

BUSINESS INFORMATION

Name of Applicant Truckwithus Transport Services, Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1855 Trossachs Blvd #2003, Sammamish WA 98075

Mailing Address Same

Telephone Number (425) 281-6647 Fax Number () _____

UBI #: 603-378-343 Email: lisathepmp@gmail.com

USDOT #: 2448058 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # _____ *see attached*

Employment Security Department registration number? ESD # _____ *see attached*

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

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Lisa Stillely	President	100%

aw *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: King, _____

statewide

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

See Attached

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

one year of experience encompassing all facets of a full service moving business for interstate moves worked with Foley Compliance services for driver qualification and HOS compliance. Trained in Drug and Alcohol Suspicion testing.

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 MC 844884

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# 844884

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? not HHC moving

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	\$ 50,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 12,500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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
2004	GMC	1159042A	1GDJ7C1C54F901163	14260

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.** *not required*

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:
Lisa Stillely

Position:
President

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: Lisa Stillely	Position: President
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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: Lisa Stillely	Position: President
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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.

Lisa Stillely Print name of applicant	<i>Lisa Howison Stillely</i> Signature of Applicant	4-2-2014 Date and Location
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Sammamish WA

Describe the services you wish to provide.

- a. Electronic asset management so that the customer has more visibility to where they put things.
- b. Facilitate the donation or sale of clothing and HHG as a part of their move.
- c. Rental and sale of the moving containers that would allow the customer to have a more "green" move. This would avoid the use of packing in cardboard boxes as part of the move for example.
- d. Ability to deliver to more than one address as part of the move. This would allow for delivery to the new home as well as to a temporary storage location for example.
- e. Removal of trash.
- f. Supervision of ancillary services that are engaged such as post move housecleaning.
- g. Complete move planning with a trained moving coordinator.

Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service.

I believe there will be a lot of people that are looking to downsize not only their home but also their possessions that they have spent a lifetime collecting. (This is not easy as I can attest to. In 2011 I sold my home of 27 years and relocated.) In some cases they will want to distribute special items like Grandma's rocking chair to the daughter with the new baby or they may decide that the Christmas stuff is really overwhelming but just cannot bring themselves to get rid of it. So they may opt for storage until they are ready to use it. On the flip side there are things that will need to be done while moving in to the new location. They may need snow removal to get in and out over the course of the move. They may need reassembly of furniture and reconnection of electronic devices. I want to provide a service that will give options so that they can get everything done all at once.

Care for my people. I think this is part of my service. I want a rewarding, safe place to work. Moving is about teamwork and that has to start with my people. The better they feel about what they are doing the more it shows in their customer service. I intend to use different packing systems that will have handles, be easy to stack as well as use lifts and of course hand trucks. As a former Xerox Project Manager I am a firm believer in training and well documented processes and procedures. It is not the responsibility of the employee to have to "guess" what to do while in front of the customers.

Moving is stressful so I want to provide the complete service that will allow a customer to have one contact point, a project plan, and a schedule. They will know the full cost as well as the steps that will need to be done before during and after. This package will be tied to customer service that provides one point of contact that will alleviate the stress and allow them to have a "face" to associate with their move. My goal would be to obtain repeat business not only for my move service but also for any of the ancillary service businesses that I might engage on behalf of the customer.

Sincerely,

Lisa Stilley

Received Time Apr. 2, 2014 4:11 No. 3508

WA USA **WASHINGTON** DRIVER LICENSE

10 LIC (4b) DONOR

11 HOWISON

2 LISA A

3 DOB (4b) 4a Iss 10-09-2013

(4b)

15 Sex F 16 Hgt 5-08

17 Wgt 165 18 Eyes BLU

9 Class 9a End NONE 4b Exp 11-02-2018

12 Restrictions NONE

Lisa Howison (4b) Rev 09-16-2009

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: Truckwithus Transport Services, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Justin Rafarel, Owner JPR Services

Address (include street address, mailing address, city, state, zip, and county):
Coral Lane, Friday Harbor WA

Phone Number: 425-508-4780

Do you currently need the services of a residential household goods moving company?

Please Circle one: Yes No

Do you anticipate a future need for the services of a residential household goods moving company?

Please Circle one: Yes No If yes, please describe your future moving needs:

If yes, please describe your current moving needs:

I will be moving shortly and downsizing in the near term so that I can lease a place that is smaller. I will continue to work in Washington then I will be retiring to a secondary home in Arizona.

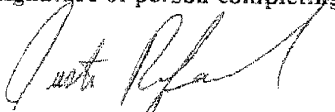
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: As a small business person I need to be on the go and do not have a lot of time to deal with moving. It would be really helpful to have a moving company that can get me moved take care of rubbish and get the house ready so that I can lease it. I would use this service in a heartbeat so that I don't have to worry about the disruption to my business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I think small business is what will get this country back on its feet. I want to encourage and patronize small business.

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 the form



Date and Location

March 13th/14
Snoqualmie WA.

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: Brittney Knott

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Brittney Knott

Address (include street address, mailing address, city, state, zip, and county):
11575 268th Dr. NE
Duval WA 98019

Phone Number: 425-503-1671

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

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
I will be moving out of my house soon & will need a service that could hold all my things.

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 help me be able to move efficiently & in the most organized way possible. It would be great for many people.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
No. I think this would be enough.

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

Brittney Knott 3-18-14
Signature of Person Completing Form 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Cosmetic Surgery & Dermatology of Issaquah

Address (include street address, mailing address, city, state, zip, and county):
*295 NW Gilman Blvd.
Issaquah, WA 98029*

Phone Number: *(425) 442-4034*

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

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Transferring patient charts / furniture / bedding documents to storage unit.

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:
We occasionally hire outside sources to move boxes, furniture, etc to storage from our clinical location.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

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

[Signature]
Signature of Person Completing Form

3/24/14 Issaquah, WA.
Date and Location

Your business has been approved to hire minors!
You will receive an updated business license from the
Department of Revenue's Business Licensing Service,
www.Business.wa.gov/BLS.

Received Time Apr. 2, 2014 4: 25 PM
Employment Sta. No. 3508
Department of Labor & Industries
PO Box 44510
Olympia WA 98504-4510
FIRST CLASS
UNITED STATES
0.2 1M
0004293543 MAR 28 2014
\$ 00.37⁸
MAILED FROM ZIP CODE 98501

Before you hire minors:

- Each business location employing minors must have a Minor Work Permit endorsement and renew yearly.
- For each minor, you must complete a Parent/School Authorization form. It must be signed by the parent, and if working during the school year, by the school. You can get this form at the website below.

Are you ready to hire? Do you know...

- The minimum wage for minors?
- What's required for meal and rest breaks?
- How late minors can work and how many hours a day and per week?
- If teens can operate powered equipment?
- Where to find brochures and factsheets?

Find your answers at www.TeenWorkers.Lni.wa.gov.

Or contact us at TeenSafety@Lni.wa.gov or 866-219-7321.

603 378 343
TRUCKWITHUS TRANSPORT SER
TRUCKWITHUS TRANSPORT SER
UNIT 2003
1855 TROSSACHS BLVD SE
SAMMAMISH WA 980755922

F700-136-000 [03-2012]



EYA-EEF 88075



CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI*:

Policy Effective Date

Location

Employer

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

8211-141-000-8002

3/18/2014



State of Washington
Business Licensing Service
P O Box 9034
Olympia WA 98507-9034

Business License Application Receipt

Congratulations! The application has been submitted.

1. [Print](#) your receipt
2. [Print or save](#) your application
3. [Give us your feedback](#)
4. Click [here](#) if you are a Minority, Woman, Veteran, or Small Business owner.
5. What are my [next steps](#)?

Filing Information

Filing Date and Time: 3/18/2014 10:48:39 AM Pacific Time

UBI:
603378343

Application Transaction #: 20140774529
(Refer to this number if you have questions about this application.)

Credit Card Approval #: (b)

Last 4 digits of Credit Card #: (b)

Credit Card Type: MC

Total fees to be billed: \$34.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Industrial Insurance	\$ 0.00
Tax Registration	\$ 0.00
Unemployment Insurance	\$ 0.00

These licenses/registrations must be approved before you start these business activities. If the regulatory agency requires additional information they will contact you directly.

City of Sammamish License	\$ 15.00
Minor Work Permit	\$ 0.00
Processing Fee:	\$ 19.00
Total Fees:	\$ 34.00

Close

Need Assistance? 1-800-451-7985

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STATE OF WASHINGTON
DEPARTMENT OF REVENUE

March 19, 2014

89

TRUCKWITHUS TRANSPORT SERVICES INC
UNIT 2003
1855 TROSSACHS BLVD SE
SAMMAMISH WA 98075-5922

UBI Number: 603 378 343
PAC Code: T762398R

IMPORTANT! Tax Registration Information. Please keep on file.

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

When to file and pay your taxes

Your business is assigned to report taxes **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you are still required to file a tax return.

Based on your business open date, the first return you must file is the Annual 2014 return and is due on January 31, 2015. We will mail your return to you.

(over)

Taxpayer Account Administration Division
P O Box 47476 ♦ Olympia, Washington 98504-7476

Received Time Apr. 2, 2014 4:38 PM No. 3508



STATE OF WASHINGTON
BUSINESS LICENSING SERVICE

Date: 03-19-2014

Application Id: 14 077 4529

UBI: 603 378 343 001 0001

Owner & Mailing Address:

Business Location Name & Address:

TRUCKWITHUS TRANSPORT SERVICES INC
UNIT 2003
1855 TROSSACHS BLVD SE
SAMMAMISH WA 98075 5922

TRUCKWITHUS TRANSPORT SERVICES IN
UNIT 203
1855 TROSSACHS BLVD SE
SAMMAMISH WA 98075 5922

IMPORTANT INFORMATION ABOUT YOUR INTERNET FILING

Dear Licensee:

You recently filed a Business Licensing Application over the Internet. While reviewing the online filing, we found an existing expiration date on your account.

We have prorated the license fees in order to match the existing expiration date. The prorated fees will reduce the amount for your Internet filing as shown below:

Original authorized amount:	\$	34.00
Actual amount	: \$	32.75

Only the 'Actual amount' above will appear on your monthly statement for the filing. If you have any questions concerning your filing, please contact our office at the telephone number listed below.

Business Licensing Service
PO Box 9034
Olympia WA 98507-9034

Phone: (360) 705-6744

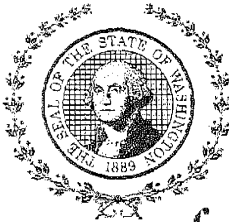
14 077 4529 FF=L15

For assistance or to request this document in an alternative format, visit <http://business.wa.gov/BLS>
or call 1-800-451-7985. Teletype (TTY) users may call 360-705-6718.

Received Time=Apr. 2, 2014= 4: 4: No. 3508

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

TRUCKWITHUS TRANSPORT SERVICES INC

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 2/21/2014

UBI Number: 603-378-343



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 2/21/2014

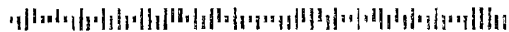
Received Time April 2, 2014 4:11 PM No. 3508



TRUCKING INSURANCE
PO BOX 980
CUMMING, GA 30028

896326 418 1 AT 0.406 PPACA05U 005 000418
Named insured

TRUCKWITHUS TRANSPORT
SERVICES INC
1855 TROSSACHS BLYD 2003
SAMMAMISH, WA 98075



Policy number: 02484464-0

Underwritten by:
United Financial Casualty Company
March 7, 2014
Policy Period: Nov 15, 2013 - Nov 15, 2014
Page 1 of 2

progressiveagent.com

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

1-855-281-2924

TRUCKING 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 has changed

Your coverage began the later of November 15, 2013 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 November 15, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. 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 Z434WA (04/12), MCS90 (10/99), 1198 (01/04), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective March 5, 2014

Premium change:	-\$185.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$2,319
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist	Rejected		--
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	Rejected		--
Subtotal policy premium			\$2,319

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$1,000	\$599
Subtotal policy premium			\$599
Fees			35
Total 12 month policy premium and fees			\$2,953



Form 6488 WA (04/12)

CONFIRMATION OF BINDING

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

Date Issued: Mar 28, 2014

Producer: AGT0265
Altech Financial Services, Inc.
7813 NE 13th Ave
Vancouver, WA 98665

Insured:
Truckwithus Transport
1855 Trossachs Blvd #2003
Sammamish, WA 98075

Description of Risk:

Insurer: National Indemnity Company [70]

Assigned Policy or Certificate Number: 70MTS011895

Effective Period: 3/27/2014 to 3/27/2015

Term: 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IFS) ISSUED TO REPLACE IT.

Coverage: MOTOR TRUCK CARGO

Limits: \$25,000 Motor Truck Cargo (broad form)
0-200 miles Radius of Operation

Deductible: \$1000 Motor Truck Cargo

Exposures:

Terms/Conditions: Endorsements / Notable Exclusions:

Binding Requirements / Subject To:

- Quote subject to revision upon receipt of application.
- Coverage can be bound no earlier than the postmark date of the signed, completed application and an Agency check for the Down Payment.
- No flat cancellations.
- Completed / signed application is required to bind.
- Subject to acceptable MVRs on all drivers, quote assumes no violations.

All other terms and conditions apply per policy forms.

Agent Commission: 10%

Unified Carrier Registration

UCR registration is complete.

Please print this page for your records and close the browser window.

If you paid using a credit card on the internet, the charge will be reflected as 'UCR Fees' on your statement.

Receipt number: 2014500725197

Registration Year: 2014

Expiration Date: 12/31/2014

Legal Name: TRUCKWITHUS TRANSPORT SERVICES INC

USDOT Number: 2448058

MC Number: 844884

Telephone Number: 4252816647

Base State: WA

Business Address: 1855 Trossachs Blvd 2003

Sammanish, WA 98075

Mailing Address: 1855 Trossachs Blvd 2003

Sammanish, WA 98075

Classification: Motor Carrier



Payment Details					
Transaction Type	Total/Vehicles	Certified By	Paid Date	Fee Paid	Other Fee
REGISTRATION	1	LISA HOWISONSTILLEY	03/13/2014	\$76.00	\$5.60

Total 1 \$76.00