



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:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 54108	111-0268-207-02 \$550	Receipt ID	111-0268-013-20

#V074809

#### 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: Centerpoint Moving LLC

(must be individual, partners of a partnership or corporation)

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

Physical Address 1212 41<sup>st</sup> Ave E, Seattle, WA 98112

Mailing Address 1212 41<sup>st</sup> Ave E, Seattle, WA 98112

Telephone Number ( 866 ) 622-5851 Fax Number ( 347 ) 368-0527

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

TYPE OF PAYMENT

Check  Money Order

Amount \$ 550.00

Amex  Discover  Mastercard  Visa

Expiration Date

Credit Card number:

\_\_\_\_\_  

--	--

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.

Company Name: Centerpoint Moving LLC

Name (printed): Stren Lea Date: 17 FEB 2015

Signature: *Stren Lea* Title: Director

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

TV-150274



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

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #; Staff Assigned, Insurance, Inspection, Permit Issued THG; Reception #, 111-0268-207-02, Receipt ID, 111-0268-013-20. Includes handwritten entries like 2/18/15, 16879, TV150274, and #074809.

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: Centerpoint Moving LLC

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

Physical Address 1212 41st Ave E, Seattle, WA 98112

Mailing Address 1212 41st Ave E, Seattle, WA 98112

Telephone Number ( 866 ) 622-5851 Fax Number ( 347 ) 368-0527

Posted 3 JS



**BUSINESS INFORMATION - continued**

UBI #: 603438640 Email: stren@centerpointmoving.com

USDOT #: 2545147

Department of Labor & Industries Worker's Comp Acct? Account # 355,432-00

Employment Security Department registration number? ESD # (4b)

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: Washington

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

Name	Title	Stock Distribution or % of Shares
<u>Clint Nicholson</u>	<u>Director</u>	<u>35%</u>
<u>Victoria Ivarsson</u>	<u>Director</u>	<u>35%</u>
<u>Stren Lea</u>	<u>Director</u>	<u>30%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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

We will provide consumers with a higher quality experience than what is found in the market. Our movers mission is to be more courteous, careful and attentive to our customers. Additionally, we prioritize minimizing packing waste to make our moves greener.

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

Our workforce has over 10 years of experience in the moving industry and are very familiar with all aspects of it including local, state and federal regulatory compliance requirements. Our customers at previous employers consistently rated us "5-stars" for excellent service and we look forward to continuing this record at Centerpoint Moving LLC.

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#: 885911, Note: we have not yet commenced interstate operations but have applied for and received our MC# ahead of doing so in the future.

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable (Truck Lease)	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$	<b>NET WORTH</b>	\$ 20,000
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$ 9,000	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 20,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 20,000</b>

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
2014	International	B15028Y	3HAMMAAL8EL490200	11,000



**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).

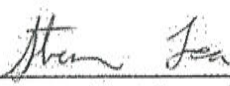
Name:

STREIN LEA

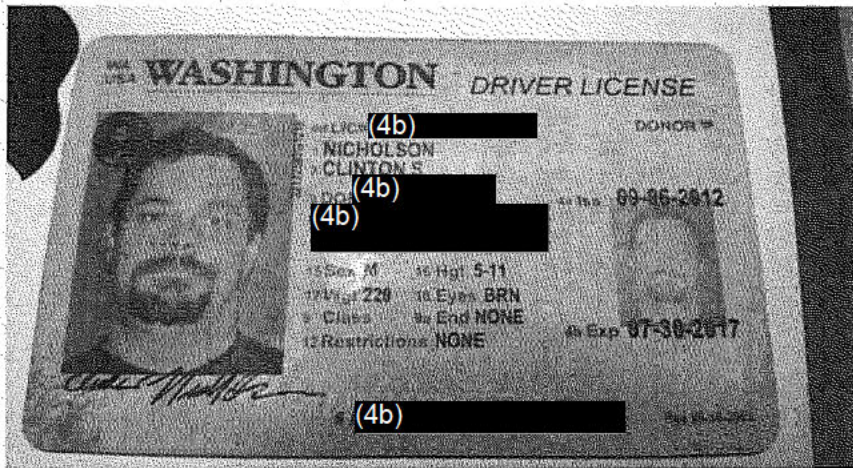
Position:

DIRECTOR

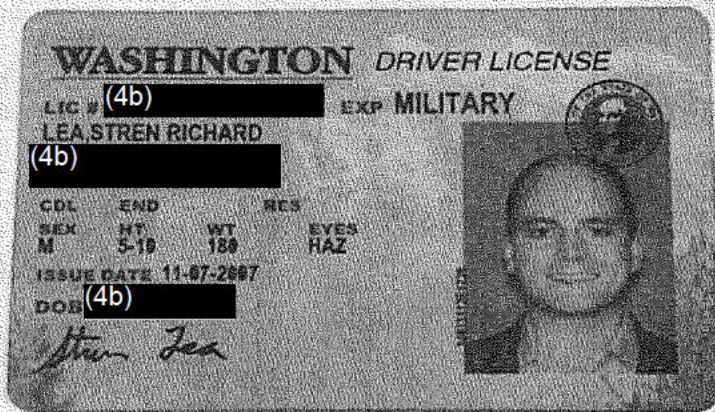
If you would like to receive information about new household goods carriers, check here **X**

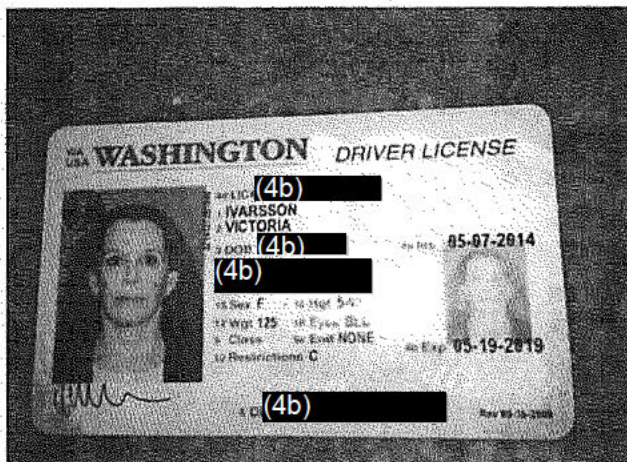
<b>OPERATIONAL RESPONSIBILITIES</b>		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.		
Name: Stren Lea	Position: Director	
STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing 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: Stren Lea	Position: Director	
<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.		
Stren Lea		Seattle, WA 17FEB 2015
Print name of applicant	Signature of Applicant	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:** Centerpoint Moving LLC

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
David Johnston Residential window cleaner - Pure Light

**Address (include street address, mailing address, city, state, zip, and county):**  
10115 Greenwood ave D #179, Seattle, Wa, 98133

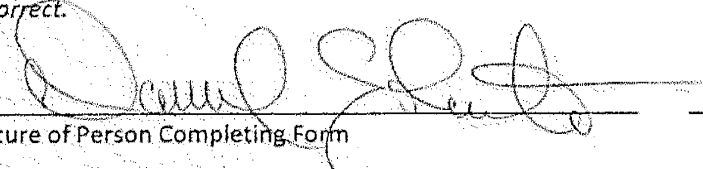
**Phone Number:**  
206-261-1941

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

**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:  
yes - the next time I move I will be calling Clint

**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 used Clint when he worked at a previous company - was very professional

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
His attention to detail, honesty & integrity makes him an asset to any community

*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 1/6/15  
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: CENTER POINT Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Thomas Van Rosendaal Barista Chocolateri Cafe

Address (include street address, mailing address, city, state, zip, and county):  
8319 Greenwood Ave N Seattle WA 98133

Phone Number: 206 271 5823

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

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:  
My family will be moving from Seattle to Olympia and in need of a moving company

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:  
Clint is an amazing person who I trust and will call upon the use of his company to move my valuables

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I have known Clint for a few years and he has outstanding integrity. He will be a good businessman.

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: [Signature] Date and Location: 01/06/2014



**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:** Centerpoint Moving LLC

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
DEENA RAUEN, PRESIDENT, D STUDIO INC.

**Address (include street address, mailing address, city, state, zip, and county):**  
2355 47th AVE, SW  
SEATTLE, WA. 98116

**Phone Number:**  
206.399.6352

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
INTERIOR DESIGN FURNITURE MOVES FOR CLIENTS

**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:  
INTERIOR DESIGN FURNITURE MOVES FOR CLIENTS

**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 MAY USE THEM FOR MOVES.

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

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

Deena Rauen  
Signature of Person Completing Form  
1.5.15  
Date and Location

# 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# 803 438 830 Policy Effective Date  
01/03/15

Location

CENTERPOINT MOVING LLC  
1212 41ST AVE E  
SEATTLE WA 98112-2408

Employer

CENTERPOINT MOVING LLC  
1212 41ST AVE E  
SEATTLE WA 98112-2408

\*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.

(211-141-000) (802)



 **Employment Security Department**  
WASHINGTON STATE  
P.O. Box 9046 • Olympia, WA 98507-9046

February 9, 2015

**CENTERPOINT MOVING LLC**  
1212 41ST AVE E  
SEATTLE, WA 98112-4408

ESD number: (4b) [REDACTED]  
UBI number: 603-438-640

Dear Employer:

**You now have an account**

We opened an account for you at the Employment Security Department (ESD) after determining that you're subject to the Washington Employment Security Act. Your new ESD number is printed above. Please include it whenever you contact us.

If the ownership of your business ever changes, please let us know as soon as possible.

**How to file quarterly tax reports**

Please visit [esd.wa.gov/file-taxes](http://esd.wa.gov/file-taxes).

If you need paper forms, please email us at [taxforms@esd.wa.gov](mailto:taxforms@esd.wa.gov). Please mention the number of employees you have so we can send the correct number of forms.

**If you have no employees**

If you pay no wages in a quarter, and your account has not been closed, you're still required to submit a report. There are three ways you can submit a report when you pay no wages:

- Submit it electronically at [esd.wa.gov/file-taxes](http://esd.wa.gov/file-taxes).
- Mail the paper form to us after checking the box for "no payroll this quarter."
- Call 1-888-836-1900 to file a "no payroll" report by phone. Your default pin number is 7447.

**Questions?**

If you have questions, please contact the RISC Unit at [status@esd.wa.gov](mailto:status@esd.wa.gov) or 360-902-9360, or your district tax office at [OlympiaAMC@esd.wa.gov](mailto:OlympiaAMC@esd.wa.gov) or 855-829-9243.

Sincerely,

**Cali Cook**  
Tax Specialist 3  
RISC

ID 1067 (4/25/11) EMS 5208 Employer is liable



CENTERPOINT MOVING LLC  
1212 41ST AVE E  
SEATTLE WA 98112-4408

WASHINGTON PROFESSIONAL REGISTRATION

001058



# BUSINESS LICENSE

STATE OF WASHINGTON

Domestic Limited Liability Company

Unified Business ID #: 603 438 640  
Business ID #: 1  
Location: 1

CENTERPOINT MOVING LLC  
1212 41ST AVE E  
SEATTLE WA 98112-4408

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:  
Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON  
EXPIRATION DATE

603 438 640 1 1

CENTERPOINT MOVING LLC  
1212 41ST AVE E  
SEATTLE WA 98112-4408

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

Director, Department of Revenue

OR, FROM THIS SECTION FOR YOUR STATE



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved:  
OMB No.: 2126-0008

Issued to CENTERPOINT MOVING LLC of 1212 41ST AVE E SEATTLE, WA 98112  
Dated at 2706 4TH AVE NE STE 200 SEATTLE, WA 98115 this 26 day of NOVEMBER, 20 14  
Amending Policy No. CPP 1105427-00 Effective Date 11-25-14  
Name of Insurance Company WESTERN NATIONAL ASSURANCE CO

Countersigned by \_\_\_\_\_  
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]," for the limits shown:  
 This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.  
 This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 206-526-5900.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.  
Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.  
Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.  
Property Damage means damage to or loss of use of tangible property.  
Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.  
Public Liability means liability for bodily injury, property damage, and environmental restoration

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.  
It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.  
The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.



**SCHEDULE OF LIMITS  
 PUBLIC LIABILITY**

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000