



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					
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input checked="" type="checkbox"/> Visa	015316

Amount: \$550.00 Expiration Date: _____

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

Name (printed): JASON GARCLA Company Name: MVP MOVING

Cardholder's Signature: Date: 03/20/2014

FOR OFFICIAL USE ONLY			
Date Filed: <u>4/1/14</u>	DOCS: <u>N/A</u>	ID: <u>7800</u>	Permit Issued: THG-
Staff Assigned: <u>049776</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	111-0268-207-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Jason Garcia, Erik Hawkins, Aaron Sumii
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable MVP Moving

Physical Address 14816 196th Ave SE Renton WA 98059

Mailing Address _____

Telephone Number (206) 660-4291 Fax Number () _____

UBI #: 603-375-840 Email: jasontylergarcia@gmail.com

USDOT #: 2474618 (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 # NA *won't have employees @ this time*

Employment Security Department registration number? ESD # 46-490-3795

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>Jason Garcia</u>		<u>33%</u>
<u>Aaron Sumii</u>		<u>33%</u>
<u>Erik Hawkins</u>		<u>33%</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:

MVP Moving will provide moving, packing, and transportation of HHGs. With backgrounds in strong customer service we will make a stressful process easy with honest upfront pricing, background checked workers, and over delivering on service.

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

Between the 3 partners we have over 5 years in the moving industry. From running operations, booking jobs, moving, truck driving, to packing. ~~we~~ we have usual risks - sales nothing surprises us.

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# _____

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: _____

BUSINESS PLAN ATTACH

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	\$ 7,000	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	\$ 21,500	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	FREIGHTLINER	B33417L	1FVACWDC44HN53720	

Washington state average household move is 700.00\$. Ideally we will be doing 25-35 jobs a month with one truck in the fleet. That will put a total Revenue of approx 14000-21000.00 per month. Heavy moving season starts in April.

Summary

We will be utilizing lead generation websites that give us quality move leads in real time. We call on the leads to book jobs and or set up onsite estimates to complete the sale. Ex sites... billy.com, Orbitzmovers.com, 123move.com,

We purchase these leads on a per lead basis and they typically will be sold to 3-5 other companies. It is key to have a quality salesperson on the phone calling these people as soon as it hits our inbox.

In addition to calling the leads on the daily basis, we will be marketing to all Houses that are written up on contracts pending an inspection. This area is a focus because once the house is on inspection they almost all will be moving in the next 30 days. I have access to all the lists for every county in WA through my real estate brother in law. We will be sending out a coupon to these homes and rotating through the 3 major counties in Central Puget Sound. We will be marketing to all of the volume real estate office, and will be in at least two real estate offices and two mortgage offices as their "Preferred Mover" by the middle of April. We plan to be in many more, these are what we have secured to date.

Senior Living / Assisted living facilities.

This is a huge section of the market looking for movers that speak english and are clean cut Professionals. Through our experience we have learned that these facilities want dedicated crews to show up each time. They want the same crews out time and time again. They want to recognize the movers and they want english speaking clean cut guys.

This is where MVP Moving comes in. We will be hitting these homes hard, they are all over the state with a large concentration in KING PIERCE and SNOHOMISH Countys and have constant turn over due to the age of the clientele.

REDBOX/COINSTAR

We have a possible contract that is within our reach with Redbox and coinstar machines. Moving all of them, servicing and general maintenance on all of them. They require us to have expanded insurance coverage and a 26ft box truck with a liftgate. This contract has huge potential. Once we pass the 6 month mark with this contract it could open up to WA, OR, ID. We are in no way depending on this contract to make our company work, this would be icing on the cake. Once we have the proper truck we can bid this contract. We have an inside track to get this contract.

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: *Erik Hawkins*

Position: *Managing Partner*

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:

Erik Hawkins

Position:

Managing Partner

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:

Erik Hawkins

Position:

Managing Partner

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.

Erik Hawkins

[Signature]

Print name of applicant


Signature of Applicant

Date and Location

Back to search results

If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

Washington State Department of Revenue State Business Records Database Detail	
TAX REGISTRATION NO: 603375840	ACCOUNT OPENED: 03/01/2014 12:00:00 AM
UBI: 603375840	ACCOUNT CLOSED: OPEN
ENTITY NAME: MVP MOVING	
BUSINESS NAME:	
MAILING ADDRESS: 14816 196TH AVE SE RENTON, WA 98059-8141	BUSINESS LOCATION: 14816 196TH AVE SE RENTON, WA 98059-8141
ENTITY TYPE: PARTNERSHIP	RESELLER PERMIT NO: N/A
NAICS CODE: 484210	PERMIT EFFECTIVE: N/A
NAICS DEFINITION: USED HOUSEHOLD AND OFFICE GOODS MOVING (PT)	PERMIT EXPIRES: N/A
FOR NON-COMMERCIAL USE ONLY	
03/31/2014 12:29 AM	

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-24-2014

Employer Identification Number:
~~46-4903795~~

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

MVP MOVING
ERIK P HAWKINS GEN PTR
14816 196TH AVE SE
RENTON, WA 98059

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4903795. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



STATE OF WASHINGTON

BUSINESS LICENSE

Partnership

Unified Business ID #: 603 375 840
Business ID #: 1
Location: 1

MVP MOVING
14816 196TH AVE SE
RENTON WA 98059 8141

TAX REGISTRATION

PARTNERS:

JASON TYLER GARCIA
AARON SUMII

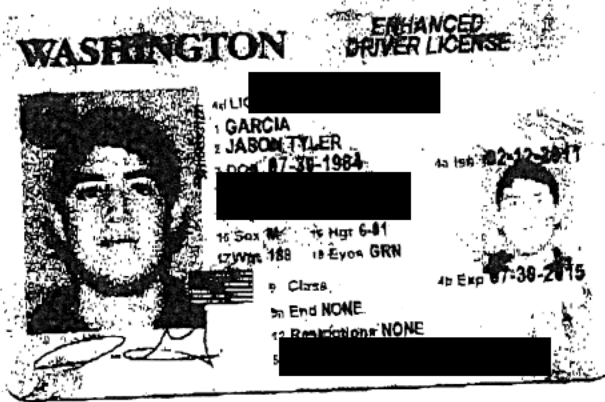
ERIK HAWKINS

REGISTERED TRADE NAMES:

MVP MOVING

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

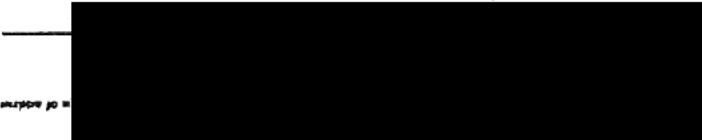
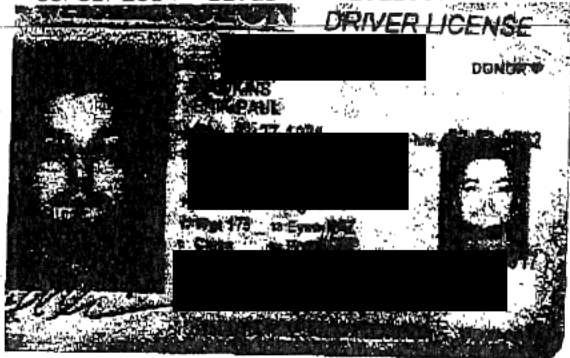


03/31/2014 12:21

4252263758

THE UPS STORE

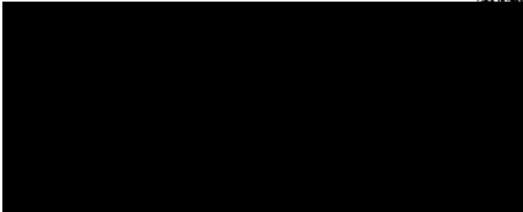
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RESTRICTIONS:
NONE

CLASS:
ENDORSEMENTS:
NONE

DLICENSE



WASHINGTON

ENHANCED DRIVER LICENSE



4d LIC [REDACTED]

DONOR ♥

1 SUMII

2 AARON RANDALL

3 DOE [REDACTED]

4a Iss [REDACTED]

15 Sex M 16 Hgt 6-00

17 Wgt 175 18 Eyes BRN

9 Class

4b Exp 04-11-2014

9a End NONE

12 Restrictions NONE

5 [REDACTED]

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: WILLIAM P. CHRISTENSEN / MVP Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
KRISS SERVICES

Address (include street address, mailing address, city, state, zip, and county):
11575 208TH PL SE
ISSAQUAH WA 98027

Phone Number: 425-226-8933

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:
WITHIN A YEAR, I WILL BE CHANGING HOUSEHOLDS AND WILL BE REQUIRING MOVING SERVICES.

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 WILL HAVE MVP MOVING AT THAT TIME, TO SAFELY TRANSPORT MY HOUSEHOLD GOODS TO THE NEW LOCATION.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I PERSONALLY KNOW 2 OF THE 3 PARTNERS, TO BE UPSTANDING MEMBERS OF THE COMMUNITY... I DO NOT KNOW THE 3RD PARTNER.

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

William P. Christensen
Signature of Person Completing Form

3-31-14 @ ABOVE ADDRESS
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: Cheryl Novitsky MVP Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Self employ. Cheryl Novitsky
--

Address (include street address, mailing address, city, state, zip, and county): 10606 428th AVE SE Northbend WA 98045

Phone Number: 425 - 260 - 0590

Do you currently need the services of a residential household goods moving company? No <input checked="" type="radio"/> Yes If yes, please describe your current moving needs: Plan on moving 30 miles in next few months

Do you anticipate a future need for the services of a residential household goods moving company? No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs: We have three rental homes
--

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 need a mover for myself. also, for whom occupies my rental
--

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.

<u>Cheryl Novitsky</u> Signature of Person Completing Form	<u>3/29/14 Northbend WA</u> Date and Location
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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: MVP MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nicole Allen

Address (include street address, mailing address, city, state, zip, and county):
 15231 SE 178th Pl.
 Renton, WA 98058

Phone Number: 206 355 6298

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:
 We currently rent our house and plan to move in the next six months. We will need professional movers.

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: This company will provide our community with a trust worthy, professional and affordable moving service. They are honest and hard working and provide excellent customer service.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? A lot of time, effort and planning has gone into this business. The business plan is articulate and reflects the skills and experience the owners have in this industry.

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

Nicole Allen 3/31/14 Renton, WA
 Signature of Person Completing Form Date and Location

RED SHIELD INSURANCE COMPANY®

1411 SW Morrison St. Ste 400, Portland, OR 97205
 (503)226-4146 * (800)527-7397 * Fax (503)226-6017 * (800)742-5176

Attn: WENDI BRYANT
 Agency: 3201 - PROPEL INSURANCE
 Email: wkb@propelinsurance.com
 Insured: JASON GARCIA & ERIK HAWKINS
 DBA: MVP MOVING

Date: 3/26/14
 From: DONNA HATHAWAY
 Quote No.: 67499
 Policy No.: ~~CEP 021891~~
 Bill Code: D

CONFIRMATION OF BINDING

Coverage is bound effective: 3/27/14

Premiums:	General Liability	\$914.00
	Policy Premium	\$914.00
	TOTAL	\$914.00

The insured has selected our 10 pay installment billing option, \$182.80 down and 10 payments at \$80.12. Please remit the down payment of \$182.80 promptly to avoid cancellation notice. This payment can be made online the insured at www.redshield.com. They will need the policy number and their mailing address zip code to register. The first installment bill will be mailed directly to the insured in 5 business days with a due date of 4/27/14. If the payment is not received by 4/06/14, cancellation notice for nonpayment of premium will be sent. Your agency will be responsible for any earned premium.

We appreciate your business!

Thank you,

Donna Hathaway
 Commercial Underwriter
 dhathaway@redshield.com

Knowledge * Commitment * Reliability * Service

BNDQOT 05 07


Received Time Mar. 31. 2014 12:59PM No. 3438

Your ID Cards

Keep these cards handy—in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

MVP MOVING	INSURANCE IDENTIFICATION CARD - Washington		
	Policy Number: 01454448-0 Effective Date: 03/26/2014 Expiration Date: 03/26/2015 Policy Type: Commercial Insurer: United Financial Casualty Company 1-800-444-4487 P.O. BOX 94739 Cleveland, OH 44101		
Form A022 (03/11)	Named Insured(s): MVP MOVING Your Agent: PROPEL INSURANCE 1-360-423-3700 PO BOX 9 LORIGVIEW, WA 98532 Year Make Model VIN 2014 F15T 16M 1FVACWDC44HNS3720		
IF YOU'RE IN AN ACCIDENT 1. Remain at the scene. Don't admit fault. 2. Find a safe location, call the police, and exchange driver information. 3. Call Progressive right away.			
TO REPORT A CLAIM Call 1-800-274-1499 or go to claims.progressive.com .			
Manage your policy anytime with just a few clicks at progressiveagent.com			
PROGRESSIVE			
KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.			

PROPEL INSURANCE
PO BOX 9
LONGVIEW, WA 98632



Named insured

MVP MOVING
13327 SE 193RD STREET
RENTON, WA 98058

Policy number: 01454448-0

Underwritten by:
United Financial Casualty Company
March 27, 2014
Policy Period: Mar 26, 2014 - Mar 26, 2015
Page 1 of 2

progressiveagent.com

Online Service

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

1-360-423-3708

PROPEL 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 began the later of March 26, 2014 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 March 26, 2015 at 12:01 a.m.

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 2852WA (09/05), 4757 (03/05), 2434WA (04/12), 1890 (03/08), MC1632 (06/04), 1198 (01/04), 4852WA (09/05), 4881WA (06/12) and 2228 (01/11).

The named insured organization type is a partnership.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$4,503
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			94
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		158
Underinsured Motorist Property Damage	\$25,000 each accident	\$100	24
		\$300 hit & run	
Personal Injury Protection	Rejected		-
Medical Payments	\$5,000 each person		36
Comprehensive			120
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			635
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,570

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1,000	\$937
Subtotal policy premium			\$937
Fees			35
Total 12 month policy premium and fees			\$6,542

Number of Employees: (0-10)



Policy number: 01454448-0
MVP MOVING
Page 2 of 2

Rated drivers

- 1. JASON T GARCIA
- 2. ERIK P HAWKINS

Rated commodities

- 1. HOUSEHOLD GOODS (MOVER)

Auto coverage schedule

- 1. **2004 Frht 16M** Stated Amount: *\$21,500 (including Permanently Attached Equip)
VIN: 1FVACWDC44HN53720 Garaging Zip Code: 98059 Radius: 200

Liability Premium	Liability	UIM BI	UIM PD	Med Pay	
	\$4,503	\$158	\$24	\$36	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$120	\$1,000	\$635	\$5,476

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Loss Payee information

- 1. Loss Payee Auto 1 MISSION FIN. SERV GR
3422 N. 27TH DR.BLD1 PHEONIX, AZ 85085
2004 Frht 16M (1FVACWDC44HN53720)


Additional Insured information

- 1. Additional Insured MISSION FIN. SERV G
3422 N. 27TH DR PHEONIX, AZ 85085

Company officers



Secretary

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-24-2014

~~Employer Identification Number:~~
~~46-4903795~~

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

MVP MOVING
ERIK P HAWKINS GEN PTR
14816 196TH AVE SE
RENTON, WA 98059

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4903795. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B

02-24-2014 MVPM B 9999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MVPM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-24-2014
EMPLOYER IDENTIFICATION NUMBER: 46-4903795
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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MVP MOVING
ERIK P HAWKINS GEN PTR
14816 196TH AVE SE
RENTON, WA 98059