

Iconbrickell Condominium III

☐ **RE-SALE**

CHECK LIST OCCUPANCY APPLICATION (version 2.2)

(Incomplete applications cannot be accepted)

UNIT # _____ **OWNER(S)** _____
DATE _____ **OWNER(S)** _____

- ☐ CONFIDENTIAL RESIDENT INFORMATION
- ☐ PHOTO I.D. OF APPLICANT(S)
- ☐ PROTECTION OF ASSOCIATION PROPERTY
- ☐ RELEASE, INDEMNIFICATION & HOLD HARMLESS AGREEMENT
 - o Additional named insured, certificate holder and loss payee: Iconbrickell Condominium Number Three Association, Inc., Iconbrickell Master Association and Hoosiers Owner, LLC. d/b/a Viceroy, LLC. General Liability insurance with limits of at least \$1,000,000.00
- ☐ PROCEDURES FOR RECEIVING PACKAGES AND PARCEL RECEIPT AUTHORIZATION
- ☐ HOMEOWNERS/RENTERS INSURANCE
- ☐ VALET PROCEDURES AND VEHICLE REGISTRATION
 - o Registration must be completed 72 hrs prior to approval
- ☐ PET REGISTRATION
- ☐ SPA AND POOL- RULES & REGULATIONS
- ☐ MOVE IN/MOVE OUT POLICIES AND AUTHORIZATION
- ☐ COPY OF CONTRACT (to be submitted along with completed application)
- ☐ **SCHEDULE OF BUYER'S FEES & DEPOSITS (Payable to Iconbrickell Condo No. Three Assoc.): Method of payment: Cashier's Check or Money Order Only**
 - o Elevator Security Deposit: \$ 1,000.00 (Refundable)
 - o Impact Fee: \$500.00 Unfurnished \$250.00 Furnished (Non Refundable)
 - o Application Fee: \$ 100 Per Adult Applicant (Non Refundable)
- ☐ **Pet Fee: \$100.00 (Non Refundable & Payable to Iconbrickell Master Association)**
- ☐ **REQUEST AN ESTOPPEL LETTER AT www.homewisedocs.com FOR HOOSIERS LESSEE AND ICONBRICKELL CONDOMINIUM NO THREE.**
- ☐ **FOR THE MASTER ASSOCIATION CONTACT ADMINMASTER@ICONBRICKELL.COM or 305-709-0590**
- ☐ COMPLETE ACH BEFORE THE FIRST MAINTENANCE PAYMENT IS DUE
- ☐ VOTING CERTIFICATE (Resale only)
- ☐ UNIT OWNER NOTICE OF STANDARDS FOR SOUND CONTROL (Resale only)

EVERY FORM IN THIS PACKAGE MUST BE COMPLETED AND ALL INFORMATION REQUIRED PROVIDED. THE REVIEW PROCESS WILL BEGIN, ONCE THE MANAGEMENT OFFICE RECEIVES THE APPLICATION AND ALL RELATED PAPERWORK. THE COMPLETION OF THIS PACKAGE IS THE OCCUPANTS RESPONSIBILITY.

DATE RECEIVED BY MANAGEMENT: _____

Iconbrickell Condominium III

SALES / LEASE & OCCUPANCY APPLICATION

I. APPLICANT INFORMATION SHEET

Date: _____ Unit #: _____

Property Address: _____

Applicants Full Name: _____

Social Security Number: _____ Date of Birth: _____

Date: _____ County/State convicted in: _____

Explain: _____

(____) Single

(____) Married

(____) Divorced

Cellular Phone: _____ Other Phone: _____

Maiden Name: _____ Email Address: _____

Spouse's Full Name: _____

Social Security Number: _____ Date of Birth: _____
* * * * *

Applicant's Additional Names (if any): _____

Social Security Number: _____ Date of Birth: _____

Cellular Phone: _____ Email Address: _____

Have you ever been convicted of a crime? (____) Yes (____) No Date: _____

County/State convicted in: _____

Explanation: _____

Number of people who will occupy unit (over 18) _____

Names and ages of others who will occupy unit

(i) _____ Age: _____

(ii) _____ Age: _____

Have any of the other occupants been convicted of a crime? (____) Yes (____) No

Explain: _____

Iconbrickell Condominium III

II. PRIOR RESIDENCE INFORMATION & CHARACTER REFERENCES

RESIDENCE INFORMATION

(PLEASE PRINT FULL ADDRESS, INCLUDING UNIT #, CITY, STATE, & ZIP CODE)

Present Address: _____

Apartment or Condo Name: _____ Phone #: _____

Name of Landlord/ Mortgagee _____ Phone #: _____

Residency: From _____ To _____ Rent/ Mtg. Amount \$ _____

Previous Address: _____

Apartment or Condo Name: _____ Phone #: _____

Name of Landlord/ Mortgagee _____ Phone #: _____

Residency: From _____ To _____ Rent/ Mtg. Amount \$ _____

CHARACTER REFERENCES (No Family Members)

1. Name: _____

Address: _____

Residence Phone #: _____ Business Phone #: _____

2. Name: _____

Address: _____

Residence Phone #: _____ Business Phone #: _____

III. EMERGENCY CONTACT INFORMATION

In the event of an emergency that affects your residence and you are away from your home, please provide names of individuals who can be contacted for incidents such as water leaks, fire, or other emergencies. Please provide at least two (2) contact persons with telephone numbers.

It is suggested that at least two (2) of your contacts have a key to your residence. Please indicate who will have your keys.

Contact Name: _____

Home Phone #: _____ Work Phone #: _____

Relationship to you: _____ Key: () Yes () No

Contact Name: _____

Home Phone #: _____ Work Phone #: _____

Relationship to you: _____ Key: () Yes () No

Contact Name: _____

Home Phone #: _____ Work Phone #: _____

Relationship to you: _____ Key: () Yes () No

Iconbrickell Condominium III

IV. DISCLAIMER

Please read and initial each item and sign the statement at the bottom of this page.

I / We understand that Iconbrickell Condominium No. Three hereafter referred to as (the "Association") may cause to be instituted such investigation of my / our character, credit history and / or criminal background as the Association deems necessary. I/we authorize the Association to make such investigation and that the Board of Directors, Hoosiers Lessee, LLC, its Agents, or Affiliates of the Association shall be held harmless from any and all action or claim by me / us in connection with the use of information contained herein or any investigation conducted by the Association.

I/we understand that a formal interview with the Board of Directors or its designated representative may be conducted before approval for a sale / lease is granted.

I/we hereby waive any privileges I/we may have with respect to the said information in reference to its release to aforesaid party. Information obtained for this report is to be released to the association, property manager, Board of Directors and the landlord/owner's official representative for their exclusive use only.

I/we agree to provide any additional information and / or documentation as requested by the Association.

I/we have received, read, and understand the Association's Rules & Regulations (which are amended from time to time) and agree to abide by them and that a complete set of the Rules & Regulations have been provided to me / us by the Seller, Landlord, or the Association.

I/we understand that the Board of Directors of Iconbrickell Condo Number Three may promulgate new rules or change existing ones as they deem necessary for the safe quiet enjoyment of all residents of Iconbrickell.

Signed this ____ day of _____, 20____

APPLICANT

Name Printed: _____

Name Printed: _____

Signature: _____

Signature: _____

Iconbrickell Condominium III

V. AUTHORIZATION FORM & SIGNATURE PAGE

PLEASE INCLUDE COPY OF DRIVERS' LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY

You are hereby authorized to release information to Iconbrickell Condominium No. Three any and all information they request with regards to verification of my/our credit history, residential history, character, criminal record history, and employment verification. This information is to be used solely for my / our Application for Occupancy to the above-indicated condominium.

I / we hereby waive any privileges with respect to the said information in reference to its release to Iconbrickell Condominium Number Three. Information obtained for this report is to be released to the Association and the unit owner for its exclusive use only.

I / We further state that the Application for Occupancy and Authorization Form were signed willingly by me / us and was not originated with fraudulent intent by me / us or any other person and that the signature(s) below are my / our own proper signature(s).

PLEASE INCLUDE COPY OF DRIVERS' LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY.

(1) Applicant's Signature: _____ Date: _____

(2) Applicant's Signature: _____ Date: _____

SIGNATURE

If this application is not legible or is not complete and accurately filled out, Iconbrickell Condominium Number Three will not be held liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by omissions or illegibility.

By signing, the applicant recognizes that the Association and/or (Screening Company) may use the information supplied by the applicant, and a full disclosure of pertinent facts may be made to the Association and the unit owner/official representative. The investigation may be made of the applicant's character, general reputation, personal character, credit information police arrest record and convictions, if any. This form is for the exclusive use of Iconbrickell Condominium Number Three Association.

Signed this ____ day of _____, 20____

APPLICANT

Name Printed: _____
Signature: _____
Title: _____

Name Printed: _____
Signature: _____
Unit Number: _____

Iconbrickell Condominium III

AUTHORIZATION FOR RELEASE OF INFORMATION AND CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

"I hereby authorize Iconbrickell Condominium Number Three Association, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made.

I hereby expressly release Iconbrickell Condominium Number Three and any persons directly involved in this lease/sale application, including but not limited to the owner of the condominium unit, management, the Listing Agent, the Tenant's Agent, Viceroy, Hoosier Lessee, LLC. and any furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information.

I understand that my application information may be provided to but not limited to the owner/official representative of the condominium unit, the listing agent, the tenant's agent, and/or various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."

PRINT FULL NAME (S) SOCIAL SECURITY NUMBER (S)

DRIVER'S LICENSE NUMBER AND STATE OF LICENSE DATE OF BIRTH (S)

CURRENT MAILING ADDRESS (Street Address, City, State, Zip)

PREVIOUS MAILING ADDRESS (Street Address, City, State, Zip)

X _____ Signature	X _____ Date
X _____ Signature	X _____ Date
X _____ Signature	X _____ Date

Note: If there will be more than one person living in the unit, all parties will have to sign this authorization form to release background/credit information to unit owner/official representative.

Iconbrickell Condominium III

CONFIDENTIAL RESIDENT INFORMATION SHEET

Unit Number: _____ Owner / Tenant's Name: _____

Telephone #: _____ Email Address: _____

Is Residence listed under a Corporation? ☐ Yes ☐ No

If yes, please state name of Corporation: _____

☐ Primary or ☐ Secondary Residence: _____

For Association mailing and notices, please state preferred address/Post Office mail is to be sent to:

Emergency Contact: _____ Telephone: _____

Address: _____

Unit Occupants:

Telephone #:

Email Address:

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Family Members, Visitors, or Representatives with keys who may enter your residence at: Iconbrickell Condominium No. Three

1. _____ 2. _____

3. _____ 4. _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, who would require additional assistance in the event of an emergency?

☐ NO ☐ YES Person's Name: _____

If yes, please check special needs box: ☐ oxygen ☐ wheelchair ☐ blind ☐ deaf

☐ other. _____

Unit Owner: _____ Unit Owner: _____

Iconbrickell Condominium III

CERTIFICATE OF APPOINTMENT OF VOTING MEMBER/REPRESENTATIVE

To the Secretary of ICONBRICKELL CONDOMINIUM NO. THREE ASSOCIATION, INC. (the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record Owners of Unit No. _____ have designated:

(Name of Voting Member/Representative)

As their representative to cast all votes and to express all approvals that such Owners may be entitled to cast or express at all meeting of the membership of the Association and for all other purposes provided by the Declaration of Condominium, Articles of Incorporation, and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (i) If one individual owns the unit, No Voting Certificate is required.
- (ii) If the unit is owned by a husband and wife, No Voting Certificate is required.
- (iii) If a corporation or other entity such as partnership owns the unit, a Voting Certificate should be filed designating the Agent or Officer entitled to vote for the corporation or in the case of a non-corporate entity, one of the principals or partners authorized by that entity to vote on behalf of the unit. Voting Certificate must be filed out designating the person entitled to vote, signed by either the President, Vice President of the corporation (or entity owner) and attested to by Secretary of the Corporation.
- (iv) If the unit is owned by an individual and his brother, Voting Certificate is required designating either the individual or his brother as the Voting Member (NOT A THIRD PERSON). PRINT THE NAME OF THE ONE INDIVIDUAL WHO VOTES, AND NO ONE ELSE. BE SURE TO DESIGNATE ONE OF THE JOINT OWNERS OF THE UNIT AS THE VOTING MEMBER, NOT A THIRD PERSON.

This Certificate is made pursuant to the By-Laws of the Association and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the _____ day of _____, 20____

SIGNATURES OF INDIVIDUAL OWNERS

PRINT NAME: _____ SIGNATURE: _____

PRINT NAME: _____ SIGNATURE: _____

SIGNATURES FOR CORPORATE OWNERS

Name of Corporation: _____

By: _____ Title: _____

Attest: _____
Secretary (Signature) Secretary (Print Name)

SIGNATURE FOR ENTITY OWNERS (Partnership, Trust or other Entity):

Name of Entity: _____ By: _____

Print Name: _____ Title: _____

NOTE: THIS FORM IS NOT A PROXY. ANY UNIT OWNED JOINTLY BY TWO OR MORE INDIVIDUALS (OTHER THAN HUSBAND AND WIFE) OR ANY UNIT OWNED BY A CORPORATION OR OTHER LEGAL ENTITY MUST FILE A VOTING CERTIFICATE BEFORE A MEMBERSHIP MEETING OR SUCH UNIT OWNER WILL NOT BE PERMITTED TO VOTE. BE SURE TO DESIGNATE A FULLY AUTHORIZED DIRECTOR, OFFICER, PARTNER, PRINCIPAL OR REPRESENTATIVE OF THE CORPORATION OR ENTITY-OWNER OF THE UNIT AS THE VOTING MEMBER. IF YOU HAVE ALREADY FILED A VOTING CERTIFICATE AND DO NOT WISH TO CHANGE YOUR DESIGNEE, NO NEW CERTIFICATE NEED BE FILED.

Iconbrickell Condominium III

PROTECTION OF ASSOCIATION PROPERTY AND SHARED FACILITIES/COMMON ELEMENTS

I/we understand and are aware that the building's hallways/corridors, shared facilities/common areas at Iconbrickell have been completed.

I/we understand that all Owners, Tenants, Guests, Contractors, employees and Vendors are responsible for protecting the walls, ceilings, doors, floors, elevators and other like shared facilities/common areas from damage or acts of vandalism. Please use extreme caution when transporting materials and/or equipment. It is important to note that the Association's Governing Documents establishes provisions for Unit Owners to be back-charged or fined for damage(s) to the property's common area(s) by Owners, Tenants, Guests, Contractors, employees and/or Vendors of the Unit Owner.

I/we agree that all work performed or delivered to improve and/or furnish my condominium Unit by any vendor or private party hired by us is to be performed on my behalf, by such party as my agent. I assume full responsibility for damages caused by such agent/person (s), whether to any person or property and hereby agree to indemnify and hold harmless the Iconbrickell Condominium Number Three (the "Association") and Hoosiers Owners, LLC. d/b/a Viceroy, LLC. for any damages claimed by any party. Furthermore, any company accessing the property must provide a Certificate of Liability for \$1,000,000 (one million) and workers compensation referencing Iconbrickell Condominium Number Three Association and Hoosiers Owners, LLC. d/b/a Viceroy, LLC as additional Insured/Certificate Holder and Loss Payee.

No storing, cutting of materials, or use of any machinery is allowed on balconies, common areas, hallways, or stairwells. Smoking is not permitted upon any common area, hallway, or stairwell.

Balconies:

- Cans, Cigars or butts, papers, debris, gum, etc., SHALL NOT be thrown or dropped from any balcony.
- The watering of plants on balconies and the sweeping and/or mopping of balconies shall not be done in such a manner as to disturb persons residing in other units, or to damage their patio furniture or other personal items.
- No grills (electric, gas or charcoal), cooking equipment, or other heat producing equipment is allowed to be operated on the unit balconies.

Signed this _____ day of _____, 20____

OWNER/TENANT:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

THIS RELEASE, indemnification and Hold Harmless Agreement ("Release") is executed this _____ day of _____, 20____ by the undersigned Owner(s) or Lessee(s) of Unit # _____ located in **Iconbrickell Condominium Number Three Association.**

WHEREAS, **Iconbrickell Condominium No. Three Association, Inc. (the "Association")** will permit the undersigned to engage contractors and vendors (including all those working by, through, or under them, the "Personnel") to perform work within the undersigned's Unit subject to the terms and conditions set forth hereinafter. The contractor must submit a valid certificate of General Liability insurance with limits of at least \$1,000,000.00 naming **Iconbrickell Condominium Number Three Association, inc. and Hoosiers Owner, LLC. d/b/a Viceroy, LLC.** as an additional named insured, certificate holder and loss payee; a current certificate of Workers Compensation Insurance; a copy of contractors business or occupational license; and City of Miami Building Department permits (if applicable).

NOW THEREFORE, in consideration for permitting the Personnel to perform work within the undersigned's Unit and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the undersigned specifically agrees to the following:

The above recitals are true and correct and are incorporated herein by reference.

THE UNDERSIGNED acknowledges that the work performed by such Personnel within their Unit shall be at the undersigned's sole risk and the Association shall not have any obligations, responsibilities or liabilities for the work performed by such contractor or vendor and further acknowledge that the Association has made no representation regarding the Personnel's ability or qualification to perform work.

THE UNDERSIGNED acknowledges and agrees that the work performed by such contractor or vendor within their Unit shall be at the undersigned's sole risk and the Association shall not have any obligations, responsibilities or liability for the work performed by such contractor or vendor and further acknowledge that the Association has made no representations regarding the contractor or vendor.

THE UNDERSIGNED hereby (jointly and severally) release immediately and hold harmless the Association, Hoosiers Owner, LLC d/b/a Viceroy, its Directors, Officers, Agents and Employees, Lessees, Guests and Invitees and all Members of the Associations from and against all claims, damages, losses and expenses including attorney's fees, at both the trial and appellate level, arising out of or resulting from the Contractor and Vendor's entry to the undersigned's Unit and the work performed by, through or under them. This indemnification shall extend to all claims and damages, including consequential damages, losses and expenses attributable to bodily injury, death, and to damages, theft or injury to and destruction of real or personal property including loss of use resulting therefore arising out of or resulting from the work performed by the Contractor or Vendor and entry into the undersigned's unit.

We have read this Release und understand and agree to all of its terms. We execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, The undersigned have executed this Release the day and year set forth above.

OWNER /TENANT:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

PROCEDURES FOR RECEIVING OF PACKAGES

All packages received are stored and distributed directly by security. Packages received are immediately logged in, scanned and stored in a secure package room. Once the package is logged into our building's smart system, an automated email and phone call is generated to the recipient advising them of their package arrival.

Package guide lines are as follows:

- **Any item delivered that requires two (2) or more persons to transport or weighs more than 50 lbs will not be accepted.**
- **Packages considered to be too large/heavy may be denied at the association's discretion.**
- **Packages will only be held for a maximum of 30 days. All unclaimed packages will be returned to sender on the 30th day.**
- **Packages may only be picked up by the receiver, whose name appears on the package. If the receiver wishes for another resident to pick-up the package, they must send a communication to the Association in advance.**

It is prohibited to send furniture through the mail as we do not have space to accept these large packages. To receive such deliveries, the use of the service elevator must be reserved through the association office.

We are asking all residents that receive notice of a package arrival to please request their package directly from the security office (located at receiving dock level) during the following days and hours:

- Monday, Wednesday and Friday: 9:00 AM to 12:00 AM and 5:00 PM to 8:00 PM
- Tuesday and Thursday: 5:00 PM to 8:00 PM
- Saturday and Sunday: 10:00 AM to 2:00 PM

The Security Department will only release packages to the individual who the package is addressed to unless a written authorization from the consignee authorizing a second party to pick up the package is received. Please send written authorizations to security.user@viceroymhotelsandresorts.com.

Packages will only be distributed to the recipient name referenced on the packaging label or the authorized second party, so please have appropriate identification available for verification.

Should you have any questions regarding the building's new package procedures or would like more information as to where the security office is located, please call, email or come by the association office and we will be happy to assist you.

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

PARCEL RECEIPT AUTHORIZATION

This Release, Indemnity and Hold Harmless Agreement ("Release") is executed on this ____ day of _____, 20____, by ICONBRICKELL Condominium No. Three Association, Inc. (the "Association") and _____ the Owner(s) and/or Resident(s) of Unit # _____ located in Iconbrickell Condominium No. Three, Miami, Florida ("Owners/Residents").

In consideration for being permitted the accommodation and benefit of collecting and/or retrieving mail, and other property, including but not limited to keys, packages, deliveries, parcels, clothing and any other items (the "Property") with the Association's, administration, front desk personnel, maintenance, or any agent, employee, or contractor of the Association, including but not limited to security, valet, and/or housekeeping personnel engaged by the Association, or any other personnel (collectively referred to as the "Personnel") for pick-up, delivery, or for any reason whatsoever, the undersigned acknowledges that neither the association, Hoosiers Owner, LLC. d/b/a Viceroy, the Directors, Officers, nor the Personnel will be held responsible, in any way, from and against all claims, damages, losses and expenses, including attorneys' fees at both the trial and appellate level, arising out of any claims for loss, theft, damage, disappearance, and/or destruction of the Property, either in whole or in part, by any negligent act or omission of the Personnel.

I hereby acknowledge that the Personnel are authorized to accept, receive and/or deliver Property on my behalf at my sole risk. The Association, its directors and officers, Hoosiers Owner, LLC. d/b/a Viceroy, and the Personnel, specifically disclaim any responsibility or liability for loss, theft, damage, or disappearance to the Property received from or accepted on behalf of the Owners, Residents, and the undersigned Owners/Residents hereby release the Association, its directors and officers, Hoosiers Owner, LLC. d/b/a Viceroy and the Personnel, from any responsibility of liability for loss, theft, damage, or disappearance to the Property and waive any claims which may arise there from.

I have read this release and understand all of its terms. I executed it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, the undersigned have executed this release the day and year set forth above.

Signed this ____ day of _____, 20____

UNIT OWNER / TENANT:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

UNIT OWNER /TENANT INSURANCE COVERAGE

Unit Owners and Renters should obtain hazard and liability insurance coverage at their expense for personal property and contents, as well as coverage for individual liability and additional living expenses. The insurance purchased by the Association **DOES NOT** cover liability claims by an owner or Tenant/Renter due to accidents occurring within their Condominium unit, nor does it cover casualty, theft, loss, or flood damage to the contents of a unit. Personal improvements including, but not limited to upgrades, floor coverings, tile, carpeting, padding, wall coverings, wallpaper, paint, paneling, ceiling treatments and built-in closets are not covered by the Association's insurance policies. It is the responsibility of the individual homeowner and /or the Renter/Tenant to purchase and pay for insurance for all such risks. It is important for each homeowner or tenant to fully understand what his/her responsibility will be if a loss to the unit is incurred. Professional insurance advice should be sought.

Governor Crist recently signed House Bill 601 which changes Chapter 718 (the condominium statute)

This is a list of some of the changes that will directly affect you and the association's master policy on association policies that renew on or after January 1, 2009:

- Air conditioners and their equipment will now be the INSURANCE responsibility of the association. Please note this does not apply to the maintenance of the air conditioners, only air conditioners and their equipment that is damaged by a peril included in the association's hazard insurance.
- Your policy must carry "special assessment" coverage in an amount no less than \$2000.
- Improvements and betterments made by you to your unit that benefit fewer than all residents must be insured by you.

Please contact your insurance agent if you have any questions about this. If you don't have an agent please contact one of your own choosing.

INDIVIDUAL UNIT OWNER INSURANCE POLICIES (The individual unit-owner's policy is the same as a Homeowner's policy):

The unit owner's insurance policy may also cover Association assessments for losses not covered by the Association's insurance policy. However, loss-assessment coverage applies only to perils or events also insured under the unit owner's policy. For example, if the Association makes an assessment to pay the deductible for a windstorm-related loss, an individual policy will only pay the assessment if windstorm coverage is included in the unit owner's policy. When buying an individual policy, condominium owners and a competent insurance agent should examine the Association's insurance policies and Association Governing documents to determine what the Association's policies covers. There are items within the condominium unit not covered under the Association's policies. Property such as floor and wall coverings, fixtures and the like, or additions in the unit, should be covered by the unit owner's policy. An insurance agent or attorney with condominium experience should assist you in determining what should be best covered by your individual Homeowner's insurance policy. Remember that no significant risk should be left uninsured and Unit Owners should be aware of what property they are responsible for covering.

The following items are NOT covered by the association's master policy, even if they are located inside a unit:

- Floor, wall and ceiling coverings (except in common areas)
- Electrical fixtures, Appliances, Water heaters & Water filters
- Built in cabinets and counter tops
- Window treatments, including curtains, drapes, blinds and hardware
- Replacements for any of the above listed property

Visit the website at: <http://www.myfloridacfo.com/consumers> or call the Florida Consumer Help Line at 1-800-342-2762 for further information.

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

VALET PROCEDURES

(Iconbrickell Condo Number Three is valet parking only)

Resident Parking Rules adopted for Iconbrickell Condominium Number Three Association:

Lease/Resale application must be approved by the association 72 hours before a resident's vehicle may be registered with valet to receive complimentary and monthly (paid) valet services.

Effective October 1st, 2013 - The Iconbrickell Master Association has adopted a monthly fee of \$175.00 for owners/renters wishing to park a second vehicle, \$225.00 to park a third vehicle, and \$275.00 for a fourth vehicle.

All units of Iconbrickell Condo Number Three receive one (1) complimentary valet space, unless you have purchased an additional assigned parking space. All vehicles are required to be parked through valet, and are based upon availability. Any second vehicle will be charged a monthly charge of one-hundred and seventy-five dollars (**\$175.00**) per vehicle, any third vehicle will be charged a monthly charge of two-hundred and twenty-five dollars (**\$225.00**), and any fourth vehicle will be charged a monthly charge of two-hundred and seventy-five dollars (**\$275.00**). **If you wish to park a motorcycle, there will be a charge of \$75.00 per month** (effective October 1st, 2013.)

If a resident has a rental car, the valet office will accept the agreement in the resident's name and provide temporary access for the term of the rental agreement to the assigned valet space for a fee of \$5.00.

All resident vehicles must be properly registered and identified with a barcode by SIS and flash valet technology to receive valet services please, contact the valet management office at 786-449-2668. You must bring your vehicle registration(s), driver license, and the vehicle(s) that require registration. Valet office hours are Monday through Friday from 7:00 a.m. to 7:00 p.m. and Saturday & Sunday from 10:00 a.m. to 6:00 p.m. Residents may also pre-purchase validation stickers in advance for their guests/visitors from the Valet office/cashiers.

Visitor Hourly Rates for Towers 3 –

- 0-3 hours : \$10.00
- 3-10 hours: \$16.00
- 10 hours- overnight: \$30.00
- Lost ticket: \$16.00 per day

In an effort to improve valet services and minimize your curb-side wait time, please use the dedicated valet phone number to request your vehicle directly from valet. The phone number for the valet key room is 786-220-6900. We thank you for your cooperation as we continue to improve services throughout the community.

Valet and Groceries Deliveries

Please keep in mind that the primary purpose of the valet services is to receive and deliver vehicles in a timely manner. While Valet will make every attempt to deliver groceries and luggage to your unit, there may be delays during high traffic periods. It is recommended that any perishable items are taken directly to your unit until the rest of your groceries/luggage can be delivered. In the event that the valet staff is not available and you wish to utilize the valet cart by yourself, please provide your driver's license to the Front Desk in exchange for a pass that you must bring to Valet. Valet will hold the pass and release the cart to you. In order to retrieve your driver's license, the valet cart must be returned to Valet in exchange for the pass, which you will return to the Front Desk.

Iconbrickell Condominium Number Three is a valet parking (only) building. No self parking is permitted.

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

VEHICLE REGISTRATION FORM

Lease/Resale application must be approved by the association seventy-two 72 hours before a resident's vehicle may be registered with valet to receive complimentary and monthly (paid) valet services.

Resident(s) Name: _____ Unit #: _____

Vehicle One:

Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

Vehicle Two (additional monthly fee of \$ 175.00 will apply for second additional vehicle(s)):

Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

Vehicle Three (additional monthly fee of \$ 225.00 will apply for third additional vehicle(s)):

Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

NOTE ~ ICONBRICKELL CONDOMINIUM NUMBER THREE ASSOCIATION IS VALET PARKING ONLY

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

PET REGISTRATION FORM

Date: _____

Unit: _____

Owner's Name: _____

Type of Pet (please check one): ☐ Dog ☐ Cat ☐ Other _____
(Please specify)

PLEASE
Attach photo of pet here
Or bring your pet by
The management office
To be photographed.

Name of Pet: _____

Breed/Color: _____

Markings: _____

Gender: _____ Weight: _____

Pet's Age: _____

Tag Number: _____

I/we understand and are aware of Iconbrickell Condominium Number Three Association rules, regulations and restrictions regarding pets on the property and agree to abide by them. It is further understood that if the pet is or becomes a nuisance or annoyance, or interferes with the rights or enjoyment of others including, but not limited to, any noises or smells emanating from the pet or the premises, I/we agree to provide alternate housing for the pet.

Signed this _____ day of _____, 20____

UNIT OWNER / TENANT:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

PET RULES AND REGULATIONS

Dogs, cats, birds, fish and other animals, reptiles or wildlife shall neither be kept nor maintained in or about the Common Areas except in accordance with the following, in addition to the applicable terms of the Declaration.

1. No livestock, reptiles or poultry of any kind shall be raised, bred or kept on or in any portion of the Common Areas.
2. Upon the Master Association's request, move in of an animal or upon acquisition of an animal, (excluding fish or domestic birds) the animal must be registered with the Master Association. Residents shall complete the Master Association's Pet Registration form and provide a picture of the animal. A One Hundred Dollar and No Cents (\$100.00) non-refundable deposit per animal is required to be paid to the Master Association by certified check or money order. Upon registering the animal, the Master Association will issue a pet tag which must be worn by the animal while in the Common Areas.
3. Animals shall not be permitted in the Common Areas unless attended by an adult and on a leash not more than six (6) feet long. Said animals shall only be walked or taken upon those portions of the Common Areas designated by the Master Association from time to time for such purposes. In no event shall an animal ever be allowed to be walked or taken on or about any recreational facilities contained within The Properties.
4. Animals shall never be permitted to run free in the Common Areas or on the Property.
5. No animals shall be allowed to become a nuisance or create any unreasonable disturbance to occupants of other Lots. Nuisance behaviors are considered, but not limited to:
 - a. An animal whose unruly behavior causes personal injury or property damage;
 - b. An animal that makes noise continuously and /or incessantly to the disturbance of any person at any time of day or night;
 - c. An animal in the Common Areas who is not under the complete physical control of responsible adult;
 - d. An animal that relieves itself on walls or floors of the Common Areas;
 - e. An animal who exhibits aggressive or other dangerous or potentially dangerous behavior.
6. If an animal is deemed to be a nuisance by the Master Association Board of Directors or presents a threat to other pets or persons, the Board of Directors shall have the sole discretion and authority to require the animal owner to take immediate corrective action towards the animal's behavior, including but not limited to requiring the animal owner to provide proof to the Master Association Board that the animal has attended and completed a professional obedience training program.
7. If an animal owner is notified of a pet violation and fails to take corrective action, the Master Association, Board of Directors shall have the discretion to require the animal owner to remove the animal from the property.
8. Animal owners shall pick up all solid wastes from their animals to include all types of waste, solid or liquid, and dispose and clean the area appropriately. Failure to clean up after your animal will result in a clean-up fee in the amount of Seventy-Five Dollars and No Cents (\$75.00), which the Master Association Board of Directors shall have the right to change and increase from time to time.
9. Any resident maintaining an animal on The Property shall be fully responsible for, and shall bear the total expense of any damage to The Property resulting from the acts of the animal. An animal owner who keeps or maintains an animal on The Property shall indemnify and hold harmless all other Unit Owners, the Association and all Lot Owners together with their respective directors, officers, agents, employees, managers, contractors, or attorneys, from and against any loss, claim or liability of any kind or character whatsoever, whether to property or person, arising by reason of keeping or maintaining such animal.
10. Only properly registered animals are allowed on The Property. Except as detailed in the Declaration, guests are not permitted to bring animals on The Property.
11. An individual requiring a Service Animal must complete and file with the Association a Florida Commission on Human Relations Medical Certification Form, signed by a licensed and certified healthcare professional.

UNIT OWNER / TENANT:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

12. Unit Owners must meet any and all licensing requirements of Miami-Dade County and the State of Florida. (The animal must be immunized against diseases common to that type of animal.) Dogs are required to wear an owner identification tag and a current rabies tag at all times. Unit Owners are required to have their animal examined by a veterinarian on an annual basis and comply with all licensing requirements of Miami-Dade County and the State of Florida. The veterinarian must complete a document providing the following information about the animal:

- ☐ The date of the examination;
- ☐ The veterinarian's name, address, telephone number and license number;
- ☐ The name, sex, breed, age, weight, and color of the animal;
- ☐ The animal owner's name and current address;
- ☐ A copy of the annual vaccination(s);
- ☐ A copy of the current Miami Dade County license tag for the animal.

13. Without limiting the generality of the other provisions of the Master Association's governing documents, a violation of these rules shall entitle the Association to all of its rights and remedies, including, but not limited to, the right to fine Unit Owners and/or require the animal to be permanently removed.

I/we understand and are aware of Iconbrickell Condominium Number Three Association rules, regulations and restrictions regarding pets on the property and agree to abide by them. It is further understood that if the pet is or becomes a nuisance or annoyance, or interferes with the rights or enjoyment of others including, but not limited to, any noises or smells emanating from the pet or the premises, I/we agree to provide alternate housing for the pet.

Signed this _____ day of _____, 20_____

UNIT OWNER:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

STANDARDS FOR SOUND CONTROL TRANSMISSION AND IMPACT INSULATION (FLOOR COVERINGS)

Pursuant to the Governing Documents for Iconbrickell Condominium Number Three Association, inc. (the "Association"); ("Floor Coverings"), hard and/or heavy surface floor coverings, including without limitation, marble, tile, wood, and the like, cannot be installed in any part of a condominium unit, without the prior approval of consent of **the Association**.

The Association shall not approve the installation of any hard or heavy surface floor covering unless the aggregates sound insulation and acoustical treatment carries a minimum **Sound Transmission Classification (STC) of 55**, and a minimum **Impact Insulation Classification (IIC) of 55**. The unit owner shall install the foregoing insulating materials in a manner that provides proper mechanical isolation of the floor coverings from any rigid part of the building structure, whether of the concrete sub-floor (vertical transmission) or adjacent walls and fittings (horizontal transmission) under the required City permits and inspection process. Insulation materials are to be installed exactly to the manufactures specifications.

BALCONY Flooring Requirements: The color and exact materials to be used on balcony floor coverings must be approved by the Board. The exterior flooring to be approved shall be either **white** or **gray** in color. No other floor color will be approved for installation. The Owner and Contractor are also required to provide specifications for exterior waterproofing to be approved by the City of Miami and the Association. The floor covering including all waterproofing, adhesive and underlayment materials installed on any balcony shall not exceed a thickness of $\frac{3}{4}$ ". An **Architectural Modification Request** form must b submitted prior to commencement of any work.

Notwithstanding the foregoing, the floor covering (and insulation and any adhesive materials) installed on any balcony, terrace, patio, or lanai shall not exceed a thickness of $\frac{3}{4}$ inches and extend only to the midway point below the balcony railing. In any event, pursuant to the City of Miami, Building Department code requirements, the height measured from the top of the installed hard surface floor covering to the top of the balcony, terrace, patio, or lanai railing must not be less than 42 inches.

If any installation of hard and/or heavy surface floor covering shall be made in violation of these standards, the Association shall have the immediate right to prohibit any further installation or, if already installed, required that the floor coverings be removed at the unit owner's sole expense and replaced with floor coverings and sound insulation which meets the above described standards. Compliance with such standards is mandatory under the Declaration of Condominium, and shall be enforced for the benefit of all the Residents in the building. Compliance may be enforced by the Association in Circuit Court in the City of Miami, Florida by an action seeking injunctive relief for specific performance. The undersigned acknowledge such rights and submits to the jurisdiction of the City of Miami, Circuit Court for the enforcement of the standards described above. In the event that a judicial proceeding shall be necessary, the Association's costs to make the required corrections and the Association's reasonable attorneys' fees (including trial and appellate fees) and court costs shall be charged against the Unit Owner and such amount shall be secured by lien in favor of the Association against the condominium unit and shall be enforceable in accordance with the terms of the Declaration of Condominium.

A copy hereof shall be maintained in the Association's records and may be used in any enforcement proceeding of the Rules & Regulations of the Condominium's Governing Documents. No proposed transfer of title or lease of the condominium unit shall be approved unless the intended transferee or lessee of the condominium unit shall be approved unless the intended transferee or lessee shall have signed a copy of this Notice acknowledging the receipt hereof and such transferee's or lessee's agreement to abide by and bound by the terms hereof.

The undersigned hereby acknowledges receipts of the forgoing notice and agrees to abide by and be bound by the terms hereof.

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

POOL/SPA RULES AND REGULATIONS

1. Access to the Spa (with exception of treatments in spa, poolside or in room), Pool and Fitness Center (with exception of personal training and some specialty classes) is complimentary for owners. Use may be restricted from time to time according to the season, and use may vary from time to time. The Fitness Center also includes the studio spaces and areas on the pool deck where group fitness classes may occur
2. Tours of the facility must be arranged in advance with the spa management
3. Fees may be assessed for admittance to special sponsored events at the Spa, Pool and Fitness Center
4. Owners may be allowed to bring outside guests to use the Spa, Pool and Fitness Center. Outside guests are subject to all rules and regulations established for the Spa, Pool and Fitness Center
5. Forms of Payment
 - a. Third party billing for services in the Spa, Pool and/or Fitness Center will require a credit card authorization form to be filled out and submitted to the spa prior to services being rendered
 - b. Guest of the Spa, Pool and Fitness Center may be required to show a State Issued ID to use a credit card and traveler's checks
 - c. Spa, Pool and Fitness Center accepts cash, traveler's checks and all major credit cards
 - d. Personal Checks are not accepted
6. Each person using the Spa, Fitness Center or Pool areas is responsible for their own property. The spa will not be responsible for any property used or stored on the premises of the Spa, Pool and/or Fitness Center
7. All furniture or other property of the Spa, Pool or Fitness Center may not be removed without proper authorization from the Spa management. Guests will be liable for any property damage and/or personal injury incurred at the Spa, Pool or Fitness Center
8. Use of the Spa, Pool and Fitness Center is at the user's sole discretion
9. The Spa is not responsible for any personal property brought into the spa, pool or fitness center
10. By agreeing to use the Spa, Pool or Fitness Center areas and all equipment, apparatus, services, appliances and facilities (owned or leased), you do so at your own risk and shall hold the Spa, Pool or Fitness areas and their employees harmless in respect to any loss, injury, claim, cost, damage or liability sustained or incurred while in the Spa, Pool or Fitness Center
11. No commercial advertisements may be posted in the Spa, Pool or Fitness Center
12. Solicitation is strictly prohibited in the Spa, Pool or Fitness Center
13. Petitions may not be posted or circulated on the premises of the Spa, Pool or Fitness Center
14. If a guest wishes to use the Spa, Pool or Fitness Center for a specialty event, permission must be obtained in advance from the spa management, fees may be assessed and a non refundable deposit may be required
15. Guests may not dismiss employees of the Spa, Pool or Fitness Center on any pretext, nor request personal services from staff members on or off duty
16. Guests shall not be verbally or physically abusive to any staff member of the Spa, Pool or Fitness Center
17. Food is allowed only in designated areas in the Spa, Pool and Fitness Center
18. Towels are given complimentary to guests of the Spa, Pool and Fitness Center and should remain on the premises. A \$25.00 non refundable fee will be assessed for non returned towels
19. Locker Rooms
 - a. No camera cell phones, pagers, Blackberries, cell phones, videorecorders, and cameras are allowed in the locker room areas
 - b. Children under the Age of 12 are not allowed in spa areas
 - c. Children under the age of 18 should be accompanied by an adult when using steam rooms, saunas and whirlpools
 - d. Spa lockers are for day use only. Items left overnight will be removed from the lockers and discarded or sold without notice
 - e. A non refundable 25.00 fee will be assessed for lost or non returned locker keys
 - f. Shaving is not allowed in whirlpools, steam rooms, saunas or plunge pools. All shaving must be done at sinks or in the shower
 - g. Men are not allowed in the women's locker areas
 - h. Women are not allowed in the men's locker areas

Iconbrickell Condominium III

- i. All personal items must be stored away in the assigned locker
 - j. Do not bring valuable items for use or storage in the locker areas
20. Staff of the Spa, Pool and Fitness Center has the authority to enforce these rules and regulations

Fitness Regulations

1. Hours of Operation (Subject to change without prior notification)
 - a. Hours Monday - Sunday 6am to 8pm
2. Upon arrival to the Fitness Center, guests will be required to sign in at the designated reception desk
3. No one under the age of 16 may use the fitness center
4. Children between the ages of 16 and 18 must be accompanied by an adult
5. Athletic shoes are required. No open-toed shoes, flip-flops, sandals or bare feet in the Fitness Center
6. Appropriate work out clothing is required in the Fitness Center: bathing suits are not allowed
7. Please rack your weights when finished
8. As a courtesy to other guests, please limit your use of cardio equipment to 35 minutes
9. Personal training
 - a. Will be provided for a fee established by the Spa Management
 - b. Personal Trainers will be provided
 - c. Guests may use trainers outside of the Viceroy/Icon network who meet the following criteria:
 - i. A 30.00 fee will be assessed for each visit/training session
 - ii. Prior to use of facilities by outside trainers they must provide (but not limited to) the Spa:
 1. Current CPR certification
 2. Current insurance with the Spa at Iconbrickell listed on insurance rider
 3. Proof of Personal training Certification
 4. Proof of no outstanding, pending or past claims our suits
 - d. Access will not be granted until all of the criteria above has been established
 - e. We reserve the right to refuse access to outside trainers at any time
 - f. There will be a 100% charge applied for training sessions not cancelled within the 24 hour required time
 - g. A credit card will be required to reserve a training session
10. Classes
 - a. Will have limited availability and may require guests to sign up for places no more than 1 hour prior to the start of the class.
 - b. In Spinning classes, shirts and shoes must be worn at all times (Spinning shoes are not permitted in the spa public areas)
 - c. In Yoga classes shirts must be worn at all times
 - d. Pilates, Gyro tonics and Kinesis lessons will have to be scheduled in advance. To use equipment an instructor must be present
 - e. In signing up for classes, guests can only sign up for themselves
 - f. Fees may be charged to attend specialty classes, seminars etc, and they will have limited availability
11. For the convenience of our guests, cell phone use is not permitted in the Fitness Center
12. Studios are for class instruction only. Personal use of studios is prohibited. Proper foot wear will be required in studios
13. Alcoholic beverages and smoking are not allowed in the Fitness Center. We reserve the right to refuse service to anyone under the influence of drugs and/or alcohol
14. Glass containers are not allowed in the Fitness Center
15. Pets of any kind are not allowed in the Fitness Center
16. Fitness Center staff has the authority to enforce these rules and regulations

Spa Regulations

1. Hours of Operation (subject to change without prior notification)
 - a. Spa Hours: Monday –Sunday 6am to 8pm
 - b. Service hours: Monday – Sunday 10am to 7pm
2. As a courtesy to therapists and to receive the full benefit of treatments, please shower before receiving treatments
3. As a courtesy to our guests, treatments will begin and finish on time. Late guest's services will end at the appointed time and the full charge for the treatment will still apply.

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4. Massage, Facial and Body Treatments are not provided to anyone under the age of 18 without an adult guardian present in the room
5. Massage, Facial and Body Treatments are given to children between the ages of 12 and 17 with an adult guardian present in the room
6. Children under the age of 12 will not receive Massages, Facials or Body Treatments in the spa or In Room or In-Resident
7. All fees for spa services, personal training, juice bar etc., will be due at the time that services are rendered
8. There will be a 100% charge applied for all services not cancelled within the 24 hour required time
9. To maintain the integrity of the spa environment, cell phone use in the spa and its public areas is prohibited
10. Please do not bring valuables into the spa areas
11. Alcoholic beverages and smoking are not allowed in the spa. We reserve the right to refuse services to anyone under the influence of drugs and/or alcohol
12. Glass containers are not allowed in the spa
13. Before the rendering of services, guests may be required to fill out a medical questionnaire form
14. An 18% service charge will be added to all spa treatments
15. An extra charge will be assessed for all In-Room or In-Resident treatments
16. Spa Staff has the full authority to enforce these rules and regulations

UNIT OWNER:

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

POOL PROCEDURES

In order for all to enjoy the beautiful amenities at our community in a safe and organized manner, we kindly ask for your cooperation with the following procedures:

Pool Regulations:

- **Hours of Operation:** Sunrise to Sunset (approximately 7am to 7pm), subject to change without notification.
- The pool is for the exclusive use of residents and hotel guests. **A maximum of four guests will be permitted per unit or hotel room with required "guest" card.**
- **No bottles, glass, coolers or outside food is permitted at the pool deck.** Food and alcoholic beverages are available for purchase through Café Icon at 305-503-4400.
- Food and drinks must be consumed in designated areas provided throughout the pool deck and be kept **12 feet away** from the Pool and Jacuzzi areas.
- **No smoking is allowed on the pool deck and pool furniture.** A designated smoking area is located at the observation deck only. Cigarette disposable towers are available for you at the observation deck.

I.D./Wristbands:

- All residents, hotel patrons and guests, are **required** to have their "resident card", "room key" and /or "guest" card to use the pool amenities. You must hand over your resident/guest card or room key to the pool attendant in order to obtain complimentary towels. You must return the towels in order to retrieve your card.
- If a guest is unattended by the Unit Owner and is using a "guest card", they must be registered in the property management system. Registration information must be emailed to jvaquer@apmanagement.net by the Unit Owner or Registered Representative at least 72 hours before guest arrival. If the guest is not registered in the system, they will not be allowed access to the amenities.
- All residents, hotel patrons and guests will be provided and **required to wear a wristband** at the pool deck which must be visible on the wrist or ankle. No exceptions.
- Wristband enforcement hours are from 9:00am to Sunset.
- Children under the age of 12 are not required to wear a wristband.

Lounge Chairs:

- Lounge Chairs will be set up on a first come, first served basis; they cannot be reserved or left unoccupied. Personal belongings will be removed and lounge chairs will be reassigned if left unoccupied for more than (30) minutes. We are not liable for any belongings left unattended.

Towels:

- A "Resident", "Guest" card or Hotel key is required in order to obtain towels.
- Towels for the pool are provided on a complimentary basis. If not returned, a \$25.00 non-refundable fee will be assessed.
- Maximum of two towels per "resident" and/or "guest".
- Towels left unattended will be collected. Towels may not be used to reserve lounge chairs.

Security/Staff:

Security and pool staff have the full authority to enforce the rules and regulations adopted by the Association. Verbal or physical abuse towards the staff will result in your access to the pool deck being denied for a period of time established by the Master Association.

Unit Owner _____ Unit Owner _____

Iconbrickell Condominium III

MOVE IN / MOVE OUT AND DELIVERIES POLICY

The receiving dock area will not be able to accommodate an 18 wheeler truck.

- All furniture move-ins, move-outs, and deliveries, must be schedule in advance with the Management Office. Days and Hours permitted are: **Monday – Friday from 8:30 a.m. – 4:30 p.m. No WEEKEND moves.**
- Notice of Move-in and Move-out must be given at least (7) days prior in order to properly schedule a reservation for the designated service elevator. Other deliveries must be scheduled not less than 48 hours in advance.
- Access to the building by moving companies, service or trades persons is obtained by first scheduling their arrival with Management and providing proof of insurance naming the following entities as **“Additional Insured, Certificate Holder and Loss Payee”**:
 - a) **Iconbrickell Condo Number Three Association, 485 Brickell Avenue, Miami, FI 33131**
 - b) **Hoosier Owner, LLC d/b/a Viceroy, 485 Brickell Avenue, Miami, FI 33131**
 - c) **Iconbrickell Master Association, 465 Brickell Avenue, Suite 202, Miami, FI 33131**
- Moving vehicles are permitted to park in designated areas **ONLY** and **MUST NOT** park on or block driveway entrances or obstruct any other parking areas.
- All work including cutting, painting, carpeting, etc. must be performed inside the residence or off the premises. Common area foyers, hallways, stairwells, and balconies are not available as a work area.
- No disposal of any construction or building materials is permitted in common hallways, stairwells, or down the trash chute. Moving or Delivery Companies are responsible for the disposal of boxes and packing materials. Call the Management Office for assistance and instructions 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.

INFORMATION FOR UNIT OWNERS:

MOVE-IN /OUT ELEVATOR SECURITY DEPOSIT
MOVE IN/MOVE OUT ELEVATOR FEE

\$ 1000.00 (refundable at completion)
\$ 250.00 (non-refundable)

INFORMATION FOR LESSEES/TENANTS:

ELEVATOR DEPOSIT
MOVE IN/MOVE OUT FEE
OWNERS DEPOSIT

Same as Common Area Security Deposit
\$ 250.00 (non-refundable)
Equivalent to one month's rental (refundable)

I / we understand and are aware of ICONBRICKELL CONDO NUMBER THREE In / Move Out and Delivery Policy and agree to abide by them.

Signed this _____ day of _____, 20_____

UNIT OWNER:

Unit Owner _____ Unit Owner _____