

# HORIZONS MOVE GUIDE



## HORIZONS MANAGEMENT OFFICES

Monday – Friday  
8:30 AM – 5:30 PM  
(619) 338-4096

Monique Douglas, General Manager

[mdouglas@actionlife.com](mailto:mdouglas@actionlife.com)

Charles James, Managers Assistant/Lead Access Control Officer

[cjames@actionlife.com](mailto:cjames@actionlife.com)

John Long, Chief Engineer

On behalf of the entire staff and Board of Directors, we would like to welcome you to Horizons.

Please complete and sign the Confidential Owner/Tenant Registration Form. To schedule your move in/out please return the Move Agreement with deposit and move fee to the onsite office or via email [cjames@actionlife.com](mailto:cjames@actionlife.com) as soon as possible. Remember your move cannot be confirmed until all required fees and documents have been submitted.

***WELCOME HOME! WE ARE HERE TO ASSIST YOU.***



## MOVE-IN/OUT AGREEMENT

Please read, sign and return this Move Agreement to Charles James, Assistant Manager, no less than 48 Hours prior to your move. Your move will not be confirmed until all documentation and fees are received by the Management Office.

Horizons-Marina District Owners Association (“Horizons”) has Rules and Regulations (“Community Handbook”), CC&Rs and Architectural Guidelines for the benefit of all in our community. These Governing Documents provide standards that everyone can live by while ensuring the community is maintained at a level which is a source of pride. To maintain our exclusive reputation, we ask for your assistance.

1. If you are a New Resident moving into Horizons, you **must provide** management with **Proof of Ownership or a Signed Lease Agreement prior to your move.**
2. Each move requires a **\$125.00 non-refundable moving fee** made payable to J and A and a **\$300.00 refundable security deposit** made payable to Horizons-Marina District. Each move has a four hour window. Moves that will take all day require an additional \$125.00.
3. **If you cancel the move and do not provide 48- hours’ notice, a \$125.00 fee will be charged.**
4. An appointment to schedule a move must be made **five (5) business days in advance** to insure elevator access within a specific timeframe and day. Moves occur in four (4) hour increments during the following hours: 8:00am-5:00pm. Any move that exceeds the scheduled time will result in an additional payment of \$125.00. Moves are conducted Monday-Friday, except for: New Year’s Day, Presidents Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and the Friday after it, and Christmas Day. Please call Jessica Gibson, Manager Assistant, to schedule moves and deliveries. **Unauthorized moves are subject to a fine per Horizons’ Governing Documents.**
5. **Elevator pads and hallway runners are required for your move. Possessions may not be “staged” in the lobby or residential hallways. Movers must also remove large boxes/trash from premises. Flatten and discard small boxes and take them to P-1. Do not place them in the refuse room on your floor.**
6. All moving companies must carry their own insurance to cover damages. You or your moving company must provide the Management Office with a current Certificate of Liability Insurance naming Horizons-Marina District Owners Association as an additional insured, and Workers’ Compensation Insurance. **No moving company will be permitted entry to Horizons without first providing such certificate of insurance.**
7. I have read the Move-In/Out Agreement for Horizons. I understand and agree that;
8. I will accept total responsibility for the cost of any damage, repair, cleaning, losses or other liabilities if damage is incurred as a result of my move.
9. I acknowledge that if there is no damage, my deposit will be returned to me within **thirty (30) days** of my move.

**New Address:** \_\_\_\_\_

7. The move  In  Out for Unit: \_\_\_\_\_ N or S is scheduled for Date: \_\_\_\_\_ Time: \_\_\_\_\_

*I understand and agree to all terms as described in the Procedures*

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

Date: \_\_\_\_\_

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

Unit: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## **INSURANCE REQUIREMENTS**

### **Regarding Moves and Deliveries**

Horizons-Marina District Owners Association, hereinafter collectively referred to as “Horizons,” requires that a Certificate of Insurance and Endorsement be submitted at least 48 hours prior to each move or delivery. Please note that a move or delivery is NOT confirmed until the certificate is received by Management.

#### **The Endorsement Must Include ALL of the Following:**

- Prior to any move or delivery the company must supply the Association with a Current Certificate of Insurance with a minimum of \$1,000,000 for both General Liability and Workers Compensation before any move/delivery can begin.
- The Certificate(s) must name Horizons- Marina District Owners Association and Action Property Management, Inc. as an additional insured in the Certificate Holder Box at the bottom of the Insurance Form.
- Format for Additional Insured Should be as follows:
  - Horizons-Marina District Owners Association  
Action Property Management, Inc.  
555 Front Street  
San Diego, CA 92101



## RESIDENTIAL SELF-MOVE AGREEMENT

I, \_\_\_\_\_, resident of unit \_\_\_\_\_ N\_\_ S\_\_, have scheduled a self-move in/out  
Residents Name Unit Number

of Horizons on \_\_\_\_\_.

**As I am not utilizing a moving company, and therefore, have no liability insurance coverage for my move, I understand that I will be responsible for any damage done to Horizons' common areas during my move. Furthermore, I am aware that a pre-inspection and post-inspection of the common areas will be performed in relation to my move to ensure all pre-existing and new damage is documented accurately.**

\_\_\_\_\_  
Residents Signature

\_\_\_\_\_  
Date




## CONFIDENTIAL OWNER/TENANT INFORMATION FORM

Please complete and return the following information to the Management Office

In accordance with the Covenants, Conditions and Restrictions (CC&Rs) of Horizons, all Owners are required to provide a copy of the Governing Documents prior to the leasing of the Owner's Condominium(s). Any lease or rental agreement must be in writing between the parties and must state that the Lease is subject to the Governing Documents. Failure by the Owner to provide such Governing Documents shall be a breach under the Declaration.

DATE: \_\_\_\_\_ UNIT#: \_\_\_\_\_ NORTH OR SOUTH

RESIDENT'S NAME: \_\_\_\_\_

 Check the box next to the phone number you would like programmed to the entry phone system.

TELEPHONE: \_\_\_\_\_  ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please mark this box with an "X" if you require assistance in the event of an emergency

VEHICLE INFORMATION (Please list additional vehicles on back of form):

Existing vehicle                       New vehicle

VEHICLE #1	
MAKE:	
MODEL:	
COLOR:	
LICENSE PLATE #	
NEW PERMIT #	

VEHICLE #2	
MAKE:	
MODEL:	
COLOR:	
LICENSE PLATE #	
NEW PERMIT #	

**Authorized Guests:**

Please list those people who are to be granted access to the property without a prior call to your home (for example, family or domestic help). Please note that entry to the building will still require your guest to use the entry phone system or use a fob. Please file any future additions to this list with the Security Supervisor. (Please list additional guests on back of form if needed)

Name	Relationship/Company
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**CONFIDENTIAL OWNER/TENANT INFORMATION FORM (Cont'd)**

Please complete and return the following information to the Management Office

Pursuant to the requirements of the Declaration as stated above, both owner and tenant, by signing below, acknowledge receipt of the CC&Rs and Rules & Regulations (Community Handbook).

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Tenants Name: \_\_\_\_\_

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

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



**Release Waiver and Indemnification Agreement**  
*Horizons - Marina District OA*

In a high rise community there is the potential for damage to your own or to your neighbor's home from, for example, a plumbing leak. Your Association needs a copy of your front door key for quick access for emergency repairs and your authorization to do so.

Failure to sign this form can expose you to liability in the event of loss and also could result in damage to your front door if the Association must break or cut it open for access.

*I, an owner of a residential condominium at the Horizons - Marina District, hereby grant permission for entry into my residential condominium to the Horizons - Marina District Owners Association and/or its Managing Agent for purposes of emergency repair for the benefit of the Association.*

*I certify that I am a current owner, resident, invitee, family member or guest of Horizons - Marina District Owners Association. I understand that I am responsible for giving my key and any instructions regarding access, including alarm codes, to the Horizons - Marina District Owners Association and/or its Managing Agent. Should I change my locks or the alarm system code, I am responsible for providing the current key/information to the Horizons - Marina District Owners Association and/or its Managing Agent as soon as the change is made.*

*To the extent that I lease my residential condominium, I agree to fully explain to my tenant that I have granted access to the Horizons - Marina District Owners Association and its Managing Agent, and that I also have provided the above with a key and any alarm codes. Additionally, I will require them to provide a key if they replace the key that I gave to the Association.*

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Signature of Homeowner/Tenant

Date

I decline to sign the above agreement.

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Signature of Homeowner

Date

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Emergency Contact Name

Phone



**EMAIL DELIVERY CONSENT FORM**

I hereby consent to the email delivery of the Horizons-Marina District Owners Association disclosure documents, as indicated below. I understand and agree that if the Association chooses to deliver said documents by email, that delivery is complete at the time of the transmission (and that all statutory or other notice requirements as defined in the Association's governing documents is perfected upon such transmission). If such documents are delivered by email, I understand that I have the right, at any time, to request, in writing, that the documents be made available to me in paper/non-electronic form. I further understand a) that it is my responsibility to notify the Association's Management Company, in writing, of email address changes; and, b) that I can revoke my consent to e-mail delivery, and again require Association notices, disclosures and other documentation in hard copy by sending my revocation notice to the Association's Management Company via email, facsimile or mail at the address listed below (and that if I do so, the management company will confirm receipt of my written request within five (5) business days of its receipt).

**DISCLOSURE DOCUMENTS INDEX**

- |   |   |
|---|---|
| 1. Assessment & Reserve Funding Disclosure Summary (form) | 13. Review of Financial Statement                                 |
| 2. Pro Forma Operating Budget or Budget Summary           | 14. Annual Update of Reserve Study                                |
| 3. Assessment Collection Policy                           | 15. Notice of Proposed Rule Changes                               |
| 4. Notice/Assessments and Foreclosure (form)              | 16. Notice of Adopted Rule Changes                                |
| 5. Insurance Coverage Summary                             | 17. Notice of the Results of an Election to Reverse a Rule Change |
| 6. Board Minutes Access                                   | 18. Requests for Candidates                                       |
| 7. Alternative Dispute Resolution (ADR) Rights (summary)  | 19. Board Meeting Notices   |
| 8. Internal Dispute Resolution (IDR) Rights (summary)     | 20. Notice of Annual Meeting Election Results                     |
| 9. Architectural Changes Notice                           | 21. Annual Budget Report  |
| 10. Secondary Address Notification Request                | 22. Annual Policy Statement                                       |
| 11. Monetary Penalties Schedule                           | 23. Newsletters   |
| 12. Reserve Funding Plan (summary)                        |   |

**If you wish to participate in this program, please complete the form below and return to the physical address below. *WE MUST RECEIVE AN ACTUAL "WET" SIGNATURE- The form may not be submitted via email or fax.***

Owner's Name: First \_\_\_\_\_ Last \_\_\_\_\_

*(Must be on title)*

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_ *(only one e-mail accepted per household)*

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**(By signing above, you consent to the Association's distribution of the above referenced documents via email)**

*Professionally Managed By Action Property Management, Inc.  
555 Front St., San Diego, CA 92101  
(619) 338-4096 (619) 231-9736 fax*