lounge, Movie Theater, Fitness Center, Indoor Garden, Coworking Lounge, Pool, or Spa. All pets being transported to and from a Unit shall only use the service elevator. A Resident with a pet may not enter or occupy a passenger elevator unless the service elevator is nonoperational. In such events, a Resident with a pet may not enter or occupy a passenger elevator if presently occupied by a person requesting that the pet remain outside of the passenger elevator.

I am aware of The Crosby Miami Worldcenter Condominium Association rules, regulations, and restrictions regarding pets on the property and agree to abide by them.

Signature: _____ Date: _____

THE
CROSBY

MOVE IN/OUT AND DELIVERY POLICY

All move-ins, move-outs, and deliveries, must be scheduled with the Management Office or Receiving. Please contact the Management Office at (786) 220-3725.

Notice for move-ins and move-outs must be given at least 2 weeks prior in order to schedule a reservation for the service elevator. Please re-confirm your move-in/out and large deliveries 1 week in advance. **All other small deliveries not requiring more than 1 elevator trip must be scheduled at least 24 hours in advance.** Reservations are made on a first-come, first-serve basis. **Only one (1) Unit will be permitted to reserve the service elevator up to four (3) hours (either 9:00 a.m.-12:30 p.m. or 1:00 p.m.-4:30 p.m.) with a maximum of two (2) Units allowed to perform a move per day. The reservation is not exclusive.** Moves must be 100% completed and their corresponding delivery vehicle(s) removed from the premises no later than 1:00pm or 5:00pm, respectively. Deliveries, including move-ins, are only permitted Monday through Friday between the hours of 9:00am to 4:30pm. **Please note that the service elevator may have possible unscheduled shut downs. The association will not be held responsible for any fees, charges or cost associated with the move in/out or deliveries. In the event the previous statements were to occur please have an alternative arrangements for storage of personal contents and commercial vehicles off-site. Weekend deliveries and/or moves are not permitted.**

Moving companies must provide proof of liability insurance with a minimum coverage limit of **One Million Dollars ($1,000,000.00**). The following page (9) provides the insurance requirements for any move-in/move-out/deliveries.

If any damage occurs, the Association, its management agents, in their sole discretion, will charge the Unit Owner's assessment account for any damage-requiring repair.

Commercial vehicles are permitted to park in designated areas only and **must not** park anywhere on the main entrance driveway, block the garage entrances or exits, or obstruct any parking areas. **Any assembly work must be performed inside the apartment or off premises. The common areas are not available as a work area for delivery persons. All personal must be off site by 5:00 p.m.**

All pallets, boxes and packing materials (bubble wrap, foam, shrink wrap, etc.) must be removed by delivery personnel. Boxes can be disposed of by being broken down and brought to the trash room on the ground level. No disposal of any packing materials is permitted on your floor or down the trash chute. Please call the Front Desk if you need directions or assistance with the disposal of boxes and packing materials.

Management reserves the right to ask moving or delivery personnel to leave the property and/or deny future access to ensure orderly move-ins, move-outs and deliveries. Please contact the Management Office if you require additional assistance.

MOVE IN DATE: _____ MOVE IN TIME: _____

_____ _____

Resident Signature Date

THE
CROSBY

CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS

- For liability purposes, all delivery companies, vendors, contractors, & subcontractors must provide a liability Insurance certificate including proof of coverage of $1,000,000.00 for Commercial General Liability, Automobile Liability, and Workers' Compensation Liability naming The Crosby Miami Worldcenter Condominium Association Inc., FirstService Residential Inc AND DT G Block LLC as certificate holders and additional insured, using broad form language that provides that such coverage are PRIMARY and NONCONTRIBUTING with the Association's policies, contains policy provisions and exclusions reasonably satisfactory to the Association and provide that the Association is not responsible for premiums. ***WORKER'S COMPENSATION EXEMPTION NOT ACCEPTED.***
- Certificates **MUST** include **BOTH** entity names as indicated below. Please email the certificates to the Receiving department at Caroline.Balthazar@fsresidential.com If the certificate is received with a unit number it will result in denied access.

ONCE THE CERTIFICATES ARE ACCEPTED...

RESERVATION & AUTHORIZATION

All Residents must contact the management office at 786-220-3725 to reserve the service elevator for any deliveries or move-ins/outs. For contractor access, residents must contact the receiving department by telephone at 786-220-3725 or via email at AA@thecrosbymiami.com We will **NOT** grant access to a unit without the resident's authorization.

CONTRACTOR & DELIVERY HOURS

All move-ins/outs, deliveries, and contractors are allowed Monday through Friday from 9 am-4:30 pm only. NO contractors (unless an emergency and/or authorized by the management office), deliveries, and move-in/outs are allowed on the weekends or holidays.

CHECK-IN UPON ARRIVAL

All delivery companies, vendors, and contractors must check in at the receiving office, located on the southeast corner of the garage entrance. The receiving clerk(s) will confirm unit access. All personnel entering the building will be asked to present a photo ID and receive a colored wristband. (All vendors & contractors must wear their wristbands while on the property or they will be escorted off the premises.)

WHERE TO PARK

Due to the limited space, the loading area is for unloading and loading or building vendors parking only. If the vehicle exceeds the height restrictions, The Crosby personnel will instruct vendors to park off-site property.

QUESTIONS

Please call the Receiving Office or Management Office at 786-220-3725 should you have any questions.

CERTIFICATE SAMPLE NEXT PAGE

THE
CROSBY

**THIS IS A SAMPLE CERTIFICATE OF INSURANCE USED FOR *INFORMATIONAL PURPOSES ONLY*--
YOU MUST STILL INDEPENDENTLY VERIFY THAT YOU ARE IN COMPLIANCE WITH THE
INSURANCE REQUIREMENTS OF THE EDC VENDOR SERVICES AGREEMENT.**

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): MM/DD/YYYY

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	CONTACT NAME: JOHN SMITH
Lockton Companies 1200 SW 145th Ave, Suite 140A Pembroke Pines, FL 33027	PHONE (A/C, No, Ext): (888) 555-1234 FAX (A/C, No): (888) 555-1244 E-MAIL ADDRESS: JOHNSMITH@EMAIL.COM

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
YOUR COMPANY YOUR ADDRESS YOUR CONTACT INFO	INSURER A: Sample carrier 1	11111
	INSURER B: Sample carrier 2	22222
	INSURER C: Sample carrier 3	33333
	INSURER D: Sample Carrier 4	44444

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Blkt AI, WOS, PNC GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	X	X	GACGL000000000000000000	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X	X	11111111111111111111111111	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) FL PIP	$ 1,000,000 $ $ $ $ 10,000
C	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $	X	X	22222222222222222222	01/01/2024	01/01/2025	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	WCV0000000000000000	01/01/2024	01/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

Must include description of operations AND "additional insured," "waiver of subrogation" and "primary and non-contributory" wording.

CERTIFICATE HOLDER	CANCELLATION
The Crosby Miami Worldcenter Condominium Assoc Inc. DT G Block, LLC &/ OR FirstService Residential 11 NE 6th Street, Miami FL 33132	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 ***MUST BE ENDORSED BY INSURANCE PROVIDER***

THE
CROSBY

ACKNOWLEDGMENT OF RULES AND REGULATIONS

I hereby acknowledge that I/We _____, have received and read the Rules and Regulations and understand all of its terms and conditions.

Signed this _____day of_____, 20___.

The Crosby Miami Worldcenter Condominium Assoc:
PRINTED NAME:_____
SIGNATURE:_____
TITLE:_____

BUYER/RESIDENT:
PRINTED NAME:_____
SIGNATURE:_____
UNIT NUMBER:_____