

TV-150488



1300 S. Evergreen Park D
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 #, Receipt ID, Receipt ID. Includes handwritten entries like 3/24/15, 116941, and 111-0268-013-20.

#100170

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 (at least six months must be served on a temporary provisional basis) - Complete pages 3-8 and Attachment B \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187 - Complete pages 3-8 and Attachments B & C \$ 250
Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) - Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
Name Change - Complete pages 3-4 and Attachment D \$ 35

BUSINESS INFORMATION

Legal Name: Alan Vasquez (must be individual, partners of a partnership or corporation)
Trade Name, if applicable: Integrity Moving and Delivery Services
Physical Address: 19408 Se. 266th St Covington WA 98042
Mailing Address: Same
Telephone Number: (253) 266-9796 Fax Number ( )

Posted

**BUSINESS INFORMATION - continued**

UBI #: 603469951 Email: homework@outlook.com

USDOT #: 2549251 (If you currently don't have one, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 521, 748-00

Employment Security Department registration number? ESD # 000-076296-00-5

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: Relocation of household goods. Owner operated will promote competition and meet the need of professional handling of our customers property at the most competitive prices.

Briefly describe your experience in the transportation/household goods moving industry: I have been driving trucks for about 25 years - no accidents. I have worked for a few moving companies in the past. And I am currently working for a white glove delivery service for the past five years.

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	\$ 6,000. <sup>00</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 1,600. <sup>00</sup>
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 1,600. <sup>00</sup>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000. <sup>00</sup>	Preferred Stock	\$ 0
Office Furniture	\$ 1,000. <sup>00</sup>	Common Stock	\$ 0
Other Equipment	\$ 3,500. <sup>00</sup>	Retained Earnings	\$ 0
Other Assets	\$ 500. <sup>00</sup>	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 26,000. <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 1,600. <sup>00</sup>

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
1998	GMC	A97032D	1GDTLCIC3WJ518955	24,000 lbs

**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: <span style="font-size: 1.2em; font-family: cursive;">Alan Vasquez</span>	Position: <span style="font-size: 1.2em; font-family: cursive;">Owner</span>
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If you would like to receive information about new household goods carriers, check here

**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>Alan Vasquez</u>	Position: <u>Owner</u>
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: <u>Alan Vasquez</u>	Position: <u>Owner</u>
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**DECLARATION OF APPLICANT**


I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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>Alan Vasquez</u>		<u>3-22-15 Covington WA</u>
Print name of applicant	Signature of Applicant	Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

4a LIC# (4b)

1 VASQUEZ  
2 ALAN PEREZ

3 DOB (4b)  
(4b)

4a Iss 06-04-2011

15 Sex M 16 Hgt 5-11  
17 Wgt 175 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE

4b Exp 06-10-2016

(4b)

RAY 13 14



**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: Alan Vazquez

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>Ana Reinertson</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>29745 214th Ave SE, Kent, WA</u>	
Phone Number: <u>(206) 0536232</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input checked="" 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: <u>I'm currently looking a new place to <del>live</del> live; so I will have to move my belongings to a new place</u>	
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: <u>Because as far as I have known this people, they have showed to be professional and very responsible; so I would trust them to help me move out, without a doubt.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>They are very professional, reliable and honest people</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>02-11-15 Kent, WA</u> Date and Location

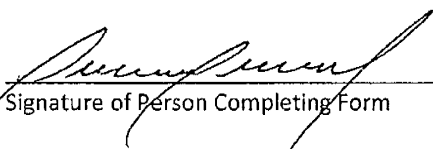


**ATTACHMENT A**

**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: Alan Vasquez

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>Virginia Marshall</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>27631 188<sup>th</sup> Place Southeast Kent, WA 98042 King County</u>	
Phone Number: <u>253-245-4476</u>	
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: <u>I am currently looking to move into a new home. My family and I will need a moving crew with great work ethic and <del>service</del> quality service to achieve that.</u>	
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: <u>This company will give members of my community the opportunity to choose a more family centered business. This company can offer more affordable prices for families of my community. It will guarantee an honest job not only for owners but others.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>I can assure that Alan and Zulema are able to provide a great and honest moving service for my community. They are reliable and very dedicate to serve others. They always work efficiently and in a very professional manner.</u>	
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	<u>02-09-2015- Kent WA</u> 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:** Alan Vasquez

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>BRETT CLARKSON      CEO      CLARKSON + ASSOCIATES</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>6515 134th Ave SE Snohomish WA 98296 - Unit E-2</u>	
Phone Number: <u>206 391-2108</u>	
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:  <u>To pack AND MOVE business items to a STORAGE facility</u>	
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:  <u>Similar transfers of equipment to other locations</u>	
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:  <u>This moving company is highly efficient and their cost structure is very REASONABLE. THEY RESPOND RAPIDLY and are very CAREFUL with <sup>the</sup> MERCHANDISE.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Brett Clarkson</u> Signature of Person Completing Form	<u>Feb 11, 2015</u> Date and Location



### Vehicle Report of Sale

The seller must release interest in the vehicle by signing the Vehicle Certificate of Title below and giving it to the buyer. The seller must complete this Report of Sale and file it with the Department of Licensing **within 5 business days** of the sale. Filing may protect the seller from civil liability if the buyer does not transfer ownership. File free at [dol.wa.gov](http://dol.wa.gov) or at a vehicle licensing office for a fee.

License number <b>A97032D</b>	Vehicle identification number (VIN) <b>1GDJ6C1C3WJ518955</b>	Year <b>1998</b>	Make <b>GMC</b>	Model <b>F6B</b>	Title number <b>1429320145</b>
Name of seller/transferor (current registered owner)			Name of buyer/transferee		
Complete address of seller/transferor			Complete address of buyer/transferee		
City, State, ZIP code			City, State, ZIP code		
Date vehicle sold	Today's date	Sale price	Buyer/Transferee driver license number (if available)		



### STATE OF WASHINGTON Vehicle Certificate of Title

Title Number  
**1429320145**

License Number <b>A97032D</b>	Vehicle Identification Number (VIN) <b>1GDJ6C1C3WJ518955</b>	Year <b>1998</b>	Make <b>GMC</b>	Model <b>F6B</b>	Style <b>TB</b>	Series/Body <b>VAN</b>
Date of Application <b>10/20/2014</b>	Odometer Miles <b>000000</b>	Odometer Status <b>E</b>	Fuel Type <b>D</b>	Prior Title State <b>WA</b>	Prior Title Number <b>0601115904</b>	
Scale Weight <b>13020</b>	Gross Vehicle Weight Rating Code <b>000006</b>	Vehicle Color <b>WHITE</b>				
Comments <b>13387-2014</b>						
Brands						

Sale price \$ \_\_\_\_\_  
Date of sale \_\_\_\_\_

**Legal Owner:** To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.  
**Buyer:** You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner  
**VASQUEZ, ALAN P**  
**19408 SE 266TH ST**  
**COVINGTON, WA 98042**

Registered Owner  
**SAME AS LEGAL OWNER**

**X**  
Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

Date

**X**  
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature and title.

Date

**X**  
Signature of second legal owner releases all interest in the vehicle described above. If signing for a business,

Date

**X**  
Signature of registered owner releases all interest in the vehicle described above. If signing for a business,

Date



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 469 951

Business ID #: 1

Location: 1

Expires: 01-31-2016

ALAN VASQUEZ  
INTEGRITY MOVING AND DELIVERY SERVICES  
19408 SE 266TH ST  
COVINGTON WA 98042 5037

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

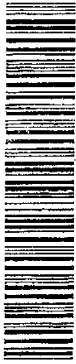
CITY LICENSES/REGISTRATIONS:  
COVINGTON GENERAL BUSINESS

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

REGISTERED TRADE NAMES:  
INTEGRITY MOVING AND DELIVERY SERVICES

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



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
PO BOX 44000  
OLYMPIA WA 98504-4000



January 30, 2015



INTEGRITY MOVING AND DELIVERY  
19408 SE 266TH ST  
COVINGTON WA 98042-5037

ACCOUNT INFO:

L&I Account ID: 521,748-00  
WA UBI: 603 469 951  
PAC Code: 30890160 (needed to file online at  
www.QuickFile.lni.wa.gov)  
Account Manager: SUSAN M BETTS  
Phone Number: (360) 902-4828

Dear Employer:

Thank you for opening a workers' compensation insurance account with us. This mandatory insurance will protect you and your employees from the costs of a job-related injury or illness.

I am your account manager and point of contact for many of the services L&I provides. Our mission is to keep Washington safe and working, which includes helping you provide a safe workplace. Preventing injuries and illnesses protects your employees and also reduces future premium costs.

This letter contains important information that needs your attention:

- \* Risk classification(s) for your business (please review for accuracy).
- \* Quarterly online reporting is required, even if you have no employee hours to report.
- \* Business owners' coverage is optional (you must complete a separate application).
- \* Your safety program.
- \* Required workplace posters.
- \* Other resources.

RISK CLASSIFICATION(S) FOR YOUR BUSINESS

The following risk classification(s) were assigned to you based on the nature of your business and the information you provided on your Master Business Application. Each risk classification has a different hourly premium rate and employee payroll deduction rate.

6907-01 Moving/Storage Hshld Furnishgs

02350088-000237-01-11111100

# CERTIFICATE OF COVERAGE



Insurance Services Division  
Employer Services

Department of Labor & Industries  
PO Box 44144  
Olympia WA 98504-4144  
www.LNI.wa.gov

**EMPLOYER:** This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

**WORKER:** The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI\*: 603 469 951      Policy Effective Date: 01/27/15

Location  
INTEGRITY MOVING AND DELIVERY  
13408 SE 266TH ST  
COVINGTON WA 98042-5037

Employer  
VASQUEZ ALAN  
INTEGRITY MOVING AND DELIVERY  
13408 SE 266TH ST  
COVINGTON WA 98042-5037

\*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.



## Employment Security Department

WASHINGTON STATE

P.O. Box 9046 • Olympia, WA 98507-9046

March 2, 2015

INTEGRITY MOVING AND DELIVERY SERVICES  
19408 SE 266TH ST  
COVINGTON, WA 98042-5037

ESD number: 000-076296-00-5

UBI number: 603-469-951

Dear Employer:

### You now have an account

We opened an account for you at the Employment Security Department (ESD) after determining that you're subject to the Washington Employment Security Act. Your new ESD number is printed above. Please include it whenever you contact us.

If the ownership of your business ever changes, please let us know as soon as possible.

### How to file quarterly tax reports

Please visit [esd.wa.gov/file-taxes](http://esd.wa.gov/file-taxes).

If you need paper forms, please email us at [taxforms@esd.wa.gov](mailto:taxforms@esd.wa.gov). Please mention the number of employees you have so we can send the correct number of forms.

### If you have no employees

If you pay no wages in a quarter, and your account has not been closed, you're still required to submit a report. There are three ways you can submit a report when you pay no wages:

- Submit it electronically at [esd.wa.gov/file-taxes](http://esd.wa.gov/file-taxes).
- Mail the paper form to us after checking the box for "no payroll this quarter."
- Call 1-888-836-1900 to file a "no payroll" report by phone. **Your default pin number is 7265.**

### Questions?

If you have questions, please contact the RISC Unit at [status@esd.wa.gov](mailto:status@esd.wa.gov) or 360-902-9360, or your district tax office at [OlympiaAMC@esd.wa.gov](mailto:OlympiaAMC@esd.wa.gov) or 855-829-9243.

Sincerely,

Susan Caughie  
Tax Specialist 3  
RISC



STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

January 23, 2015

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VASQUEZ ALAN  
INTEGRITY MOVING AND DELIVERY SERVICES  
19408 SE 266TH ST  
COVINGTON WA 98042-5037

UBI Number: 603 469 951  
PAC Code: V233170A

**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 E-file and E-pay your taxes**

Your business is assigned to report taxes **quarterly**. Quarterly filers **must file and pay taxes electronically** (Engrossed House Bill 1357). Due dates for quarterly tax returns are listed below. If you do not have business activity to report you are still required to file a tax return.

<u>Tax Period</u>	<u>Tax Liability Incurred</u>	<u>Tax Return Due Date</u>
Quarter 1	January 1 – March 31	April 30
Quarter 2	April 1 – June 30	July 31
Quarter 3	July 1 – September 30	October 31
Quarter 4	October 1 – December 31	January 31

Based on your business open date, the first return you must file is the Quarter 1 2015 return and is due on April 30, 2015.

(over)



## CONFIRMATION OF BINDING

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

**Date Issued:** Mar 23, 2015

**Producer:** AGT2442

Fenix Insurance Inc  
903 E St SE

Auburn, WA 98002

**Insured:**

Alan Vasquez DBA: Integrity Moving and Delivery Services  
19408 SE 266th Street

Covington, WA 98042

**Description of Risk:** Household Goods Mover

**Insurer:** National Indemnity Company [70]

**Assigned Policy or Certificate Number:** **70TRS046298**

**Effective Period:** 3/23/2015 to 3/23/2016

**Term:** 365 days

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**Coverage:** AUTO LIABILITY

<b>Limits:</b> \$750,000	CSL - Bodily Injury/Property Damage
\$20,000	Motor Truck Cargo (braodform)
0-150 miles	Radius of Operation

**Deductible:** \$1000      Cargo

**Exposures:** 1 Box truck / 150 mile radius / houshold goods

**Terms/Conditions:** Endorsements / Notable Exclusions:  
Schedule auto coverage

**Binding Requirements / Subject To:**

Quote subject to revision upon receipt of application.  
Coverage can be bound no earlier than the postmark date of the signed, completed application and an Agency check for the Down Payment.  
No flat cancellations.  
Completed / signed application, um form are required ot bind.  
Subject to acceptable MVRs on all drivers, quote assumes no violations.

PLEASE NOTE:

- 1) Insured must not be part of a national moving company or require a federal filing.
- 2) Radius of operation must be no more then 300 miles.

**All other terms and conditions apply per policy forms.**

Agent Commission: 10%

Premium: \$4,973.00

Broker Fee: (100% fully earned)

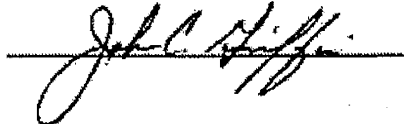
**Total Premium: \$4,973.00**

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**Financing is available through IFC; please contact our Accounting Dept. for terms.**

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THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.



**AUTHORIZED REPRESENTATIVE, GRIFFIN UNDERWRITING SERVICES**

**INSURED: Integrity Moving and Delivery Services DATE ISSUED: Mar 23, 2015 SUBMISSION #: 1518845C**

**National Indemnity Company [70]**  
BODILY INJURY AND PROPERTY DAMAGE LIABILITY  
**IDENTIFICATION CARD** STATE OF WA

<u>POLICY NUMBER</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>
70TRS046298	3/23/2015	3/23/2016

<u>YEAR</u>	<u>MAKE/MODEL</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>
1998	GMC	1GDJ6C1C3WJ518955

<u>NAME OF INSURED</u>	<u>AGENT</u>
<b>Alan Vasquez DBA: Integrity Moving and Delivery Services  19408 SE 266th Street Covington, WA 98042</b>	<b>Fenix Insurance Inc 903 E St SE  Auburn, WA 98002 Ph: (253) 735-3355</b>

Coverage meets minimum liability insurance coverage prescribed by law.

THIS CERTIFICATE MUST BE KEPT IN INSURED VEHICLE AND PRESENTED ON DEMAND  
In case of Accident:

Report all accidents to your Agent as soon as possible.

Obtain the following information:

1. Name, address and phone number of each driver, passenger and witness.
2. Name of Insurance Company, Agent and Policy Number for each vehicle involved.