

TV-150641



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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>1/22/15</u>	DOL/SOS: <u>OK/OK</u>	ID: <u>16988</u>	Docket #:- <u>TV 150641</u>
Staff Assigned	Insurance: <u>OK/OK</u>	Inspection	Permit Issued THG- <u>65866</u>
Reception # <u>54000</u>	111-0268-207-02 <u>550</u>	Receipt ID	111-0268-013-20

Pay ID: 5007

Type of Household Goods Authority Requested – check one **Fee Required**

- X 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: InMove LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 8009 NE 152nd Ct. Kenmore, WA 98028

Mailing Address 9805 NE 116th St. Suite 7427 Kirkland, WA 98034

Telephone Number (800) 455-7912 Fax Number (866) 645-8399

Posted
3

BUSINESS INFORMATION - continued

UBI #: 603-410-999 Email: info@inmoveco.com

USDOT #: 2550136 (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 Acct? Account # UBI: 603-410-999
We do not yet have employees but applied for a L&I account on 4/13/15. Application is in process (call Jan at 360-902-4652 to validate) but our L&I Account Manager was not able to generate documentation in time for us to submit this permit application.

Employment Security Department registration number? ESD # UBI: 603-410-999
We do not yet have employees but applied for a new account on 4/13/15. Application is in process (call 360-902-9360 to validate) but the ESD representative stated they would not be able to process our application for 6 weeks (5/25/15). Therefore they were not able to generate documentation in time for us to submit this permit application.

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 WA

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 % of Shares</u>
<u>Melanie Morris</u>	<u>Owner</u>	<u>100%</u>

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: InMove will be a full-service moving and delivery company, specializing in home and office moves, furniture/appliance deliveries, storage unit moves, and storage/distribution services. While there are many movers in Washington, we wish to provide a premium offering of custom services combined with fair pricing and exceptional customer service. We believe with our extensive experience in the industry that we can provide a unique customer choice in the industry.

Briefly describe your experience in the transportation/household goods moving industry:
Sidney Morris, the primary operator of InMove LLC, has over 8 years of experience in the moving industry. He also has excellent sales skills to promote the business. Melanie Morris has extensive marketing and operations experience as owner of a small business consulting company, Realia Company, since 2007.

TYPE OF PAYMENT

X Check Money Order

Amount \$ 550

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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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.

Company Name: InMove LLC

Name (printed): Melanie Morris Date: 4/13/15

Signature:  Title: Owner

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov



Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 X 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? X No Yes If yes, please explain _____

Do you currently operate interstate? No X Yes If yes, please indicate your MC# __ 888308 _____

Do you operate interstate as an agent of another company? x 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? x 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? x No Yes If yes, please explain:

Has any person named in this application, been cited for violation of state laws or Commission rules? x 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	\$15,360	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$51,827
Investments	\$227,850	Notes Payable	\$
Other Current Assets	\$23,586	Mortgages Payable	\$371,535
Prepaid Expenses	\$	TOTAL LIABILITIES	\$423,362
Land and Buildings	\$625,000	NET WORTH	
Trucks and Trailers	\$5,500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$897,296	TOTAL LIABILITIES & NET WORTH	\$473,934

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	Isuzu NPR Box Truck	C72991B	4KLC4B1U64J801059	14,500

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. Not required for commercial vehicles under 26,000 GWV. Our vehicle is 14,500 GWV. P/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: Melanie Morris	Position: Owner
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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: Melanie Morris	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: Melanie Morris	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.

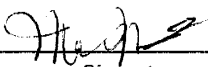
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Melanie Morris

Print name of applicant



Signature of Applicant

4/13/2015, Kirkland, WA

Date and Location

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: InMove LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Andrea Caupan, CEO, Centerstone of Seattle

Address (include street address, mailing address, city, state, zip, and county):
722 18th Ave. Seattle, WA 98122

Phone Number: (206) 812-4932

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

No Yes If yes, please describe your current moving needs: My non-profit organization has a community Food Bank and needs a delivery vehicle to transport food bags to clients on our home delivery route.

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

No Yes If yes, please describe your future moving needs: We will need a household goods moving company in the future to move out office furniture and equipment during our building renovation. InMove would be a good fit because Sidney Morris is very familiar with our building, clients, and staff and will help to make the transition go smoothly.

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 have known and worked with both Sidney and Melanie Morris for several years. They are very knowledgeable about the Seattle area, have always put customers first in their other businesses, and always deliver high quality service. His service would be a great asset to my organization as we help people in need in our community. Sidney has helped me out on moves when at previous moving companies and is very experienced, careful, and thorough.

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.



Signature of Person Completing Form

4/14/2015 Seattle, WA
Date and Location

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: InMove LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Payman Aflatooni, VP, ARH Studios

Address (include street address, mailing address, city, state, zip, and county):
3630 152nd Street Southeast, Bothell WA 98012

Phone Number: (425) 892-4825

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

No Yes If yes, please describe your current moving needs: My company could use a household goods moving company to help transport our products from our warehouse to customer stores.

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 will need a regular delivery company to bring our products to customer stores.

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: Sidney Morris is a very capable business person and starting a moving company is perfect for him. He has the people skills, moving industry experience, and the willingness to go above and beyond to help people out. He will provide a great service at a reasonable price that will be hard to be matched by another company.

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.



Signature of Person Completing Form

4/14/2015 Bothell, WA
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: InMove LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shann Spencer, VP of Sales, Windstream

Address (include street address, mailing address, city, state, zip, and county):
5955 Oakdale Ave. Woodland Hills, CA 91367

Phone Number: (310) 994-9700

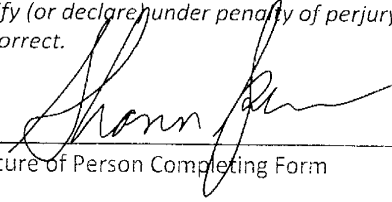
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: My company needs a household goods moving company to help employees moving into the area to work at our Seattle office.

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 also have family that lives in Washington State that need a household goods moving company when moving residences or having new furniture delivered to their homes.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Sidney and Melanie Morris bring a wealth of knowledge about the moving industry and running small businesses to this company. I am confident that myself, my employees, or my family will be in careful hands when procuring their services. I have also observed Sidney's sales and customer service skills and believe he will make an exceptional leader of the company and treat the individuals and companies that he serves with the highest level of service.

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.



 Signature of Person Completing Form

4/14/2015 WOODLAND HILLS, CA
 Date and Location

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

INMOVE LLC

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

Date: 6/11/2014

UBI Number: 603-410-999




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

Kim Wyman, Secretary of State

Date Issued: 6/13/2014

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONOR 

1 MORRIS
2 MELANIE JEAN


3 DOB (4b)

4a Iss 07-18-2014

15 Sex F 16 Hgt 5-04
17 Wgt 140 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions C

4b Exp 08-18-2019

5 DI (4b) Rev 09-16-2009



Melanie Morris

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b)

1 MORRIS JR
2 SIDNEY ALLEN


3 DOB (4b)

4a Iss 01-25-2012

15 Sex M 16 Hgt 6-02
17 Wgt 200 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions C

4b Exp 08-02-2017

5 DI (4b) Rev 09-16-2009



Sidney Morris Jr



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

INMOVE LLC
8009 NE 152ND CT
KENMORE WA 98028 5606

Unified Business ID #: 603 410 999
Business ID #: 1
Location: 1
Expires: 06-30-2015

TAX REGISTRATION

CITY LICENSES/REGISTRATIONS:
KENMORE HOME OCCUPATION BUSINESS

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.

A handwritten signature in black ink, appearing to be "C. R. H.", written over a horizontal line.

Director, Department of Revenue



Welcome inmoveco

[Log Off](#)

- My account home
- File a return
- Excise tax
- Use tax
- Forest tax
- Leasehold tax
- Cigarette tax
- Reconciliation of Apportionable Income
- Manage account
- Invoices & payment options
- Credits & tax incentives
- More services
- E-mail & notices
- My logon profile

INMOVE LLC

Tax Registration Number: 603-410-999
Frequency: Annual

8009 NE 152ND CT
KENMORE, WA 98028-5606
[Edit](#)

Returns to be filed

No returns to be filed

Pay/view invoices

No outstanding liabilities

Returns previously filed

Period	Date Filed	
A/2014	1/18/2015	View Amend

Issued credits

No credits found

[Amend Multiple Periods](#)

Returns filed by paper are not available to view electronically

Need Assistance? 1-877-345-3353

Your Privacy | ©2013 Washington State Department of Revenue and its licensors. All rights reserved.

**Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to INMOVE LLC of 8009 NE 152ND CT, KENMORE, WA 98028-0000 a policy or policies of insurance effective from 10/30/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 30th day of October, 2014

Insurance Company File No. CA 03349295
(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

Form H
Uniform Motor Carrier Cargo
Certificate of Insurance

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify that the Underwriters at Lloyd's, London
(Name of Company)

(herein after called Company) of 1114 Avenue of the Americas, 40th Fl, New York, NY, 10036
(Home Address of Company)

has issued to INMOVE LLC
(Name of Motor Carrier)

of 8009 NE 152nd CT, KENMORE, WA, 98028
(Address of Motor Carrier)

A policy or policies of insurance effective from 11/18/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein, may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1114 Avenue of the Americas, 40th Fl, New York NY 10036 this 19th day of
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Nov 20 14

Insurance Company File No. 2001XKTCK40091A14
(Policy Number)

Jeffrey H. Mace
(Authorized Company Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2014

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 Valley Insurance Agency 16025 NE 85th St - Suite 100 PO Box 109 Redmond WA 98073	CONTACT NAME: Char Perkins PHONE (A/C No. Ext): (425) 883-3774 FAX (A/C No): (425) 897-6015 E-MAIL ADDRESS: <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: Liberty NW (eCLIQ)</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: Liberty NW (eCLIQ)		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Liberty NW (eCLIQ)															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Inmove LLC 8009 NE 152nd Court Kenmore WA 98028															

COVERAGES CERTIFICATE NUMBER: CL14103002074 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BLS (15) 56384723	10/30/2014	10/30/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB 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		N/A				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)
Evidence only

CERTIFICATE HOLDER Washington Utilities and Transportation Commission PO Box 47250 Olympia, WA 98504-7250	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 Robert Bush/ROB
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BELL & CLEMENTS LIMITED
Motor Truck Cargo Legal Liability (Lloyd's)

This Declaration Page is attached to and forms part of certificate provisions.		
Quote# QCK40091A14	Certificate# CK40091A14	Previous#
Agent: SUPERIOR UNDERWRITERS INC SLT: Superior Underwriters, A Division of Groninger & Co., Inc SLT No: 38563 Authority Ref. B0759CP07500A14 100%		
1. Name and address of the Assured Sidney Morris dba Inmove LLC 8007 NE 152nd Ct KENMORE, KING WA, 98028		
2. Effective from 18 November 2014 to 18 November 2015 both days at 12.01a.m. Local Standard Time at the location of the risk		
3. Insurance is effective with certain Underwriters at Lloyd's London		Hereon 100%
4. Sum Insured	Coverage	Premium
USD 20,000 any one truck	Motor Truck Cargo Legal	USD 2,000.00
USD 20,000 any one loss	Liability (All Risks of Direct	25% Minimum Earned
	Physical Loss or Damage)	Premium
5. IMPORTANT: Please ensure that you are familiar with the following wording and endorsements, if not ask for copies. It is essential that the applicant is made aware of all terms and conditions of the coverage.		
<p>London Broad Form Wording (15) amended by deleting Exclusion a) ii) BMC 32 Deductible USD 2,500 each and every loss Unattended Truck Endorsement - Limit USD20,000 Earned Freight Endorsement Household Goods Endorsement Debris Removal Endorsement - Limit USD1,000 In Full Premium Endorsement - 1 Truck as specified on schedule 2001 AML00001 Chemical, Biological, and Nuclear Explosion, Pollution or Contamination Exclusion Clause LMA 5092 - U.S. Terrorism Risk Insurance Act of 2002 as amended - Not Purchased Clause NMA 2920 - Terrorism Exclusion Endorsement NMA 2915 - Electronic Data Endorsement B (25/01/01) Proposal Form Dated: 11th November 2014 Minimum Earned Premium Clause LSW 1001 - (Insurance) Several Liability Notice</p>		
6. Service of Suit Designee: - Mendes & Mount, 750 Seventh Ave, New York, N.Y. 10019 6829, U.S.A.		
7. Underwriting Info:		
Type of Cargo Hauled:	Household goods	
No of Years in Business:	New venture	
Gross Receipts:	N/A	
3 Year Loss Record:	N/A	
Other U/W Info:		
You are entitled to request and Bell & Clements Limited (B&C) are happy to disclose, at any time, information regarding any commission which they will receive as a result of placing your insurance business.		



Washington Utilities and Transportation Commission
1300 S. Evergreen Park Dr. SW
PO BOX 47250
Olympia, WA 98504-7250

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APR 20 2015
WASH. UT. & TP. COMM

To Whom It May Concern,

April 16, 2015

I received the enclosed letter urgently requiring our company to apply for a UTC permit for household goods moving services by April 21. The requested application and documentation are enclosed.

We are new to this industry and have spent nearly a year researching and acquiring the proper insurance requirements and policies, programs, processes, licenses and permits and so you will find from our application that most of your requirements are already in place. We have been diligent about implementing these requirements in order to run our company under the proper authorities. Additionally, we intended on applying for a UTC permit but were told by authorities that our DOT permit had to be in place first. We applied for an interstate DOT permit in November, 2014 and only last week—six months after applying—were we contacted by the WSP to conduct a new entrant safety audit in order to acquire permanent DOT carrier authority. Please understand it has been a tedious and time-consuming process getting everything in place.

I say this only to explain why we had not applied for the permit before now. It was certainly not because we were trying to circumvent UTC authority or conduct operations illegally. In any event, I would appreciate your understanding of these circumstances and would ask that our application be processed in a fair and timely manner so that we can have the opportunity to succeed in this business venture.

Thank you,

A handwritten signature in black ink, appearing to read "Melanie Morris".

Melanie Morris
Owner
InMove LLC