

TV-121354 CT



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

Check Money Order Amex Mastercard Visa

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): John Jaime Company Name: Delivery Giant LLC

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>8/15/12</u>	DOL/SOS: <u>[Signature]</u>	Permit Issued: THG- <u>64697</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Docket # <u>TV-121354</u>
Reception #: <u>039473</u>	111-0268-207-01	111-0268-013-20

\$550.00

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BUSINESS INFORMATION

Name of Applicant JOHN JAIMÉ Delivery Giant LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A Delivery Giant LLC

Physical Address 5701 Mcchord dr SW # A

Mailing Address SAME AS ABOVE Lakewood, WA

Telephone Number (253) 761 6101 Fax Number () 98499

UBI #: 603166268 Email: _____

USDOT #: N/A 2335448 (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 # see attached letter

Employment Security Department registration number? ESD # _____

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>JOHN JAIMÉ</u>	<u>OWNER</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: Pierce, or King

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

Delivery Service of household goods; small one or two bedroom apt moves local within 50 miles. There is a need for a small move within Pierce Co. Moving Co's are located mostly in King Co

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

I worked for Jez Company as delivery Tech for 2 1/2 years providing service to Army store AAFES in FT LEWIS WA

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: _____

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	\$ 1000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$ 10,000	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$ 250,000
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ 10,000	NET WORTH	33,000
Trucks and Trailers	\$ 12,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 33,000	TOTAL LIABILITIES & NET WORTH	\$ 217,000

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
97	Chevy		1EBJG31J3W100	16,000
98	Chevy		1EBJG31J3W1001 806	14,000

****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: *John Jaime*

Position: *Business Owner*

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: JOHN JAIME	Position: owner
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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: JOHN JAIME	Position: owner
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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.

JOHN JAIME	<i>John Jaime</i>	7 AUG 2012
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: John Jaime, Delivery Giant

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SCOTT JACKS, Asst. Manager, Michigan Discount Mattress

Address (include street address, mailing address, city, state, zip, and county):
24774 Crestview Ct
Farmington Hills, MI 48335
Oakland County

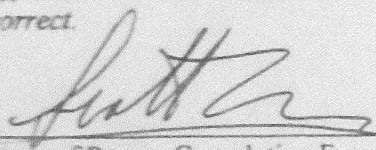
Phone Number: 248-841-8544

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We ship mattresses nationwide. When possible we use local carriers to expedite and reduce cost. Our factory is in Lacey, WA, very close to Delivery Giant HQ

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:
see above

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:
saves us time and money, expedites shipments, allows white glove service not possible with most industrial freight services, greatly reduces pollution,

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
If we can't use this local company, then we will have to source a Michigan carrier instead.

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
Aug 13, 2012 Farmington Hills, MI
Date and Location

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Miss D. Marie Hairston

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

5427 Chicago Avenue S.W. #B7
Lakewood, WA 98499

Phone Number:

{253} 355-3821

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

No Yes If yes, please describe your current moving needs: Single woman living in expensive apartment. I cannot afford UHAUL or private company to help me relocate.

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

No Yes If yes, please describe your future moving needs: I need hauling assistance when I had moved previously, John Jaime ~~only~~ only charged me a fee for fuel for his truck.

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:

Mr. John Jaime is courteous, honest and professional and a hard worker. I trust him.

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

People, like myself, need moving services of a small business that doesn't charge large fees.

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

D. Marie Hairston

Signature of Person Completing Form

August 13, 2012

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Emilio J Mozo Blue Shack Gifts

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

703 47th St SE #H103
Auburn WA 98092

Phone Number:

404-543-0849

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:

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:

He is very dependable and prices are reasonable.
He has helped me move boxes on several occasions.

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

John is very reputable. And a good person to deal with.

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

Emilio J Mozo

Date and Location

8/12/12 Auburn WA



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

December 27, 2011

DELIVERY GIANT LLC
5701 MCCORD DR SW
LAKEWOOD WA 98499-7207

UBI Number: 603 166 208
PAC Code: D408249E

IMPORTANT! Tax Registration Information. Please keep on file.

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

When to file and pay your taxes

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

Based on your business open date, you must file the following returns:

<u>Return Period</u>	<u>Due Date</u>
Annual 2011	January 31, 2012

(over)



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

PO Box 44000 • Olympia, Washington 98504-4000

December 28, 2011

DELIVERY GIANT LLC
5701 MCCORD DR SW
LAKEWOOD WA 98499 7207

Unified Business Identifier (UBI): 603166208

Dear Business Person:

Per the Master Business Application you indicated that you would not have employees working in Washington State, so we did not open an industrial insurance (worker's compensation) account for you.

Washington's industrial insurance law RCW 51.08.180 states:

"Worker" means every person in this state who is engaged in the employment of an employer under this title, whether by way of manual labor or otherwise in the course of his or her employment; also every person in this state who is engaged in the employment of or who is working under an independent contract, the essence of which is his or her personal labor for an employer under this title, whether by way of manual labor or otherwise, in the course of his or her employment.

Labor and Industries requirements for exemption for LIMITED LIABILITY COMPANY (LLC) MEMBER/MANAGERS are:

To be exempt from Industrial Insurance coverage an LLC member or manager must meet the following rules.

For an LLC with members only and no managers

Members are excluded from coverage if they meet the requirements of RCW 51.12.020(5) for sole proprietors and partners. (see RCW below)

All members are exempt, unless management rights are restricted to certain members. If management of the company is restricted to certain members, only those members are exempt from coverage.

01/31/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B85115G	Iss-Dt 01/2009	Tab-No T866916	Reg-Exp 01/26/2013	Val-Cd/Year 26161/1998	Dep 1	Mo-Reg 12	Mo-Gwt 12	Pwr G	Use TRK	Mdyr 1998
Make CHEV	Body HICUBE	VIN or Serial No 1GBJG31J3W1001806		Res-Co 27	Sclwt 4197	Seats CUT/MY	Gwt 6000	Gwt-St 01/27/2012	Gwt-Exp 01/26/2013	Flt
Equip	Prev-Plt	Filing \$3.00	TBD 2721	RTA Tax \$8.00	Subagent	Gwt/Veh Wt \$48.00	Other	Total Fees \$64.00	Check \$64.00	Gwt Cr

JAIME, JOHN
5701 MCCHORD DR SW UNIT A
LAKEWOOD WA 98499

SIGNATURE OF REGISTERED OWNERS

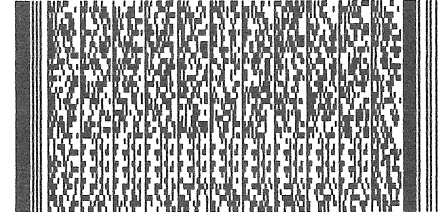
SIGNATURE OF REGISTERED OWNERS

COMMENTS:
COLOR-YELLOW - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:

**This is Your Current Registration
Processed By
Lakewood Vehicle/Vessel
Licensing Agency
10102A Bristol Avenue SW
Lakewood, WA 98499
(253) 588-7786**



RPT ID: AREGPR-1 VALIDATION CODE 46271603120310131120008037882

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG_AREGPR:2009/30/6.00001(1)

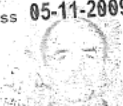
WASHINGTON

ENHANCED
DRIVER LICENSE



L1001314E1024
4d LIC# [REDACTED]
1 JAIME
2 JOHN
3 DOB [REDACTED]
8 5701 MCCHORD DR SW UNIT A
LAKEWOOD WA 98499-7207
15 Sex: M 16 Hgt: 5-06
17 Wgt: 185 18 Eyes: BRN
9 Class
9a. End NONE
12 Restrictions NONE
6. DD: [REDACTED]

4a Iss 05-11-2009
4b Exp 09-07-2013



UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

DELIVERY GIANT LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 12/19/2011

UBI Number: 603-166-208



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

DELIVERY GIANT LLC
5701 MCCHORD DR SW
LAKEWOOD WA 98499

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

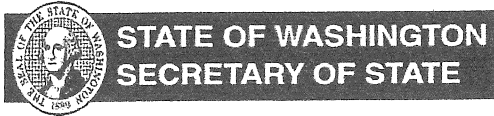
Unified Business ID #: 603 166 208
Business ID #: 1
Location: 1

DELIVERY GIANT LLC
5701 MCCHORD DR SW
LAKEWOOD WA 98499

TAX REGISTRATION

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



This Box For Office Use Only

FILED
SECRETARY OF STATE

DEC 1-9 2011

STATE OF WASHINGTON

Limited Liability Company
See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number: 603 166 208

CERTIFICATE OF FORMATION
Chapter 25.15 RCW

ARTICLE 1

NAME OF LIMITED LIABILITY COMPANY:

DELIVERY GIANT LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

ARTICLE 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 5701 Mechord dr SW City LAKewood State WA Zip 98499

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3

EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: 19 Dec 2011 *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

ARTICLE 4

TENURE: *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence _____ *(Number of years or date of termination)*

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: Members or Managers
(see instructions)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: JOHN JAIME

Physical Location Address (required):

5701 Mcchord dr SW UNIT A

City LAKewood State WA Zip Code 98499

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X John Jaime JOHN JAIME 19 Dec 2011
Signature of Registered Agent Printed Name Date

ARTICLE 7

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:

(If necessary, attach additional names, addresses and signatures)

Name: JOHN JAIME

Address: 5701 Mcchord dr SW City LAKewood State WA Zip Code 98499

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X John Jaime _____
Signature of Executor Printed Name Date Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone

Application for Insurance
Please review, sign where indicated, and return

Policy number: 01790712-0
Named Insured: JOHN JAIME

August 14, 2012
Page 1 of 5

Policy and premium information for policy number 01790712-0

Insurance company: United Financial Casualty Company
P.O. BOX 94739
Cleveland, OH 44101

Agent: RAYMOND OZANICH
OZANICH INS BROKERS
3925 South Orchard St
Tacoma, WA 98466
51385
1-253-564-2622

Named Insured: JOHN JAIME
5701 MCCORD DR SW
LAKEWOOD, WA 98499
e-mail address: JMJAIME774@YAHOO.COM
Phone Number: 1-253-761-6101

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Aug 14, 2012 - Aug 14, 2013

Effective date and time: Aug 14, 2012 at 02:47PM ET

Total policy premium: \$1,831.00

Initial payment required: \$246.10

Initial payment received: \$246.10

Payment plan: 10 payments

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital status	Drivers license number	State	Points	Additional information	CDL	Original year CDL issued
JOHN JAIME	09/07/1958	53	Married	*****220G	WA	0		No	

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$998
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		110
Underinsured Motorist Property Damage	\$100,000 each accident	\$100	21
Personal Injury Protection	\$10,000 each person	\$300 hit & run	39

Subtotal policy premium

\$1,168

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$593
Subtotal policy premium			\$593
PUC Filing Fee			35
State Cargo (Form H) Filing Fee			35
Total 12 month policy premium and fees			\$1,831

Rated commodities

- Household Goods (Mover)

Auto coverage schedule

1 **1998 Chevrolet G30**

VIN: **1GBJG31J3W1001806** Garaging Zip Code: 98499 Territory: 12 Radius: 50 miles

Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UIM BI	UIM PD	PIP	Auto Total
	\$998	\$110	\$21	\$39	\$1,168

Vehicle questions

NONE

Financial responsibility information

Name	Home address	Age	Date of birth
JOHN JAIME	5701 MCCHORD DR SW LAKEWOOD, WA 98499-0000	53	09/07/1958

Business information

Business type	Sub business type	Other
Trucking For-Hire	Other For-Hire Trucking Operations	MISC HOUSEHOLD GOODS
Applicant	Employer ID number	
Individual/Sole Proprietor		

- Are any listed vehicles used to haul steel? No
- Do any listed vehicles or the load require a hazardous material placard? No
- Does the insured own the property / goods being hauled? No

Additional policy questions

- Year the current business was established: Unknown
- Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
- Premise type your tow business operates from: Unknown

Prior insurance questions

Prior insurance: Yes
 Policy number: 44653476
 Effective dates of coverage: Mar 3, 2012 to Mar 3, 2013
 Has applicant had continuous coverage for at least one year? Yes
 Bodily injury limits: 100/300

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Do we insure all commercial vehicles the insured owns? Yes

Do we insure all vehicles that the insured uses in their business? Yes

Does applicant require a State Filing? Yes How many? 1

Does applicant require a State Cargo (Form H) Filing? Yes How many? 1