Any Individual or Corporation desiring to lease a condominium unit at Iconbrickell Condominium No. Three is required to submit to the Association the following items:

* **Completed application for residency form (screening form). Screening process may take up to 15 days from submittal of the application.**
* **Copy of legible fully executed lease contract**
* **Legible copy of a valid picture ID (Driver’s license, Passport, etc).**
* **Signed statement of acceptance of Rules and Regulations**
* **Unit lessee is required to submit a Cashier's check or Money order in the amount of $100.00 per adult occupant, payable to Iconbrickell Condominium No. Three to defray administrative expenses in connection with processing the screening application. Screening fees may vary based on applicant’s origin of residence.**
* **Must submit a Cashier's check or Money order in the amount equivalent to one month’s rent made payable to Iconbrickell Condominium No. Three to be held as a refundable security deposit. Return of this deposit requires the lessee(s) respect the lease requirement, no damage to common elements by lessee, including the freight elevator and its proper use. Furniture shall be moved only in the freight elevator Between the hours of 9:00 am and 4:30 pm, Monday – Friday, except holidays. Moving is prohibited on the weekends. Management will inspect the freight elevator and corridors after completion of the move. Empty boxes and move-in garbage must be taken away by the movers.**

IN ADDITION TO THE ABOVE, A CORPORATE TENANT WILL BE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION:

1. Proof of Incorporation

2. List of current officers and directors

3. Affidavit of Corporate responsibilities as to abiding by the Rules and Regulations and By-Laws of Iconbrickell Condominium No. Three

**ALL FEES MUST BE PROVIDED AT THE TIME THE APPLICATION IS PRESENTED TO THE MANAGEMENT OFFICE. INCOMPLETE PACKAGE WILL NOT BE ACCEPTED AND THE APPROVAL PROCESS WILL BE DELAYED. APPLICATIONS WILL BE ACCEPTED AT**

**THE MANAGEMENT OFFICE BY APPOINTMENTS ONLY.**

Applicant’s signature Date

|  |  |
| --- | --- |
|  |  |

**RESIDENT INFORMATION SHEET**

Rental (X) Leasing Period: From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Permanent Resident ( ) Secondary Resident ( )

Name of Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any pets? Yes /No**

**Please list the type of pet:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME RELANTIONSHIP PHONE NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lessee Signature Date

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lessee Signature Date

Note: If there will be more than one person living in the unit, all parties will have to sign this form.

**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 he 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 arty 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\_\_\_

**APPLICANT**

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**, lconbrickell 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.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VEHICLE / VALET POLICY**

All vehicles parking at Iconbrickell must be properly registered and identified with a parking decal. After orientation with the Master Association, the parking decal will be provided for each vehicle registered with the Master Association in Tower One, please bring your vehicle to Park One’s office located outside of Tower Two to complete your vehicle registration.

Vehicles will be held in the arrival area for a maximum of fifteen (15) minutes. If you are not able to retrieve your vehicle within this time-frame, your vehicle will be returned to the garage.

All units of Iconbrickell Condo Number Three receive one (1) complimentary valet 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).**

**VALET AND GROCERY 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.

**MOTORCYCLE PARKING**

Unit Owners have the ability to self-park one (1) Motorcycle or Scooter per Unit. Motorcycle/Scooter parking is subject to a monthly parking fee of Seventy-Five Dollars and No Cents ($75.00) per Motorcycle/Scooter.

The parking of Motorcycles/Scooters is limited as stated above and any additional Motorcycle and/or Scooter parking above the limit stated above will require the prior authorization and written approval of the Master Association’s Board of Directors.􀁸

Motorcycle and/or Scooter parking is only permitted in designated motorcycle/scooter parking areas. Motorcycles and/or Scooters may not be stored in front of or next to a parking space or secured to a column, pipe, stairway and/or fence.

GUEST PARKING􀁸 All guests will be subject to the following parking fees:

0-3 hours $12.00

3-10 hours $16.00

10-24 hours $30.00

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

**UNIT ACCESS AUTHORIZATION**

**FOR**

**RELATIVES, VISITORS, GUESTS, STAFF, ETC.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the following persons to enter Unit # \_\_\_\_\_\_\_\_\_ Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) This authorization is valid until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) I/we hereby authorize and request the Association to grant access to the above Unit to the person(s) named below. In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

The purpose(s) of the entry stated below is for information only. The Association is not responsible for such purpose(s) being fulfilled or for limiting Unit access to the accomplishment of such purpose(s).

The Association is not responsible in any manner for supervising, observing or controlling the conduct of the person(s) to whom a Unit key and/or access was given under this authorization.

The undersigned agrees to fully indemnify and hold harmless the Association, its officers, directors, members, employees and agents (including, without limitation, Association’s management company, security service, and their officers, directors and employees), whether in the Unit or the Common Elements of the Property or otherwise carrying out this authorization and request. This indemnification and hold harmless agreement shall include all attorney fees and court costs regardless of whether suit is brought or any appeal is taken there from.

PLEASE PRINT CLEARLY

**NAME DESCRIPTION PHONE NUMBER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEY POLICY**

Dear Resident:

1. You are encouraged to make private arrangements to provide keys to service personnel, family, assignees, employees, realtors, guests, or individuals of any kind. The Manager office will not be able to provide this service for insurance and liability reasons.
2. In case of lock-out, residents should make arrangements with friends or neighbors to keep an extra key. The Association assumes no liability or responsibility to provide keys or access after regular Office working hours.(8:30 a.m. to 5:00 p.m., Monday through Friday, except holidays) However, in the event of an emergency, such as fire, flood, blood or injury, the Front Desk personnel will make all efforts to contact the Property Manager for emergency lockout.
3. In the event of an after-hours lockout, there is an administrative fee of $150 associated with granting access to the unit. For these purposes, “after-hours” shall mean any time that is not 8:30 a.m. to 5:00 p.m., Monday through Friday, excepting holidays.
4. Realtor Policy: If you will be showing your unit for lease or re-sale, you must provide unit keys and a key fob to your listing agent as well as a copy of the brokerage agreement to the Management Office. Only the listing agent specified by you will have access to show your unit. Management and the front desk will not entertain requests from the listing agent to have other realtors show your unit.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of Unit # \_\_\_\_\_\_\_\_\_\_ hereby acknowledge receipt of the key policy

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 10 days. All unclaimed packages will be returned to sender on the 14th 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

Weekends: Closed

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 [carlos.lopez@whotels.com](mailto:carlos.lopez@whotels.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

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**

**Iconbrickell Condominium No. ONE**

**Iconbrickell Condominium No. TWO**

**Iconbrickell Condominium No. THREE / Senyar Miami Holding LLC**

**Iconbrickell Master Association**

**465/47/485/495 Brickell Avenue Miami FL 33131**

**Required Coverage:**

**General Liability: $1,000,000.00 (Minimum)**

**Worker’s Compensation (Required) \* or provide PROOF OF EXEMPTION**

**Without the Certificate of Liability Insurance AND Workers Compensation, no moves or deliveries will be allowed to proceed.**

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 LESSEES/TENANTS:**

ELEVATOR DEPOSIT $1,000.00 (Personal check is accepted)

OWNERS DEPOSIT 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\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMENITIES**

**SPA USE**

The use of the Spa is for residents only. Guests that wish to use the Spa amenities such as the gym, steam room, sauna, and Jacuzzi, will have to pay a guest fee at the published Spa rate. For further details, please contact the Spa Front Desk at 305-503-0369.

**THEATER ROOM (MEDIA ROOM)**

These rooms are available to the residents by reservation. Please contact the Spa Front Desk for a list of movies available for viewing and reservation details.

**POOL DECK**

**** A maximum of four (4) guests per unit is permitted.

 Special gatherings on the pool deck must be catered and coordinated through the Viceroy Hotel. No exceptions will be made to bring outside catering.

 No glass is permitted anywhere on the pool deck.

 Food and beverages may be purchased from Café Icon and must be consumed a minimum of 5 feet from the pool. Coolers are not allowed.

 Pool hours are from dawn to dusk. Swimming after dark is strictly prohibited.

 The pool deck is a non-smoking area.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resetting you’re A/C**

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**Breaker Panel**

****

**Legend**

****

Turn back to the ON position after

turning OFF.

**Breaker in “OFF” position**