

TV-130869



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 <i>waived</i>
<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 Mastercard Visa

Amount: Waived - Docket TV-130259 - order 1 Expiration Date: N/A

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): Zachary Gripp Company Name: B+Z Moving LLC

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Date Filed: <u>7/24/13</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>7189</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	Docket # <u>TV130869</u>
Reception #: 111-0268-207-02	<u>[Signature]</u>	111-0268-207-01	111-0268-013-20

*Posted
RMS
ABW*

BUSINESS INFORMATION

Name of Applicant Zachary Gripp - B + Z moving LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 3034 S 167th St, SeaTac WA 98188

Mailing Address 107 134th St E, Tacoma WA 98445

Telephone Number (253) 355-1792 Fax Number () N/A

UBI #: 603273063 Email: Zachthemaniac@comcast.net

USDOT #: 2377026 (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 # 25418000

Employment Security Department registration number? ESD # 475249-00-8

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Zachary Gripp</u>	<u>Owner</u>	<u>100%</u>

*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:

B+Z moving L.L.C. is a full service moving company. Services include but are not limited to packing and transporting household goods anywhere in Washington. B+Z moving L.L.C. is a friendly, low cost, 24 hour service company. B+Z moving L.L.C. will do anything to meet the customer's needs

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

I've packed and moved my own things several times, and helped move several of my friends all over the west coast of Washington. I've worked for another moving company for two summers, and been a packing service company for the last 6 months.

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 The UTC thought I misrepresented myself in my application, so the judge is giving me a chance to

re-submit my application with no fees.

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	\$ 1,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 4,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 1,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 6,000	TOTAL LIABILITIES & NET WORTH	\$ 6,000

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
1991	Isuzu	B668395	JALH6A1N4M3101742	20,000

****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: <u>Zachary Golap</u>	Position: <u>Owner</u>
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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>Zachary Gripp</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>Zachary Gripp</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.

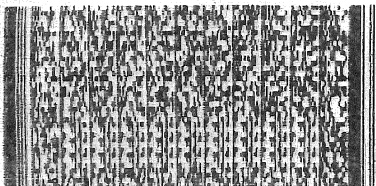
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

Zachary Gripp
Print name of applicant

Z Gripp
Signature of Applicant

20 MAY 13 Tacoma
Date and Location



STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 9038 • Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

01/31/2013

1303127200529727

866839S

Lic/Plt 866839S	Issue-Date 06/2011	Tab-No R529052	Reg-Exp 06/06/2013	Value-Code/Yr 2500/2013	Depre 2	Mo-Reg 12	Mo-Gwt 05	
Power D	Use COM	Mod-Yr 1991	Make ISU	Ser/Body BOX	Model/BT FSR/TB	VIN or Serial No JALH6A1N4MS101742	Res-Co 27	Prev-Plt A37040U
Sclwt 10840	Seats	Gwt 20000	Gwt-Strt 01/07/2013	Gwt-Exp 06/06/2013	Fleet	Equip	Prev Title 1115707411	Prev St WA

BRANDS:

COMMENT:

VN-C VN-L - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

GRIPP, ZACHARY L
 107 134TH ST E
 TACOMA

WA 98446

I certify that the information contained hereon is accurate and complete.

Signature of Registered Owner(s)

X
 Signature of Registered Owner(s)

Subscribed and sworn to before _____ This _____ Day of _____.

FILING	\$ 7.00	TBD FEE 2727	\$	CHECK	\$ 295.00
SUBAGENT	\$ 12.00	ATA EXCISE	\$	CASH	\$
LOCAL FEE	\$	USE TAX 2727	\$ 242.50	TOTAL FEES	\$ 364.25
LICENSE SRVC	\$	OTHER	\$ 33.50		
GWT/VWT FEE	\$ 69.25	DONOR AWARENESS	\$	GWT CREDIT	\$- 69.25
QUICK TITLE	\$	STATE PARKS	\$		

VALIDATION CODE 10272005130310131130137052972

TRANSFER

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)

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: Zachary Grupp B&Z Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sheryl Moss

Address (include street address, mailing address, city, state, zip, and county):
8521 79th Ave NE
Marysville WA 98270

Phone Number: 425-359-1183 cell 425-784-3775 work

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: My daughter will be moving after school is out, we will need his services at that point

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: Zachary is hard working, flexible, and trustworthy. It is important to know that the person moving your personal items will take special care of those items.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Zachary believes in his business and stands behind providing the best customer service possible. He is loyal to his customers and would do a fantastic job.

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

Sheryl Moss
Signature of Person Completing Form

5/18/2013 - Marysville
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:

Bez Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

JASON Lockwood

Address (include street address, mailing address, city, state, zip, and county):

6414 73rd Ave NE
Marysville, WA 98270

Phone Number:

360 659 2989 or 425 314 0219

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:

Moving kids to/from college residences. Moving mother-in-law to assisted living. Moving furniture to/from cabin.

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:

Having a trustworthy, reliable moving company ~~is~~ to recommend will free up time for me to work on other projects. I hesitate to recommend other movers because I can't be sure of their care and honesty.

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

I can vouch for Zack's integrity. He's been a good neighbor for many years. He has my confidence.

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

Jason Lockwood

Signature of Person Completing Form

5-17-2013 Marysville, WA

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: ZACH GRIPP petz moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CDR RANDOLPH B. BRASACLD

Address (include street address, mailing address, city, state, zip, and county):

7303 57th ST NE
MARYSVILLE, WA 98270

Phone Number:

(Home) 360 653-9030 or 360-657-6027 (work)

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: LOOKING TO MOVE FROM CURRENT HOUSE TO A RAMBLER. I AM CURRENTLY LOOKING IN THE SAME AREA WE LIVE NOW. NOT ANTICIPATED TO MOVE IN NEXT 12 MONTHS.

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 THINK I WOULD BE WILLING TO USE THIS SERVICE. I HAVE CONFIDENCE THE APPLICANT IN DOING THE JOB RIGHT

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.

R B Brasacld

Signature of Person Completing Form

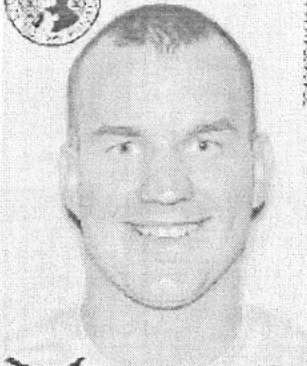
5/20/13 Marysville, WA

Date and Location

WA
USA

WASHINGTON

DRIVER LICENSE



Zachary Lloyd

30123041461

4d LIC# [REDACTED]

1 GRIPP
2 ZACHARY LLOYD

3 DOB [REDACTED]

13 Sex M 14 Hgt 5-07
17 Wgt 150 18 Eyes BLU
9 Class 9a End 3
12 Restrictions NONE

DONOR ♥

4a Iss 07-11-2012



4b Exp MILITARY

5 DD [REDACTED]

RAW 05-16-2009

FREEDOM FIN & INS SV
 4002 TACOMA MALL #102
 TACOMA, WA 98409
 1-253-475-3200

Policy number: 02054944-0

Underwritten by:
 United Financial Casualty Company
 February 27, 2013
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA, WA 98503	B&Z MOVING LLC 107 134TH ST E TACOMA, WA 98445	FREEDOM FIN & INS SV 4002 TACOMA MALL #102 TACOMA, WA 98409

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: Feb 7, 2013

Policy Expiration Date: Aug 7, 2013

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000
Motor Trucking Cargo	\$25,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items

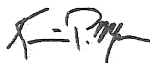
Scheduled autos only

1991 ISUZU FSR JALH6A1N4M3101742	
Comprehensive	\$500 Ded
Collision	\$500 Ded

Certificate number

05813A08944

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





Phone: (360)664-1170 Fax: (360)586-1181

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2013

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).

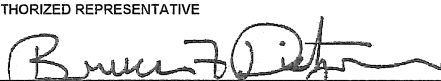
PRODUCER Freedom Financial & Insurance Services, Inc 4002 Tacoma Mall Blvd, Suite 102 Tacoma, WA 98409	CONTACT NAME: Bruce Dietzen	
	PHONE (A/C, No, Ext): (253)475-3200	FAX (A/C, No): (253)475-3204
	E-MAIL ADDRESS: bruce@ffis.us	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Indemnity Company	
	INSURER B:	
INSURED B&Z MOVING LLC 107 134th St E Tacoma, WA 98445	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	

COVERAGES **CERTIFICATE NUMBER: 00003708-0** **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 SUBR INSR WVD	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"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Cargo Insurance	N N	70MTS010412	03/22/2013	03/22/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Househ \$ 20000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Utilities and Transportation Commission PO 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  (BFD)