

Hidden Door Holdings
DBA College Hunks Hauling Junk and Moving
655 S. Orcas Street. Ste 206
Seattle, WA 98108
November 16, 2015

RECEIVED

NOV 18 2015

WASH. UT. & TP. COMM

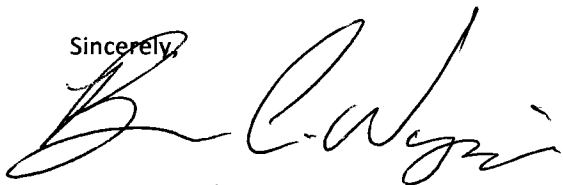
Tina
Attn: Tina Leipski
1300 S. Evergreen Park Dr. S.W.
PO Box 47250
Olympia, WA 98304-7250

Dear Tina:

Here is the information as requested in the Notice of Deficient Application-TV-15227

I have submitted all of the document that you requested. I hope this is what you need. In addition, your third question had to do with our two vehicles listed on the Safer system. We have a 2011 F-150, VIN 1FTMF1CM6BKE04450, that is our office vehicle for errands, marketing, etc. That is not a move vehicle.

Sincerely,



Benjamin Colin Wiggins
College Hunks Hauling Junk and Moving

Colin.wiggins@chhj.com
(206) 992-4044

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: COLLEGE HUNKS HAULING JUNK

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 Michelle Harvey, Director of Finance, Orcas Business Park

Address (include street address, mailing address, city, state, zip, and county):
 5700 6th Ave South, Suite 200 / Seattle, WA. 98108
 Post office Box 81024

Phone Number: 206-766-8765

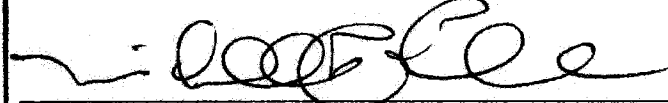
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
 Randomly might need their assistance as needed.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: I am affiliated with the landlord. It benefits me personally if I need to use their services and benefits my business b/c they are a tenant of mine.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Very trust worthy owners running a reputable business.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



11.16.15 Seattle, WA

Signature of Person Completing Form

Date and Location

WA WASHINGTON DRIVER LICENSE

USA

4d LIC# WIGGIC397N8

1 WIGGINS

2 BENJAMIN COLIN

3 DOB 08-28-1970

8 8128 20TH AVE SW

SEATTLE WA 98106-1874

15 Sex M

16 Hgt 6-08

17 Wgt 159

18 Eyes BLU

9 Class

8a End NONE

12 Restrictions NONE



4a ISS 10-06-2015

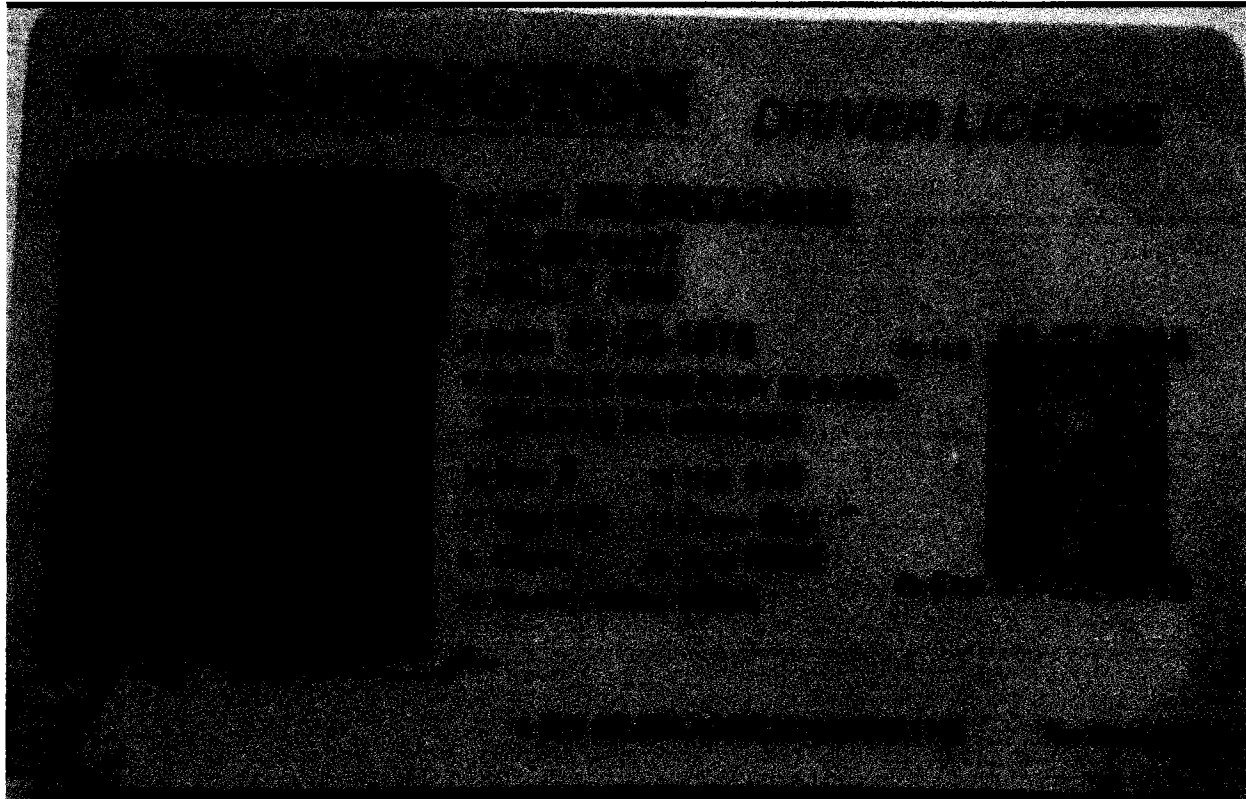


4b Exp 08-28-2021

5 DD WIGGIC397N83215279401856

Rev 09-16-2008

Benjamin Colins





INSURANCE BINDER

DATE (MM/DD/YYYY)
11/13/2015**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY Tri-State Insurance Agency 96 Route 206 North P.O. Box 4 Augusta NJ 07822		COMPANY Travelers Prop Cas Ins Co		BINDER # B15111325081	
PHONE (A/C, No, Ext): (973) 579-6776 FAX (A/C, No): (973) 579-0111		DATE EFFECTIVE 11/3/2015 12:01		DATE EXPIRATION 12/3/2015 12:01 AM	
CODE: AGENCY CUSTOMER ID: 00027984		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: QT-660-6G429921-TIL-15		<input checked="" type="checkbox"/>	
INSURED AND MAILING ADDRESS Hidden Door Holdings LLC DBA College Hunks Hauling 655 S. Orcas Street Ste 206 Seattle WA 98108		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Loc# 00001/Bldg# 00001 655 S Orcas Street Ste 206 Seattle, WA 98108			

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Motor Truck Cargo	Single Conveyance - \$50,000 Loading/Unloading - \$50,000 Per Disaster - \$50,000 Deductible - \$ 2,500 RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
	AUTHORIZED REPRESENTATIVE George Lista, CIC/CSR173	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. 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.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.