



UTILITIES AND TRANSPORTATION
COMMISSION

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID: 18048	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

142296

Type of Household Goods Authority Requested – check one **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Boxes and Packaging Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Quick Move Transport and Storage

Physical Address 11613 124th Ave NE, suite H, Kirkland, WA 98034

Mailing Address 9805 NE 116th St #7310 Kirkland, WA 98034

Telephone Number (425) 820-3839 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 603 486 383 Email: contactus@boxesnpackaging.com

USDOT #: 2944590 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 190, 254-01

Employment Security Department registration number 000-110982-00-8

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Daniel Hazan</u>	<u>President</u>	<u>100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Continuing to provide quality household moving services.

2. Briefly describe your experience in the transportation/household goods moving industry: Successfully ran Quick Move Transport, LLC since 2008.

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number HG-63499

4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? No Yes
If yes, what is the name of the company? _____

7. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? No Yes If yes, please list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 51,786	Salaries/Wages Payable	\$ 16,000
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 16,000
Land and Buildings	\$	NET WORTH	104,286
Trucks and Trailers	\$ 47,000	Preferred Stock	\$
Office Furniture	\$ 7,500	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$ 14,000	Capital	\$
TOTAL ASSETS	\$ 120,286	TOTAL LIABILITIES & NET WORTH	\$ 120,286

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	International 4700	B09815F	1HTSCAAMA91H326084	26,000
2000	International 4700	B73417W	1HTSCABM1YH229146	26,000
1997	ISUZU G. Com	B72022Z	JALC4B1K2V7009891	16,000

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Daniel Hazan

Position: President

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: Daniel Hazan

Position: President

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Daniel Hazan

Position: President

If you would like to receive information about new household goods carriers, check here

DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

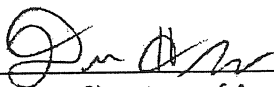
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Daniel Hazan

Print name of applicant



Signature of Applicant

1/23/2017 Kirkland, WA

Date and Location

ATTACHMENT B

**Transfer of Household Goods Authority
Per WAC 480-15-187**

Current Name on Permit (Seller): Quick Move Transport, LLC

Current Trade Name on Permit (Seller): _____

Address (Seller): 11613 124th Ave NE, Suite H, Kirkland, WA 98034

HG Permit Number: HG-63499 Phone Number (Seller): 425-681-6850

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?
 No Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

A closing annual report must be filed with the commission by the current company.

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? Daniel Hazan

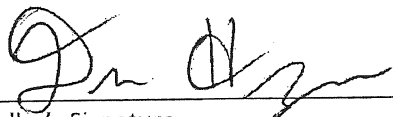
RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 63499 to the following:

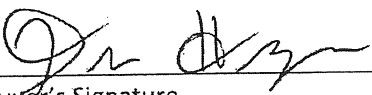
Name of Buyer: Boxes and Packaging Inc

Trade Name of Buyer: Quick Move Transport and Storage

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.


Seller's Signature

1/23/2017 Kirkland, WA
Date and Location


Buyer's Signature

1/23/2017 Kirkland, WA
Date and Location

3. Owner Information

a. Select only ONE ownership structure:

- Sole Proprietor
 If married, should spouse's name appear on license? Yes No (If you answer No, you must still enter the spouse information in section "3f" below.)
- Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 Partnership (# of partners: _____) Joint Venture
 Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*
 *These ownership structures must contact the Secretary of State office for additional filing requirements.

Boxes And Packaging Inc.

Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: Washington Year incorporated/formed: 2015
 Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date 07 / 15 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)

c. Boxes And Packaging Inc. Is this location inside city limits? Yes No

9805 NE116th St #7310 11613 124th Ave NE
 Business Mailing Address (Street or PO Box, Suite No. do not use building name) Business Street Address (if different than mailing) Do not use a PO Box or PMB.

Kirkland WA 98034 Kirkland WA 98034
 City State Zip code City State Zip code

e. (425) 820-3838 () contactus@boxesnpackaging
 Business Telephone Number Fax Number E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

> Hazan, Daniel, Jay 05 / 26 / 1990 539-19-6782 100
 Name (Last, First, Middle) Date of Birth Social Security Number* % Owned
1906 1st Street Kirkland WA 98033
 Home Address (Street or PO Box) City State Zip code
President (425) 681-6850
 Title Home Telephone Number
 Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number*

> Name (Last, First, Middle) Date of Birth Social Security Number* % Owned

Home Address (Street or PO Box) City State Zip code

Title Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number*

> Name (Last, First, Middle) Date of Birth Social Security Number* % Owned

Home Address (Street or PO Box) City State Zip code

Title Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number*

*The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)

ATTACHMENT C

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
 - An individual has incorporated and the same individual remains the majority shareholder;
 - An individual has added a partner but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box above must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:
- Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application? No Yes
 - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability:
 - c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.

WA WASHINGTON DRIVER LICENSE



Dan Jay

4a LIC# [REDACTED]
1 HAZAN
2 DANIEL JAY

4a ISS 05-27-2011

15 Sex M 16 Hgt 5-08
17 Wgt 185 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions NONE

4b Exp 05-26-2016

Rev 05-16-2010



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
01/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm CAROL FLORES INSURANCE AGENCY INC. 1550 140TH AVE NE SUITE 100 BELLEVUE WA 98005	CONTACT NAME: CAROL FLORES PHONE (A/C, No. Ext): 425-455-1600 FAX (A/C, No.): 425-455-2706 E-MAIL ADDRESS: CAROL@CAROLFLORES.COM PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
INSURED BOXES AND PACKAGING INC 9805 NE 116th ST #7310 KIRKLAND WA 98034	INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

DESCRIPTION OF VEHICLE OR EQUIPMENT				
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2001	International	4700	BOX TRUCK	1HTSCAAM91H3260B4
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDD INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	362 7752-B22-47	01/10/2017	07/10/2017	COMBINED SINGLE LIMIT	\$	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$ 1,000,000	
						PROPERTY DAMAGE	\$	
						EACH OCCURENCE	\$	
		GENERAL LIABILITY				GENERAL AGGREGATE	\$	
		OCCURRENCE					\$	
		CLAIMS MADE					\$	
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE		
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	362 7752-B22-47	01/10/2017	07/10/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500	DED
	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
						<input type="checkbox"/> STATED AMT	\$ 250	DED
		EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$	LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$	DED
		<input type="checkbox"/> SPECIAL <input type="checkbox"/>				<input type="checkbox"/>		

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST			CANCELLATION		
Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED			DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST			<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE 		

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PRODUCER State Farm CAROL FLORES INSURANCE AGENCY INC. 1550 140TH AVE NE SUITE 100 BELLEVUE WA 98005	CONTACT NAME: CAROL FLORES PHONE (A/C No. Ext): 425-455-1600 FAX (A/C No.): 425-455-2706 E-MAIL ADDRESS: CAROL@CAROLFLORES.COM PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 INSURER B: INSURER C: INSURER D: INSURER E:
INSURED BOXES AND PACKAGING INC 9805 NE 116th ST #7310 KIRKLAND WA 98034	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1997	ISUZU	G COM	BOX TRUCK	JALC4B1K2V7009891
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	123 8142-E13-47E	01/10/2017	07/10/2017	COMBINED SINGLE LIMIT	\$
		GENERAL LIABILITY				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> OCCURRENCE				BODILY INJURY (Per accident)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE				PROPERTY DAMAGE	\$
						EACH OCCURRENCE	\$
			GENERAL AGGREGATE	\$			
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	123 8142-E13-47E	01/10/2017	07/10/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> STATED AMT	\$ 500 DED
	<input checked="" type="checkbox"/>	EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES): (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s).

A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST:	<input type="checkbox"/> LEASED	<input type="checkbox"/> FINANCED
NAME AND ADDRESS OF ADDITIONAL INTEREST		

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> LENDER'S LOSS PAYEE	
LOAN / LEASE NUMBER	
AUTHORIZED REPRESENTATIVE	

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This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER State Farm CAROL FLORES INSURANCE AGENCY INC. 1550 140TH AVE NE SUITE 100 BELLEVUE WA 98005	CONTACT NAME: CAROL FLORES PHONE (A/C, No, Ext): 425-455-1600 FAX (A/C, No): 425-455-2706 E-MAIL ADDRESS: CAROL@CAROLFLORES.COM PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 INSURER B: INSURER C: INSURER D: INSURER E:
INSURED BOXES AND PACKAGING INC 9805 NE 116th ST #7310 KIRKLAND WA 98034	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2000	International	4700	BOX TRUCK	1HTSCABM1YH229146
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<input checked="" type="checkbox"/> VEHICLE LIABILITY	231 5786-C11-47	01/10/2017	07/10/2017	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$
		<input type="checkbox"/> GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	231 5786-C11-47	01/10/2017	07/10/2017	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 250 DED
		<input type="checkbox"/> EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

Select one of the following:

The additional interest described below has been added to the policy(ies) listed herein by policy number(s).

A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: LEASED FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST

ADDITIONAL INSURED LOSS PAYEE

LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

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National Indemnity group of insurance companies
 3024 Harney Street
 Omaha, NE 68131

Commercial Auto Insurance Binder

BOXES & PACKAGING INC
 DBA: QUICK MOVE TRANSPORT & STORAGE
 11613 124TH AVE NE #H
 KIRKLAND, WA 98034

Policy Term: 01/01/2017 12:01 AM to 01/01/2018 12:01 AM
 Policy Number: 70MTS017363
 Minimum Earned Premium: \$0
 Business Description: HOUSEHOLD GOODS MOVER

Total Policy Premium: \$1,638.00

Issued by: Superior Underwriters (Bellevue, WA)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.
 Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 01/01/2017 12:01 AM with National Indemnity Company.

Coverage Information

Coverage	Limit
Liability (BI & PD) Liability applies to scheduled autos only.	Not Covered
Personal Injury Protection	Not Covered
Medical & Hospital Expense	Not Covered
Funeral Expense	Not Covered
Income Continuation	Not Covered
Loss of Services	Not Covered
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.
Cargo	See Vehicle Information. Only covered if a value and deductible are listed.

Vehicle Information

1. 1997 ISUZU NPR Cargo Limit: \$20,000	VIN: JALC4B1K2V7009891 Cargo Deductible: \$1,000
2. 2001 INTERNATIONAL TRUCK Cargo Limit: \$20,000	VIN: 1HTSCAAM91H326084 Cargo Deductible: \$1,000
3. 2000 INTERNATIONAL TRUCK Cargo Limit: \$20,000	VIN: 1HTSCABM1YH229146 Cargo Deductible: \$1,000

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.