

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

WASH. UT. & TP. COMM. HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



FEB 28 2013

| Type of Household Goods Authority Requested - Check one | Fee Required |
|--|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. - Complete pages 2 - 7 and Attachment A | \$ 550 |
| <input checked="" type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 2 -7 and Attachment B | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 - Complete pages 2 - 7 and Attachments B & C | \$ 250 |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) - Complete pages 2 - 3 and include a statement justifying the reinstatement | \$ 250 |
| <input type="checkbox"/> Name Change - Complete pages 2 - 3 and Attachment D | \$ 35 |

RECEIVED

JAN 25 2013

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

WASH. UT. & TP. COMM

Amount: \$ 550.00

Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): Stanford Luo Company Name: Lucky Moving Co.

Cardholder's Signature: _____ Date: 01-18-13

FOR OFFICIAL USE ONLY

| | | | |
|-----------------------------|------------------------------|-------------------|-----------------------------------|
| Date Filled: <u>1/25/13</u> | DOL/SOS: _____ | ID: <u>7157</u> | Permit Issued: THG- <u>648664</u> |
| Staff Assigned: <u>Kera</u> | Insurance: <u>Wunderbeck</u> | Inspection: _____ | Docket # <u>TV 130112</u> |
| Reception #: <u>550.00</u> | 111-0268-207-01 | 111-0268-207-01 | 111-0268-013-20 |

OK # 1121 043089

Posted FMS

BUSINESS INFORMATION

Name of Applicant Luo, Xianqin
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Energy Moving & REMODELING E.
Luo, Xianqin

Physical Address 6402 SWIFT AVE S SEATTLE WA 98108

Mailing Address SAME AS ABOVE

Telephone Number (206) 359-1286 Fax Number () _____

UBI #: 603-263326 Email: KASINTNTL@HOTMAIL.COM

USDOT #: 1402675 (has been applied) (if you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 250 078-00

Employment Security Department registration number? ESD # 537-69-2990

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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

| *Name | Title | Stock Distribution or Percentage of Shares |
|--------------|-------|--|
| Luo, Xianqin | OWNER | 100% |
| | | |
| | | |

*Must provide a copy of a valid Washington state driver's license for each person listed above.

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: _____

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

HELPING CUSTOMER TO MOVE THEIR HOUSEHOLD ITEM TO THEIR DESTINATION, PROVIDE PROFESSIONAL SERVICE AND DO A LOT OF LOCAL ADJUSTING

Briefly describe your experience in the transportation/household goods moving industry:

WORKED FOR FOOD DISTRIBUTING CO.

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 ~~W000000000~~ 191CM

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: _____

FINANCIAL STATEMENT

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

| Assets | | Liabilities | |
|----------------------|---------------------|--|-------------|
| Cash in Bank | \$ 8,000.00 | Salaries/Wages Payable | \$ 0 |
| Notes Receivable | \$ | Accounts Payable | \$ 0 |
| Investments | \$ 12,000.00 | Notes Payable | \$ 0 |
| Other Current Assets | \$ | Mortgages Payable | \$ 0 |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ 0 |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ 20,000.00 | TOTAL LIABILITIES & NET WORTH | \$ |

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 |
|------|-------|----------------|-------------------|----------------------|
| 2000 | ISUZU | B29998N | 4GTJ7E135YJ701003 | 26,000 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

****Attach a copy of the registration form for each vehicle listed.**

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:

Luo, Xianain

Position:

OWNER

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: Luo, Xianqin | Position: 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: Luo, Xianqin | Position: OWNER |
|--------------------|-----------------|

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 480-15-330 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.

Luo, Xianqin

Xian Qian Luo

01-18-13

Print name of applicant

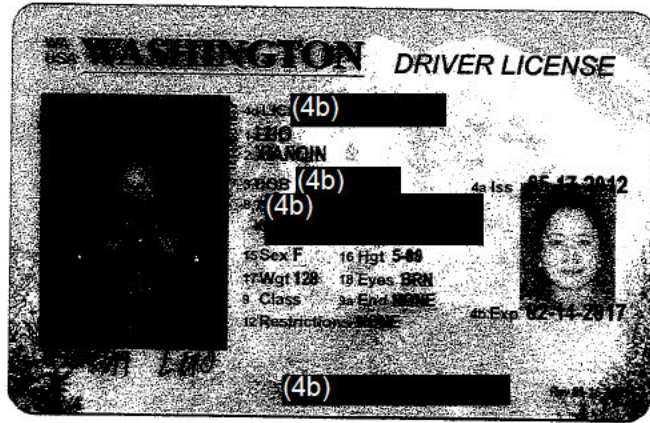
Signature of Applicant

Date and Location

WASHINGTON DRIVER LICENSE

1 Name: (4b)
2 Sex: F 16 Hgt: 5-00
3 Wgt: 128 19 Eyes: BRN
4 Class: 3a End: NONE
5 Restrictions: NONE
6a Iss: 05-17-2012
6b Exp: 02-14-2017

(4b)



VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)

CERTIFICATE NUMBER
0831023905

B29998N

| | | | | | | |
|----------------------------------|---|----------------------------------|--------------------|--------------------------------|---|---------------------------|
| LICENSE NUMBER A50016P | VEHICLE IDENTIFICATION NUMBER (VIN) 4GTJ7C135YJ701003 | YEAR 2000 | MAKE ISU | MODEL FTR | STYLE TB | SERIES BODY FTR |
| DATE ISSUED 11/05/2008 | ODOMETER MILES 0166040 | ODOMETER STATUS ACTUAL | FLEET NUMBER | EQUIP NUMBER | FUEL TYPE GASOLINE | |
| USE CLASS COM | SCALE WEIGHT 16100 | GROSS WEIGHT 000006 | VEHICLE COLOR | PRIOR TITLE STATE WA | PRIOR TITLE NUMBER 0518114546 | |

COMMENTS
8000-2008-USE TAX WAIVED-GIFT

BRANDS

SALE PRICE \$ **5,000.00**

DATE OF SALE **12-26-12**

LEGAL OWNER: When lien is satisfied, release interest by signing below and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170. **TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER

REGISTERED OWNER

**LUCKY MOVING AND REMODELING LLC
LI YUN
1200 S JACKSON ST STE 25
SEATTLE WA 98144-2065**

SAME AS LEGAL OWNER

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

DIRECTOR DEPARTMENT OF LICENSING 05/06

0013471 01 AT
0013471 01 AT

I certify, to the best of my knowledge, that the ODOMETER READING is shown below: (CHECK ONE)

NO TENTHS

- 1. is the ACTUAL MILEAGE of the vehicle
- 2. is in EXCESS OF ITS MECHANICAL LIMITS
- 3. is NOT the ACTUAL MILEAGE

ODOMETER READING (In miles)

TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale. I/we warrant this Title and certify that the vehicle described herein has been sold to the following:

Date of Transfer

SIGNATURE OF TRANSFEREE / BUYER

SIGNATURE OF TRANSFEROR / SELLER

HANDPRINTED NAME OF TRANSFEREE / BUYER

HANDPRINTED NAME OF TRANSFEROR / SELLER

ADDRESS OF TRANSFEREE / BUYER

ADDRESS OF TRANSFEROR / SELLER



FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

TD-420-002

Personally identifiable information redacted per RCW 42.56.230



FAX COVER SHEET

TO

COMPANY

FAX NUMBER 13605861181

FROM Envision Insurance

DATE 2013-02-12 23:26:16 GMT

RE Certificate of Liability and Cargo Insurance for Xianqin Luo dba
Lucky Moving and Remodeling Company

COVER MESSAGE

Hi Tina,
Thank you again for your explanation this afternoon about the dba issue. I have notified the insured that his dba name is actually Lucky Moving and Remodeling Company.
Attached is the certificate of liability and cargo coverage for this client.
If you have any questions, please let me know.
Thank you!
Huan



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Luo, Xianqin
6402 Swift Ave. S.
Seattle WA 98108

February 28, 2013

Notice of Deficient Application – TV-130112

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X We are only waiting for your USDOT number at this time. Once we get that, we can continue processing your application for provisional household goods permit. You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3810 for assistance.

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services

Per Mike @ DOT USDOT is correct e don't need to change.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Xianqin Luo
d/b/a Lucky Moving & Remodeling
6402 Swift Ave. S.
Seattle WA 98108

February 4, 2013

Notice of Deficient Application – TV-130112

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X You submitted an application for transferring an existing authority. Unfortunately, the authority you wanted to transfer has been cancelled since 2008 so this will be for a New Provisional Household Goods Authority.
- X Since this is for a new application, you will need to submit at least three Support Statements from people in the community that are in support of your business. I have attached blank forms for your use.
- X Per WAC 480-15-302(3), you need to provide us with a copy of your valid Washington driver's license.
- X Per WAC 480-15-302(6) you will need to be registered with the Labor Industries – Workers Comp. as well as Employment Security Department.
- X You need to mark what territory you want to serve. We normally issue state-wide authority.
- X We need to get a copy of the registration form for the vehicle you have listed.
- X Your USDOT number is not in the correct name. You need to get this corrected to show "Xianqin Luo" d/b/a "Lucky Moving & Remodeling" You can go online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3810 for assistance.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. We will also need to verify your cargo insurance.

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services

Enclosures

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 within the state of Washington. 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: <u>MARIA CHIN</u> | |
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: <u>Lucky Moving + REMODELING</u> | |
| Address (include street address, mailing address, city, state, zip, and county): <u>17835 16th Ave W Lynnwood WA 98037</u> | |
| Phone Number: <u>206 607-1386</u> | |
| 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: <u>Need a moving company to move my household stuff preferably to my future home.</u> | |
| 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: <u>most important to save time and helping economic moving ahead.</u> | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>I believe the lucky moving + remodeling is in the business to moving you and helping you</u> | |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. | |
| <u>[Signature]</u> Signature of Person Completing Form | <u>2/6/2013</u> 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 within the state of Washington. 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: <u>Ming Xiao</u> | |
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: <u>Luckey Moving & Remodeling</u> | |
| Address (include street address, mailing address, city, state, zip, and county): <u>659 S. Jackson St. Seattle, WA 98104</u> | |
| Phone Number: <u>206-818-7808</u> | |
| 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: <u>new location</u> <u>I owned a house and a business, in the future I need to move my household goods or business goods if I move to a new location.</u> | |
| 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: <u>Granting a permit to Luckey Moving & Remodeling will help my current time consuming, protecting my properties in good condition and will help the economy.</u> | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>a permit to this company, to help the community and economically should determine</u> | |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. | |
| <u>Ming Xiao</u> Signature of Person Completing Form | <u>02/06/13</u> 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 within the state of Washington. 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: CUI, LI SHU | |
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: LUCKY MOVING & REMODELING | |
| Address (include street address, mailing address, city, state, zip, and county): 12120 10TH AVENUE STE APTD RYALLUP WA 98374-2629 | |
| Phone Number: 425-502-2963 | |
| 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: IF FOUND A NEW APARTMENT THAT MORE CLOSER TO MY WORK | |
| 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: IT WILL HELPING ME TO SAVE TIME + CONVENIENCE | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? IT WILL HELPING THE COMMUNITY + ECONOMICALLY | |
| 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 Lida Liu | Date and Location 2/6/13 |

Personally identifiable information redacted per RCW 42.56.230



Web Search No Record Found Report

Washington State Patrol
Identification and Criminal History Section
P.O. Box 42633
Olympia, Washington 98504-2633
Telephone (360) 534-2000

THE FOLLOWING WEB SEARCH NO MATCH FOUND REPORT
IS FURNISHED FOR OFFICIAL USE ONLY

This report was generated from a transaction run on 02/28/2013 at 11:00
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO RECORD was found in the Washington State
Criminal History Repository based on the descriptors provided:

LUO,XIANQIN DOB (4b)

This may mean that the person you searched for has no criminal conviction record OR
that your search criteria did not match the spelling of the person's name or date of
birth.

Positive identification or non-identification in the Washington State Patrol's database,
can only be determined by fingerprint comparison.

Personally identifiable information redacted per RCW 42.56.230

Fax: (360)586-1181



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2013

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.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|---|
| PRODUCER Envision Insurance Services Inc 4066 155th Ave SE Bellevue, WA 98006 License #: 161657 | CONTACT NAME: Huan Xie |
| | PHONE (A/C No., Ext.): (425)462-6638 FAX (A/C No.): (866)671-4461 E-MAIL ADDRESS: huan@envision-insurance.com |
| INSURED Xianqin Luo dba: Lucky Moving and Remodeling Company 6402 Swift Ave S Seattle, WA 98108 | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A: Progressive Insurance |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: INSURER F: |

COVERAGES **CERTIFICATE NUMBER: 00002965-0** **REVISION NUMBER: 1**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR INSR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|-----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | N | N | 01998320-0 | 12/28/2012 | 12/28/2013 | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Combined Single Lim \$ 750,000 |
| | AUTOMOBILE 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | Cargo Insurance | N | N | | | | 20,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|---|
| CERTIFICATE HOLDER Utility and Transportation Commision P O Box 47250 Olympia, WA 98504 | 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. AUTHORIZED REPRESENTATIVE (HUA) |
|---|---|

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