

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **CORNHUSKER CASUALTY COMPANY** (hereinafter called Company)  
of **9290 W DODGE ROAD OMAHA, NEBRASKA 68114**  
has issued to **AFFORDABLE MOVING SERVICE, LLC** of **PO BOX 5275 LACEY, WA 98513**  
a policy or policies of insurance effective from **06/17/03 12:01 A.M.** standard time at the address of the insured stated in  
said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor  
Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide  
automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor  
carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations  
promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or  
policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to  
which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in  
writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually  
received in the office of the Commission.

Countersigned at **9290 W DODGE ROAD, OMAHA, NE 68114**

this **15** day of **AUG**, 2003

Insurance Company File No. **10 WBP001148**  
(Policy Number)

**JEFF MORRIS**  
(Authorized Company Representative)