

TV-160322-CT



RECEIVED

MAR 21 2016

WASH. UT. & TP. COMM

1300 S. Evergreen Park Drive SW
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 #. Includes handwritten entries like 3/21/16, 17541, 1645, TV 160322, 057915, \$550.

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... \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187... \$ 250
Reinstatement of permit (must be filed within 30 days of cancellation... \$ 250
Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Benjamin Leo Fisher
Trade Name, if applicable: Ben The Mover Guy
Physical Address: 5657 11th Ave NE, Seattle, WA, 98105
Mailing Address: 5657 11th Ave NE, Seattle, WA, 98105
Telephone Number: (206) 820-3518 Fax Number: ()

Posted
Chris v Zima, Inc
3

BUSINESS INFORMATION - continued

UBI #: 603-517-840 Email: Ben.L.Fisher@live.com

USDOT #: 2857354 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 621,356-00
Employment Security Department registration number Pending OR phone call

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 _____

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

| Name | Title | Stock Distribution or % of Shares |
|------|-------|-----------------------------------|
| | | |
| | | |

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: I am to provide Seattle in the King County area with an affordable, casual solution to their inner city/intrastate moves. Also offering furniture delivery, dump runs, loading/unloading, or just labor.
- Briefly describe your experience in the transportation/household goods moving industry: Worked for Custom Delivery in SoDo for two yrs, bought my van outright in March '14 to use as a touring vehicle for my band, i began taking under the table (haha, pen) work in August '15 when I got my license.
- 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? _____

| 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 |
| 2011 | Ford | A1P4242 | 1FBNE3BLDA01106 | 3000 |
| | | | | |
| | | | | |
| | | | | |

| SAFETY AND OPERATIONS | |
|---|-----------------|
| <p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49, Code of Federal Regulations Part 382 and Part 40</u>). 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.</p> | |
| SAFETY RESPONSIBILITIES | |
| <p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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</p> | |
| <p>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.</p> | |
| <p>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.</p> | |
| <p>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.</p> | |
| <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> | |
| <p>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.</p> | |
| <p>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)</p> | |
| <p>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).</p> | |
| Name: | Position: |
| Benjamin L Fisher | Sole Proprietor |




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: Ben Fisher

| The following must be completed by the Supporter of the applicant | |
|--|--|
| Name, Title, and Business Name: | Stephan Blount |
| Address (include street address, mailing address, city, state, zip, and county): | 811 N 44th St Seattle, WA, 98103, King County |
| Phone Number: | 206-949-6498 |
| Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: | I am in need of an efficient service to help me relocate to a new apartment. I am also looking for future moving services to transport furniture. |
| Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: | When I move again next year, I will require an affordable and flexible moving service |
| 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: | Granting this license will provide citizens in Washington state a fast, efficient and affordable moving service. |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? | Ben Fisher is professional, reliable and timely in all his business endeavors. His moving service will promote comfortable relocation for the 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 | 2/17/2016 Seattle, WA Date and Location |



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Applicant Name: Ben Fisher

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Benjamin Heiselt

Address (include street address, mailing address, city, state, zip, and county):
1415 NE Ravenna Blvd. #206
Seattle, WA 98105

Phone Number: 425-372-6806

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:
 Yeah, my baby and girlfriend are going to move in the next year or so, and I'd want Ben the Mover guy to help us.

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've worked with Ben at a moving company in the past and know him for a while now. He's an asset to the Seattle area, because he is honest, he's a hard worker, and wants to make people happy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 Ben just wants to do a great job and be a successful small business owner more than anything. He has taken a lot of pride into what he does and would follow all the rules and jump through all the hoops that are necessary.

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

Ben Heiselt 2/17/16 Seattle, WA
 Signature of Person Completing Form Date and Location



ATTACHMENT A



HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: BEN FISHER

| The following must be completed by the Supporter of the applicant | |
|--|---|
| Name, Title, and Business Name: | ZIKO TZOLAS |
| Address (include street address, mailing address, city, state, zip, and county): | 331 NE 54th ST. SEATTLE WA 98105 |
| Phone Number: | 206 605 4662 |
| Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: | I HAVE A SMALL HOUSE WORTH OF GOODS TO MOVE AT ANY GIVEN TIME, AND WOULD HIRE A MOVER TO DO IT, (BEN THE MOVER GUY) |
| 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: | WHEN I MOVE I WILL USE BEN. THE BENEFIT WILL BE THE PIECE OF MIND OF NOT HAVING TO WORRY ABOUT MY OWN STUFF BEING DAMAGED BECAUSE OF BEN'S HIGH LEVEL OF PROFESSIONALISM AND ATTENTION TO DETAIL. |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? | BEN'S WILLINGNESS TO BE ABOVE BOARD AND PAY ALL APPROPRIATE TAXES AND FEES TO THE CITY AND HIS STRONG DESIRE TO BE ONE OF THE BEST BUSINESSES THE CITY OF SEATTLE HAS TO OFFER. ALSO, WITH THE RECENT INFLUX OF PEOPLE WHAT COULD BE MORE APPROPRIATE |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. | THAN A SAFE, CLEAN, AFFORDABLE MOVING COMPANY |
| Signature of Person Completing Form | |
| Date and Location | 02/17/16 SEATTLE, WA |

WA USA **WASHINGTON** DRIVER LICENSE



1 FISHER
2 BENJAMIN LEO
3 (b)
4a LIC# (b)
4a ISS 03-27-2014
4b Exp 10-24-2016
15 Sex M 16 Hgt 6-00
17 Wgt 207 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions NONE
5 D (b) Rev 09-16-2009

NEW
RENEWAL OF NUMBER

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
CARGO COVERAGE DECLARATIONS

Cross Reference Number

70 MTS 015446
ITEM ONE

NAMED INSURED & ADDRESS
BENJAMIN L FISHER
DBA: BEN THE MOVER GUY
5657 11TH AVE NE
SEATTLE, WA 98105

Please check this policy and endorsements against original order. Griffin Underwriting Services assumes no responsibility for errors.

Producer
ERIC WAGNER INSURANCE, INC.
PO BOX 289
MARYSVILLE, WA 98270

POLICY PERIOD: Policy covers FROM **02/22/2016 8:25 AM** TO **02/22/2017** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

Form of Named Insured's Business: **Individual**

Business of the Named Insured is: **HOUSEHOLD GOODS MOVER**

NOTICE: Report all losses to Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009; Phone: 800-562-8095; claims@gogus.com

ITEM TWO

NAMED PERILS ONLY: Section II, paragraph A.2. applies.

CARGO principally consists of: **HOUSEHOLD GOODS MOVING**

NO FLAT CANCELLATIONS

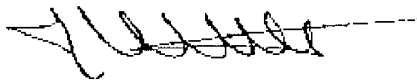
ITEM THREE SCHEDULE OF COVERAGE


| SPECIFICALLY DESCRIBED AUTOS | | | | | CARGO LIMIT OF INSURANCE | PREMIUM |
|---|----------------------|------------|--------------|-------|--------------------------|---------------|
| Auto No. | Year Model | Trade Name | Type of Body | VIN | | |
| 1 | See M-5159 (04/2004) | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| HIRED AUTOS | | | | | | |
| ANY AUTOS | | | | | | |
| CATASTROPHE LIMIT (\$1,000,000 if left blank) | | | | | | |
| DEDUCTIBLE FOR EACH COVERED "AUTO" | | | | | 1,000 | |
| COVERAGE EXTENSIONS | | | | | | |
| Debris Removal & Loss Mitigation Limit \$ | | | | 5,000 | | Incl. |
| Earned Freight Charges Limit \$ | | | | N/A | | N/A |
| FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION | | | | | | |
| See M-4572 (12/1994) | | | | | | |
| MINIMUM EARNED PREMIUM \$ | | | | | 0 | |
| | | | | | TOTAL PREMIUM | \$ 641 |

COUNTERSIGNED: **Griffin Underwriting Services**
Bellevue, WA

By 
Authorized Representative

In Witness Whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Secretary


President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2016

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 Wagner Insurance 1375 State Ave Ste C Marysville WA 98270 | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE INSURER A : Scottsdale Insurance Co. NAIC # 41297 | |
| INSURED Benjamin L. Fisher DBA:Ben The Mover Guy 5657 11th Ave NE Seattle WA 98105 | | INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | CPS2414294 | 02/22/2016 | 02/22/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | 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 | CPS2414294 | 02/22/2016 | 02/22/2017 | <input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER STOP GAP E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

| | |
|---|--|
| CERTIFICATE HOLDER State of Washington - Dept. of Labor & Industries Contractor's Registration Section P.O. Box 44450 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 |
|---|--|