



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			
Amount: <u>550.00</u>		Expiration Date: _____	
<p>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.</p>			
Name (printed): <u>Sean Ryan</u>		Company Name: <u>Americas Elite</u>	
Cardholder's Signature: <u>Sean</u>		Date: <u>2/11/14</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>2/18/14</u>	DOL/SOS: <u>OK</u>	ID: <u>7705</u>	Permit Issued: THG- <u>65297</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>under</u>	Inspection: _____	Docket # <u>TV 140270</u>
Reception #: <u>55000</u>	111-0268-207-01	111-0268-013-20	

Approval code 017844

049183

BUSINESS INFORMATION

Name of Applicant AMERICAS ELITE INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~Elite Movers~~

Physical Address 765 W WASHINGTON Sequim, WA 98382

Mailing Address SAME AS ABOVE

Telephone Number (360) 912-1412 Fax Number ()

UBI #: 603-219-095 ^{OK} Email: AMERICASELITE5R@YAHOO.COM

USDOT #: 2376917 ^{OK} (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registrator to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 244,326-00

Employment Security Department registration number? ESD # 460651467 ^{OK}

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>SEAN RYAN</u>	<u>PRESIDENT</u>	

see replacement page

***Must provide a copy of a valid Washington state driver's license for each person listed above.** ^{OK}

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:

NO LOCAL MOVERS IN SEQUIM

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

SINCE OPERATING A WATER RESTORATION COMPANY WE HAVE LEARNED A GREAT DEAL FROM MOVING PEOPLES STUFF TO AND FROM STORAGE

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	\$ 20,000.00	Salaries/Wages Payable	\$ 2,929.36
Notes Receivable	\$ 42,000.00	Accounts Payable	\$ 5,600.00
Investments	\$	Notes Payable	\$ 30,000.00
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$ 1,500.00	TOTAL LIABILITIES	\$ 38,429.36
Land and Buildings	\$	NET WORTH	178,570.64
Trucks and Trailers	\$ 75,000.00	Preferred Stock	\$
Office Furniture	\$ 2,500.00	Common Stock	\$
Other Equipment	\$ 75,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 217,000.00	TOTAL LIABILITIES & NET WORTH	\$ 217,000.00

PLEASE NOTE THESE ARE RESTORATION NUMBERS FOR ACCTS RECEIVABLE

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
1989	INTERNATIONAL	B60872W	1HTJUZFKOKH647281	20000

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.**

N/A

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: *Robert Forrester*

Position: *Moving Manager*

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>Dan Vess</u>	Position: <u>Bookkeeper</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>Robert Toranzo</u>	Position: <u>Marine Manager</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.

<u>SEAN RYAN</u> Print name of applicant	<u>Sean</u> Signature of Applicant	<u>2/11/14</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: AmericAS elite

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
JEFF POOL

Address (include street address, mailing address, city, state, zip, and county):
119 S penn ST #15
Port Angeles 98362

Phone Number:
360 461 6855

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:
need a quality moving company in area

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

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

Jeff w pool 2-3-14
Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: AMERICAS ELITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
ERIC SIMMS HOUSE PRESIDENT - PINE ST OXFORD HOUSE

Address (include street address, mailing address, city, state, zip, and county):
821 S. PINE ST
PORT ANGELES, WA 99562

Phone Number:
360-797-3992


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:
WILL GIVE WELL NEEDED JOBS IN OUR AREA

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
THESE PEOPLE ARE HONEST, CARING PEOPLE.

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

2-3-14 Port Angeles
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: America's Elite

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DAN RERRY

Address (include street address, mailing address, city, state, zip, and county):
215 STELLER RD NW
SEQUIM WA 98282

Phone Number: 360-461-5815

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:
NEED A GOOD MOVING COMPANY

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
They are honest & a quality movers

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

 Date and Location 2-3-14



AMERICA'S ELITE, INC.
AMERICAS ELITE, INC
532 VOGT RD
PORT ANGELES WA 98362-9166

003255

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 603 219 095
Business ID #: 1
Location: 1
Expires: 03-31-2014

AMERICA'S ELITE, INC.
AMERICAS ELITE, INC
532 VOGT RD
PORT ANGELES WA 98362 9166

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
SEQUIM GENERAL BUSINESS

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

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

Director, Department of Revenue

owner

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONOR ♡

1 RYAN
2 SEAN




3 DOB (4b) 4a Iss 05-24-2012

(4b)

15 Sex M 16 Hgt 5-09
17 Wgt 185 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions NONE

4b Exp 06-14-2017

s D (4b) Rev 09-16-2009



*moving
manager*

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC (4b) DONOR 


1 PORRAZZO JR
2 ROBERT CHARLES

3 DOB (4b) 4a Iss 12-10-2010

(4b) 4b Exp 12-12-2015

15 Sex M 16 Hgt 6-00
17 Wgt 210 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions C

5 DL (4b) Rev 05-16-2009





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/14/2014

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 John Miller(7913317) 228 W 1st St Port Angeles WA 98362		CONTACT NAME: PHONE (A/C, No, Ext): 360-457-8885 FAX (A/C, No): E-MAIL ADDRESS: jmiller8@farmersagent.com	
INSURED AMERICA'S ELITE 532 VOGT RD PORT ANGELES WA 98362		INSURER(S) AFFORDING COVERAGE INSURER A : Truck Insurance Exchange NAIC # 21709 INSURER B : Farmers Insurance Exchange 21652 INSURER C : Mid Century Insurance Company 21687 INSURER D : INSURER E : INSURER F :	

wrong name

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
	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 \$ \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			605043811	09/28/2013	09/28/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED 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						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 WUTC WASHINGTON UTILITES TRANSPORTATI COMMISSION 1300 S EVERGREEN PARK DR SW 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 <i>[Signature]</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/14/2014

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PRODUCER Phone: (866) 961-4570 Fax: (619) 938-2504 DJM INSURANCE 1651 E. MAIN STREET SUITE 104 EL CAJON CA 92021	CONTACT NAME: Alison Newman PHONE (A/C, No, Ext): (866) 961-4570 FAX (A/C, No): (619) 938-2504 E-MAIL ADDRESS: Alison@DJMInsuranceServices.com														
Agency Lic#: OG40488	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Colony Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Colony Insurance Company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED AMERICAS ELITE, INC. 765 EAST WASHINGTON STREET SEQUIM WA 98382															

COVERAGES **CERTIFICATE NUMBER: 19762** **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.

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 <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? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
A	Contractors Pollution Liability Coverage			EPK301979	01/24/14	01/24/15	Limit Per Pollution Condition 2,000,000
A	Contractors Errors & Omissions Coverage			EPK301979	01/24/14	01/24/15	Limit Per Claim 2,000,000

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

cargo

CERTIFICATE HOLDER WA Utilities & Transportation Commission Attention:	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 <div style="text-align: right;"> Darrin Mroz </div>
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