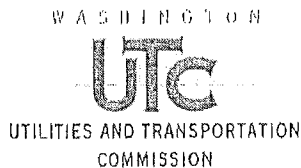


TV 160415-05



1300 S. Evergreen Park D  
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

FOR OFFICIAL USE ONLY			
Date Filed: 7/15/16	DOL/SOS: 111-0268-207-02	ID: 111525	Docket #:- 111-0268-013-20
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID	111-0268-013-20

#### 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 and Attachment B \$ 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 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

#### BUSINESS INFORMATION

Legal Name: Lake Street Movers, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 3030 81st Place SE, #10, Mercer Island, WA 98040

Mailing Address 3030 81st Place SE, #10, Mercer Island, WA 98040

Telephone Number (425) 954-5655 Fax Number ( ) N/A

**Posted**  
3  
Done [Signature]

**BUSINESS INFORMATION - continued**

UBI #: 603-495-544 Email: dmimoveyou@yahoo.com

USDOT #: 2870742 (If you currently don't have one, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 578,323-00

Employment Security Department registration number? ESD # 000-374119-00-0

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 WA

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>David M. Allbritton</u>	<u>Member</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. (See Attached)

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: household moving of goods, there is a need for this type of local moving services

Briefly describe your experience in the transportation/household goods moving industry: Peter Spiegal trained me in New York and I helped him on occasion. I enjoyed this work and decided to open my own business here in Washington state.

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 \_\_\_\_\_

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 \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

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

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 explain: \_\_\_\_\_

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

<b>FINANCIAL STATEMENT</b>			
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 5,600	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 10,000
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 3,000	Mortgages Payable	\$ 20,050
Prepaid Expenses	\$ 4,000	<b>TOTAL LIABILITIES</b>	<b>\$ 30,500</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 2,000	Common Stock	\$ 15,500
Other Equipment	\$ 3,000	Retained Earnings	\$ 50,000
Other Assets	\$ 10,000	Capital	\$ 10,000
<b>TOTAL ASSETS</b>	<b>\$ 27,600</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 75,500</b>

<b>EQUIPMENT LIST</b>				
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	Ford Econo/Club Wagon	B88799N	1FT5534F11HA5643	4,773 lb

### 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. *PP*

### 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:

David M Allbritton



Position:

Member/Owner

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

<b>OPERATIONAL RESPONSIBILITIES</b>		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.		
Name: David M. Allbritton	Position: Member/Owner	
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: David M. Allbritton	Position: Member/Owner	
<b>DECLARATION OF APPLICANT</b>		
I understand that filing this application <u>does not</u> 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 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.		
David M. Allbritton		March 6, 2016, Seattle WA
Print name of applicant	Signature of Applicant	Date and Location

**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:** David Albritton

The following must be completed by the Supporter of the applicant

**Name, Title, and Business Name:** Julie Tall, owner Capitol aderz

**Address (include street address, mailing address, city, state, zip, and county):**  
 work: 818 E. Pike street, Seattle WA 98122  
 home: 511 33rd Avenue, Seattle WA 98122

**Phone Number:** (206) 718-8560 cell

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
 I recently purchased an all fiber upper and will need moving services during the remodel. From time to time I need moving service at my restaurant when we have large events here and I want to bring in tables from my store and

**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:

**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:** David Albritton is a lovely, genuine, organized, honest man. He'll make an excellent business man. His care and attention to detail will make him an excellent mover.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
 No reservations

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


Signature of Person Completing Form: *Julie Tall* Date and Location: 7/22/15

**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:**  
 DAVID ALLBRITTON

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	DR. MAYAN BOMSZTYK
Address (include street address, mailing address, city, state, zip, and county):	2635 E ALOHA ST. SEATTLE, WA 98112
Phone Number:	206 683 4366
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	My family has a need to move into a larger home in the near future as we are expanding our family.
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:	Granting David Allbritton's company a permit would allow me to enjoy his services and given his outstanding attitude, I can imagine it would be a
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	David Allbritton is an upstanding member of our community and would serve this same community well as a more positive experience.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 Signature of Person Completing Form	7/21/15 Seattle, WA Date and Location

**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:**  
 DAVID ALLBRITTON

The following must be completed by the Supporter of the applicant	
<b>Name, Title, and Business Name:</b>	L.A. (TONY) MCCARTHY
<b>Address (include street address, mailing address, city, state, zip, and county):</b>	4255 MERCERWOOD DR. MERCER ISLAND, WA 98040 KING
<b>Phone Number:</b>	206 707 5650
<b>Do you currently need the services of a residential household goods moving company?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: WE ARE REMODDING OUR UPSTATES INCLUDING REDDING THE FLOOR AND NEED SOMEONE TO MOVE EVERYTHING TO EITHER THE BASEMENT OR GARAGE AND BACK AGAIN WHEN THE REMODLL IS COMPLETE
<b>Do you anticipate a future need for the services of a residential household goods moving company?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs:  
<b>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:</b>	THIS COMPANY CAN PROVIDE SMALL TIME RESIDENTIAL MOVING SERVICES FOR LOCAL MOVES. THEY CAN ALSO PROVIDE SHORT TERM MOVING SERVICES AS FOR FURNITURE WITHIN ALTERNATIVES MAY TAKE DAYS PURCHASES
<b>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?</b>	THE HEAD OF THIS COMPANY IS EXTREMELY SERVICE ORIENTATED AND CAN PROVIDE BINS AND WRAPPING SERVICES IF NEEDED
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<b>Signature of Person Completing Form</b>	7/10/15 4255 MERCERWOOD Date and Location M.I., WA 98040



WA  
USA

# WASHINGTON DRIVER LICENSE



4b LIC [REDACTED]

1 ALLBRITTON  
2 DAVID M

3 DOB [REDACTED]

4a Iss 03-01-2014

5 [REDACTED]

6 Sex M 7a Hgt 6-02

8 Wgt 265 9b Eyes BRN

9 Class 10a End NONE

11a Restrictions NONE

4b Exp 12-01-2018

12 [REDACTED]

Rev 08-16-2009

**INSURANCE IDENTIFICATION CARD - Washington**

Policy Number: 02561170-0    NAIC Number: 11770  
 Effective Date: 07/15/2015    Expiration Date: 07/15/2016  
 Policy Type: Commercial  
 Insurer: United Financial Casualty Company 1-800-444-4487  
 PO Box 94739 Cleveland, OH 44191  
 Named Insured(s):  
 LAKE STREET MOVERS LLC  
 Your Agent:  
 TOP NOTCH INSURANCE 1-206-264-6267  
 1100 VIRGINIA # 21  
 SEATTLE, WA 98101  
 Year Make Model VIN  
 2001 Ford Econo/Club Wgn 1FT5S34F11HA56423

..FOLO FOLO

Manage your policy anytime  
 with just a few clicks at  
**progressiveagent.com**

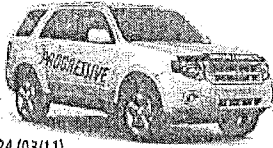
KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

**PROGRESSIVE**

**LAKE STREET MOVERS LLC**

IF YOU'RE IN AN ACCIDENT  
 1. Remain at the scene. Don't admit fault.  
 2. Find a safe location, call the police, and exchange driver information.  
 3. Call Progressive right away.

TO REPORT A CLAIM  
 Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).  
 NEED ROADSIDE ASSISTANCE?  
 Call 1-800-776-2778.



Form A024 (03/11)

**PROGRESSIVE**

TOP NOTCH INSURANCE  
1100 VIRGINIA # 21  
SEATTLE, WA 98101

**PROGRESSIVE**

Named insured

DAVID ALLBRITTON  
LAKE STREET MOVERS LLC  
3030 81ST. PLACE SE, # 10  
MERCER ISLAND, WA 98040

**Policy number: 02561170-0**

Underwritten by:  
United Financial Casualty Company  
July 14, 2015  
Policy Period: Jul 15, 2015 - Jul 15, 2016  
Page 1 of 2

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-206-264-6267**

**TOP NOTCH INSURANCE**  
Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

Your coverage begins the later of July 15, 2015 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on July 15, 2016 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), Z434WA (04/12), Z313 (05/07), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

#### Outline of coverage

##### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$1,239
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		135
Underinsured Motorist Property Damage	\$10,000 each accident	\$100	20
		\$300 hit & run	
Personal Injury Protection	Rejected		--
Roadside Assistance			16
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$1,410</b>

##### Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$10,000	\$500	\$667
<b>Subtotal policy premium</b>			<b>\$667</b>
<b>Total 12 month policy premium</b>			<b>\$2,077</b>

#### Rated driver

1. DAVID ALLBRITTON

#### Rated commodities

1. HOUSEHOLD GOODS (MOVER)

### Auto coverage schedule

1. **2001 Ford Econo/Club Wgn**

VIN: 1FTSS34F11HA56423

Garaging Zip Code: 98040

Radius: 50

Liability Premium	Liability \$1,239	UIM BI \$135	UIM PD \$20	
Other Coverages Premium	Roadside Limit Selected	Roadside Premium \$16		Auto Total <b>\$1,410</b>

### Premium discount

Policy	
02561170-0	Paid In Full

### Company officers

*Patricia M. Conroy*

Secretary

PPACG04A 000007 011 \* 011 004 < 0950 \* 2364 WA (04/12) \* 1781 WA (04/12) ^

## Privacy Policy

### About this notice

We are committed to protecting your privacy and earning your trust. This notice describes the personal information we collect about you and how we use and protect it. It applies to our current and former customers who live in your state, and replaces earlier versions that we may have given to you.

### Summary

This section summarizes our privacy practices. For more detail, please read the entire privacy policy.

- We gather information from you, your transactions with us, and outside sources.
- We use your information only to conduct our business and provide insurance to you.
- We will share your information with your selected agent or broker.
- We will not share your information with other companies for their marketing purposes without your consent.
- We limit access to your information and use safeguards to help protect it.
- You may review and correct your information.

### What information do you collect about me?

We collect information about you to quote and service your insurance policy. This is called "**Nonpublic Personal Information**" if it identifies you and is not available to the public. Depending on the product, we collect it from some or all of the following sources. We have provided a few examples for each source, but not all may apply to you.

- **Application information:** You provide this on your application, through your agent or broker, by phone, or online. We may also obtain it from directories and other outside sources. It includes your name, street and e-mail addresses, phone number, driver's license number, Social Security number, date of birth, gender, marital status, type of vehicle, and information about other drivers.
- **Consumer report information:** We obtain this from consumer reporting agencies. It includes your driving record, claims history with other insurers, and credit report information. The information is kept by the consumer reporting agencies and disclosed by them to others as permitted by law.
- **Transaction information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverages, limits and rates, and payment and claims history. It also includes information that we require for billing and payment.
- **Web site information:** This information is unique to Internet transactions. It includes the Web site that linked you to ours, your computer operating system, and the pages you viewed on our site. Some Web sites, including ours, may also store "cookies" on your computer. Cookies collect technical data, like your Internet protocol (IP) address, operating system, and session ID. They can also save certain information entered by you. Some of our Web sites contain more information about our Web site privacy practices. Please read it when using the sites.

### Who might get information about me from you?

We will share information about you only as permitted by law. We will not share your Nonpublic Personal Information with other companies for their marketing purposes without your consent. There is no need to "opt out" or tell us not to do this.

Disclosures include those that we feel are required to provide insurance claims or customer service, prevent fraud, perform research or comply with the law. Recipients include, for example, our family of insurance companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law. For example, consumer reporting agencies may disclose Transaction Information received from us to other insurance companies with which you do business.

Where permitted by law, we may also disclose Application or Transaction Information to service providers that help us market our products. These service providers may include financial institutions with which we have joint marketing agreements.

### **How do you protect my information?**

We restrict access to your Nonpublic Personal Information to our employees and others who we feel must use it to provide our products and services. Their use of the information is limited by law, our employee code of conduct, and written agreements where appropriate. We also maintain physical, electronic and procedural safeguards to protect your information.

### **How can I review and correct information you have about me?**

To review information we have about you, send a written request to Customer Service, PO Box 94739 Cleveland, OH 44101. You must describe the kind of information you want to review and state that your request is in response to this Privacy Policy. Include your full name, mailing address, and policy number (if applicable). Within 30 business days, we will describe what is available and how you may request corrections. We will also name anyone we show as having received the information within two years prior to your request. Finally, we will identify the companies that have provided Consumer Report Information about you.

You may review the information at our offices or receive a copy of it for a fee to cover our costs. We will not provide information that we feel is privileged, such as information about insurance claims or lawsuits.

To correct information about you, send a written request as described above, explaining your desired correction. Within 30 business days, we will either make the requested correction or tell you why we will not. We cannot correct Consumer Report Information, such as your credit report. To do this, you must contact the consumer reporting agency that provided it.

If we make your requested correction, we will notify you in writing. We will also notify anyone named by you who may have received the information within the previous two years. If required by law, we will also notify others who may have given it to or received it from us. If we refuse to make the requested correction, you may file with us a concise written statement about why you object, including the information you think is correct. Your statement will then become part of your file. It will be sent to the same persons to whom we would send a copy of any correction or change.

### **Our family of insurance companies**

This notice is from our family of insurance companies. As of the date of this Privacy Policy, this includes: Artisan and Truckers Casualty Company, Drive New Jersey Insurance Company, Mountain Laurel Assurance Company, National Continental Insurance Company, Progressive Advanced Insurance Company, Progressive American Insurance Company, Progressive Bayside Insurance Company, Progressive Casualty Insurance Company, Progressive Choice Insurance Company, Progressive Classic Insurance Company, Progressive County Mutual Insurance Company, Progressive Direct Insurance Company, Progressive Express Insurance Company, Progressive Freedom Insurance Company, Progressive Garden State Insurance Company, Progressive Gulf Insurance Company, Progressive Hawaii Insurance Corp., Progressive Marathon Insurance Company, Progressive Max Insurance Company, Progressive Michigan Insurance Company, Progressive Mountain Insurance Company, Progressive Northeastern Insurance Company, Progressive Northern Insurance Company, Progressive Northwestern Insurance Company, Progressive Paloverde Insurance Company, Progressive Preferred Insurance Company, Progressive Premier Insurance Company of Illinois, Progressive Professional Insurance Company, Progressive Security Insurance Company, Progressive Select Insurance Company, Progressive Southeastern Insurance Company, Progressive Specialty Insurance Company, Progressive Universal Insurance Company, Progressive West Insurance Company, and United Financial Casualty Company.



## Provider Network Program

If you're hurt in an accident that's covered by your Progressive policy, you may have access to a network of medical providers in your area who can treat you. These providers may offer reduced rates through the network that could allow you to get more treatment if necessary.

Visit [progressive.com/providernetworks](http://progressive.com/providernetworks) anytime to find out what provider networks are available in your area. The claim representative handling your medical claim will also be able to provide this information if you're in an accident.

**You are under no obligation to use any network referenced above. You're free to see a medical service provider of your choice.** Using a provider within the network doesn't necessarily mean that we'll cover the cost of their services. If you're in an accident, always check with the claim representative handling your medical claim to confirm what's covered.

**Policyholder Disclosure - Notice of Terrorism Insurance Coverage for Inland Marine (Motor Truck Cargo and Towing) and Commercial General Liability Coverages**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States Government under the Act.



## Notice of underwriting and rating decision

Thank you for choosing a Progressive Insurance Group company for your insurance needs. Our goal is to provide you with an outstanding insurance experience at a competitive price.

When you quote, buy, renew or make changes to your policy, we obtain information from you and other sources. This may include information from your driving history, comprised of motor vehicle reports as well as credit reports. This allows us to give you a rate that better reflects your individual risk factors.

Under the federal Fair Credit Reporting Act, an insurer is required to send its customers a notice of "adverse action" if the insurer uses certain information from outside sources and, based on that information, the insurance is denied or cancelled, or there is an increase in the charge for the insurance. Some state laws require the notice when the customer is not placed in the insurer's very best rating category, even though this information may place a customer in an excellent rating category and, in many cases, actually improve the customer's rate.

We are providing this notice to comply with these legal requirements to notify you, and to help you understand better the information we use.

If you believe the information we used is incorrect or incomplete, or if you have questions about our use of this information, please refer to the procedures under the heading, "What should I do if I have a question?"

### Description of the action taken:

You were not given our best underwriting or rating classification.

### What was the effect of the action?

We did not give you our lowest premium due, in part, to information contained in your credit history. Even so, your premium may be lower than it otherwise would have been without our use of your credit history information. We look at credit history information that helps us to measure your insurance risk; this information does not necessarily reflect your credit worthiness. We evaluate your credit history information differently than a lender would. Therefore, it is possible to have a very good credit score, yet still not be eligible for our absolute lowest premiums.

We did not give you our lowest possible premium due to the following information that we evaluated from your credit history:

- You have fewer than 2 open, satisfactory loans and accounts.
- You had a payment past due in the last 7 years.
- You had no auto loans or leases reported opened within the last 10 years.
- You have no open loans or accounts.

For more information about our review and use of credit, refer to "Why is credit history reviewed and used?"

Also, your payment terms are not our most favorable.

### Who took the action?

The action was taken by United Financial Casualty Company, which underwrote, priced and issued the policy, using consumer reports obtained by Progressive Casualty Insurance Company.

### Who provided the information?

Credit information for DAVID ALLBRITTON  
was provided by:

Experian  
P.O. Box 2002  
Allen, TX 75013  
1-888-397-3742  
[www.experian.com/reportaccess](http://www.experian.com/reportaccess)

### What should I do if I have a question?

If you have a question about information in your credit report, please contact Experian. You may obtain a free copy of your credit report for 60 days after you receive this notice. You may also dispute the report's accuracy or completeness with Experian.

If you have questions about our use of credit history and insurance scores or need assistance obtaining a copy of your credit report, please call the Credit Information Team at 1-800-876-5411, Monday through Friday, 8:00 a.m. to 7:45 p.m. EST or Saturday, 9:00 a.m. to 12:45 p.m. EST.

The consumer reporting agencies who provided us with information about you did not make the underwriting and rating decision described in this notice, and cannot explain why the action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your premium after the report has been corrected by the consumer reporting agency.

Since information contained in your consumer reports affects your premium, it is important for you to ensure that information in the reports is accurate.

**How can an insurance score be improved?**

A consumer can improve his or her insurance score, or maintain a good score, by paying bills on time and keeping credit balances low. It is also a good practice to avoid numerous credit applications in a short period of time. Every consumer should also regularly review his or her credit report to ensure that it remains accurate.

**Why is credit history reviewed and used?**

Credit history information has proven to be a very powerful predictor of future losses. This is confirmed by company data and research undertaken by a number of groups including EPIC Actuaries; LLC; the University of Texas at Austin; Fair, Isaac & Company and the Texas Department of Insurance.

Using credit history information as an underwriting factor has allowed us to offer more accurate and lower premiums to more people. Frequently, consumers unable to meet more traditional underwriting guidelines are able to get a lower premium because a review of their credit history is a component of the underwriting process.

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**Agent compensation disclosure**

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by United Financial Casualty Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (05/05)

## Roadside Assistance Coverage Endorsement

Except as specifically modified in this endorsement, all provisions of the Commercial Auto Policy apply.

We agree with you that the insurance provided under your Commercial Auto Policy is modified as follows:

### Insuring Agreement

If you pay the premium for this coverage, we will pay for our authorized service representative to provide the following services when necessary due to a covered emergency:

1. towing of a covered disabled auto to the nearest qualified repair facility; and
2. labor on a covered disabled auto at the place of disablement.

If a covered disabled auto is towed to any place other than the nearest qualified repair facility, you will be responsible for any additional charges incurred.

### Additional Definitions

When used in this endorsement:

1. "Covered disabled auto" means an insured auto for which this coverage has been purchased that sustains a covered emergency. Covered disabled auto includes a trailer attached to an insured auto for which this coverage has been purchased.
2. "Covered emergency" means a disablement that is a result of:
  - a. mechanical or electrical breakdown;
  - b. battery failure;
  - c. insufficient supply of fuel, oil, water, or other fluid;
  - d. flat tire;
  - e. lock-out; or
  - f. entrapment in snow, mud, water, or sand, within 100 feet of a road or highway.

### EXCLUSIONS - READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, COVERAGE WILL NOT BE AFFORDED UNDER THIS ENDORSEMENT.

Coverage under this endorsement will not apply to:

1. the cost of purchasing parts, fluid, lubricants, fuel, or replacement keys, or the labor to make replacement keys;
2. installation of products or material not related to the disablement;
3. labor not related to the disablement;
4. labor on a covered disabled auto for any time period in excess of 60 minutes per disablement;
5. towing or storage related to impoundment, abandonment, illegal parking, or other violations of law;
6. assistance with jacks, levelers, airbags, or awnings;
7. towing from a service station, garage, or repair shop;
8. labor or repair work performed at a service station, garage, or repair shop;
9. auto storage charges;
10. a second service call or tow for a single disablement;
11. disablement that occurs on roads not regularly maintained, sand beaches, open fields, or areas designated as not passable due to construction, weather, or earth movement;
12. mounting or removing of snow tires or chains;
13. tire repair;
14. repeated service calls for a covered disabled auto in need of routine maintenance or repair; or
15. disablement that results from an intentional or willful act or action by you or, if the named insured is a natural person, a relative, or by the operator of a covered disabled auto.

### Unauthorized Service Provider

When service is rendered by a provider in the business of providing roadside assistance and towing services, other than one of our authorized service representatives, we will pay only reasonable charges, as determined by us, for:

1. towing of a **covered disabled auto** to the nearest qualified repair facility; and
2. labor on a **covered disabled auto** at the place of disablement; which is necessary due to a **covered emergency**.

**Other Insurance**

Any coverage provided under this endorsement for service rendered by an unauthorized service provider will be excess over any other collectible insurance or towing protection coverage.

**ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**

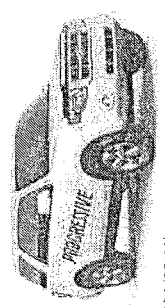
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**PROGRESSIVE**



Form A024 (03/11)

**DAVID ALLBRITTON  
LAKE STREET MOVERS LLC**

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**

Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com)

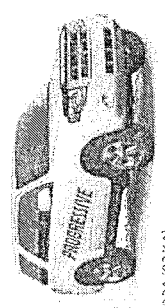
**NEED ROADSIDE ASSISTANCE?**

Call 1-800-776-2778

**PROGRESSIVE**

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

**PROGRESSIVE**



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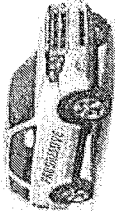
# Your ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer



**PROGRESSIVE**

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## INSURANCE IDENTIFICATION CARD - Washington

Policy Number: 02561170-0    NAIC Number: 11770  
Effective Date: 07/15/2015    Expiration Date: 07/15/2016  
Policy Type: Commercial  
Insurer: United Financial Casualty Company 1-800-444-4487  
PO Box 94739 Cleveland, OH 44101

### Named Insured(s):

DAVID ALBRITTON  
LAKE STREET MOVERS LLC

### Your Agent:

TOP NOTCH INSURANCE 1-206-264-6267  
1100 VIRGINIA # 21  
SEATTLE WA 98101  
Year Make  
2001 Ford

Model  
Econol/Club Wgn

VIN  
1FTSS34F11HA56423

THIS CARD IS A COPY OF THE ORIGINAL CARD. THIS CARD IS NOT VALID FOR THE ORIGINAL CARD.

Manage your policy anytime  
with just a few clicks at  
**progressiveagent.com**

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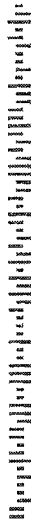
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TOP NOTCH INSURANCE  
1100 VIRGINIA # 21  
SEATTLE WA 98101

623645 7 5 SP 1.860 PPACG04A 001 000007

DAVID ALLBRITTON  
3030 81ST. PLACE SE, # 10  
MERCER ISLAND WA 98040



\* 0950 \* 2364 WA (04/12) \* 1781 WA (04/12)

04391



TOP NOTCH INSURANCE  
1100 VIRGINIA # 21  
SEATTLE, WA 98101

**PROGRESSIVE**<sup>®</sup>

DAVID ALLBRITTON  
3030 81ST. PLACE SE, # 10  
MERCER ISLAND, WA 98040

**Policy number: 02561170-0**

Underwritten by:  
United Financial Casualty Company  
Policyholder:  
July 14, 2015  
Page 1 of 1

**1-206-264-6267**

**TOP NOTCH INSURANCE**

Contact your agent for personalized service.

**Customer Service**

**1-800-444-4487**

24 hours a day, 7 days a week

**1-800-556-0014 (fax)**

**Mailing Address**

Progressive  
PO Box 94739  
Cleveland, OH 44101

## Why pay more? Verify your discount(s)!

### Please provide the information requested

We need your help verifying your eligibility for a discount(s) and don't want you to lose out on valuable savings.

Please take a moment to review the item(s) marked with an "X" below and provide the requested documents we need in order to keep your discount(s) in place. Without it, we'll adjust your premium.

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#### XX Prior Insurance Discount

Please provide a document from your previous insurance company (with the same name of the insured as on your Progressive policy) verifying continuous coverage, without a lapse in insurance, up to and including your Progressive policy effective date. Examples include but are not limited to:

- a declarations page from your previous policy
- a renewal notice or renewal quote from your previous carrier

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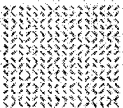
#### Package Discount

Please provide a copy of the declarations page from your current business owners or general liability policy. The document should display the same name of the insured as on your Progressive policy.

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Thank you for taking the time to provide this information.

Please fax to 1-800-556-0014 or mail the requested information by **July 28, 2015** and include this page for reference. We're here for you 24 hours a day, seven days a week. If you have a question or concern, please call us anytime at 1-800-444-4487 or contact your agent for personalized service.



TOP NOTCH INSURANCE  
1100 VIRGINIA # 21  
SEATTLE, WA 98101

**PROGRESSIVE®**

DAVID ALLBRITTON  
LAKE STREET MOVERS LLC  
3030 81ST. PLACE SE, # 10  
MERCER ISLAND, WA 98040

**Policy number: 02561170-0**

Underwritten by:

United Financial Casualty Company

July 14, 2015

Policy Period: Jul 15, 2015 - Jul 15, 2016

## Welcome to Progressive

### Your coverage begins on July 15, 2015

Thank you for purchasing your policy from TOP NOTCH INSURANCE. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. We are pleased to have you as a customer and we look forward to serving you.

#### Enclosed you will find

- Your Commercial Auto Insurance Coverage Summary (Declarations Page)
- Your policy contract
- Your permanent identification (ID) cards

#### Contact TOP NOTCH INSURANCE for personalized service at 1-206-264-6267

As an independent agency, TOP NOTCH INSURANCE provides a high level of service and counsel that is personalized to your needs and lifestyle. Please contact your agency for servicing your policy or for other insurance needs. If you need service when your agency is not available call 1-800-444-4487, 24 hours a day, 7 days a week.

#### Log on to [progressiveagent.com](http://progressiveagent.com) for convenient online policy access

For secure access to your policy, 24 hours a day, 7 days a week, log in to our easy-to-use online service site. You can make payments, check billing activity, print policy documents and check the status of a claim. To get started, go to [progressiveagent.com](http://progressiveagent.com) and choose a password.

**Temporary user ID:** 02561170 (your policy number)

**Choose a password:** Click "User ID and password help" on [progressiveagent.com](http://progressiveagent.com)

#### Call 1-800-274-4499 to report a claim

We get to work on your claim quickly, providing clear communication throughout the claim and repair process and personally handling your claim from beginning to end. Our Commercial Auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year.