

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: <i>Matt Cassette</i>	
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>Jeff Claeson</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>10713 E 22nd Ave Spokane, WA 99206 Spokane County</i>	
Phone Number: <i>509-995-8014</i>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <i>We recently purchased a hot tub. We also need a piano moved out of our basement.</i>	
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: <i>We occasionally buy large items, need disposal of various yard waste.</i>	
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>In my experience its significantly more affordable + convenient to use a small company like <i>Walt's</i> for many types of moves. I firmly believe he helps out others in the community as well.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Matt is above all else honest + ethical.</i>	
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 <i>[Signature]</i>	Date and Location <i>6/25/13</i>

POSTED
FMS
BW

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: <u>Matt Corsetti</u>	
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Supporter</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1706 N. ZAPPAVE PL SPokane WA 99207</u>	
Phone Number: <u>509 244 8717</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>I will need moving services to move within the next month</u>	
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>We will move 6 months and I own a large place</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>Matt Corsetti is a very talented mover he is the best at his profession</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>After 12 years in the years industry I have not met any mover as capable</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>or Matt Corsetti</u>	
Signature of Person Completing Form <u>Diane Kish</u>	Date and Location <u>6-25-13</u>

Posted
ASW
FWS

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

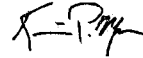
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MATTHEW S CROSSETTE, MATTS MOVING of 9519 EAST ARCHERY AVE, SPOKANE VALLEY, WA 99206-0000 a policy or policies of insurance effective from 03/12/2013 12:01 A.M. 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 13th day of March, 2013

Insurance Company File No. CA 02109797
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



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 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

TYPE OF PAYMENT					
Check	Money Order	Amex	<input checked="" type="radio"/> Mastercard	Visa	# 056922

Amount: _____		Expiration Date: _____	
<p>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.</p>			
Name (printed): <u>MATT CROSSETT</u>		Company Name: <u>MATT'S MOVING</u>	
Cardholder's Signature: <u>[Signature]</u>		Date: <u>12 Jun 2013</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>6/13/13</u>	DOC NOS: <u>OK/N/A</u>	ID: <u>7234</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: _____	Inspection: _____	Docket # <u>TV-131204</u>
Reception #: 111-0268-207-02 <u>550.00</u>		111-0268-207-01 111-0268-013-20	

Posted

BUSINESS INFORMATION

Name of Applicant MATT S. CROSSETT
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable MATT'S MOVING

Physical Address 9519 EAST ARCHERY AVE SPOKANE VALLEY, WA 99206

Mailing Address SAME

Telephone Number (509) 844-8176 Fax Number ()

UBI #: 603089771 Email: MATT@MATSMOVING.NET

USDOT #: 2385065 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 21518800

Employment Security Department registration number? ESD # 433638-00-1

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
MATT S. CROSSETT	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:

I PRIMARILY MOVE PIANOS FOR STEINWAY PIANO GALLERY HERE IN SPOKANE I WOULD LIKE TO MOVE THEM FOR PRIVATE CUSTOMERS AS WELL. THE STEINWAY STORE RECEIVES SEVERAL CALLS A WEEK ASKING FOR THIS SERVICE

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

I HAVE MOVED PIANOS FOR ALMOST 10 YEARS NOW AS AN EMPLOYEE OF STEINWAY PIANO GALLERY, DAVIS & HOSCH MUSIC & RIVINGTON MUSIC.

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 ~~819449~~ 64 870

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# 819449

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	\$ 3,700	Salaries/Wages Payable	\$
Notes Receivable	\$ 8,813	Accounts Payable	\$
Investments	\$ 2,500	Notes Payable	\$ 9,000
Other Current Assets	\$ 10,000	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ 2,500	NET WORTH	
Trucks and Trailers	\$ 20,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 25,000 37,013	TOTAL LIABILITIES & NET WORTH	\$ 28,000

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
2003	CHEVY	B69786E	1GCGK13U43F255104	8600 lbs
2010	WEISS CARGO	3464XD	1WC200F2XA4074163	7700 lbs

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.** *N/A*

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:

MATT CROSSETT

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: <u>MATT CROSSETT</u>	Position: <u>OWNER</u>
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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: <u>MATT CROSSETT</u>	Position: <u>OWNER</u>
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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.

<u>MATT S. CROSSETT</u> Print name of applicant	 Signature of Applicant	<u>SPokane Valley, WA</u> <u>12 JUNE 2013</u> Date and Location
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Applicant Name: MATT CROSSETT

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Joyce Hawkins Manager Steinway Piano Gallery, Spokane</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>13418 E. Nora Avenue Spokane, WA 99216</u>
Phone Number:	<u>509-827-4266</u>
Do you currently need the services of a residential household goods moving company? No <input type="radio"/> Yes <input checked="" type="radio"/> If yes, please describe your current moving needs:	<u>We receive multiple daily phone calls for someone to move safes, billiard tables, hot tubs, old pianos, organs, etc.</u>
Do you anticipate a future need for the services of a residential household goods moving company? No <input type="radio"/> Yes <input checked="" type="radio"/> If yes, please describe your future moving needs:	<u>This need will NEVER go away.</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>We meet new people and assess their needs for a new piano. Matt also refers people back to us that need piano services.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>Matt is very thorough in his work and customer service. He is an employer and provides jobs for several young men and a couple families. He is necessary in many ways!</u>
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	<u>Joyce Hawkins</u>
Date and Location	<u>June 12, 2013 Steinway Piano Gallery of Spokane</u>

WA USA **WASHINGTON** DRIVER LICENSE

14 LIC# (4b) DONOR

15 Sex M 16 Hgt 6-02

17 Wgt 155 18 Eyes BRN


19 Class 9a End NONE

12 Restrictions NONE 4b Exp 10-16-2016

10 DOB (4b) 05-20-2013

11 (4b)

13 (4b) Rev 08-15-2009



CROSSETTE
MATTHEW STONE

21 (Signature)

LICENSING



CLASS: NONE
ENDORSEMENTS:
NONE

RESTRICTIONS:
NONE

Organ Donor
Please notify the Department of Licensing within 10 days of a change of address





BLASINGAME INS AGY
200 NORTH ARGONNE RD
SPOKANE, WA 99212
1-509-891-1000

Policy number: 02109797-0

Underwritten by:
United Financial Casualty Company
June 13, 2013
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
STATE OF WASHINGTON DEPARTMENT OF TRANSPORTATION 1300 S EVERGREEN PARK DR SW OLYMPIA, WA 98504	MATTHEW S CROSSETTE MATTS MOVING 9519 E ARCHERY AVE SPOKANE VALLEY, WA 99206	BLASINGAME INS AGY 200 NORTH ARGONNE RD SPOKANE, WA 99212

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Mar 12, 2013

Policy Expiration Date: Mar 12, 2014

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

Certificate number

16413A02797

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



CERTIFICATE OF LIABILITY INSURANCE

MATTS-1 OP ID: JR

DATE (MM/DD/YYYY)
06/12/2013

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 Blasingame Insurance Div of Spokane Ins Agcy, Inc 200 N. Argonne Rd Spokane, WA 99212 Jason Reser	Phone: 509-891-1000 Fax: 509-891-1430	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED Matt Crossette DBA: Matt's Moving 9519 E Archery Ave Spokane, WA 99206		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Scottsdale Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:																
INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo Coverage			CPS1613179	06/19/2012	06/19/2013	Cargo 150,000

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

CERTIFICATE HOLDER Washington UTC PO Box 47250 1300 S Evergreen Pk Dr SW 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 Jason Reser
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