

Replacement Page

**BUSINESS INFORMATION**

Name of Applicant Americas Elite Inc  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 765 W Washington St. Sequim, WA 98382

Mailing Address 765 W Washington St. Sequim, WA 98382

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

UBI #: 603-219-095 *W* Email: americaselitesr@yahoo.com

USDOT #: 2376917 *W* (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 244,326-700

Employment Security Department registration number? ESD # 460657467

Is your business registered with the Department of Revenue?  No  Yes *W*

**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:

*Name	Title	Stock Distribution or Percentage of Shares
<u>Sean Ryan</u>	<u>President</u>	<u>(W)</u>
<u>Shelia Ryan / Frank</u>	<u>Vice President</u>	

\*Must provide a copy of a valid Washington state driver's license for each person listed above. *W*

Posted  
AMS  
JJ

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC (4b) DONOR ♡

1 FRANK  
2 SHEILA  
3 DOB (4b)

10 Iss 09-03-2013

15 Sex F 16 Hgt 5-03  
17 Wgt 175 18 Eyes GRN  
9 Class 9a End NONE  
12 Restrictions NONE 4b Exp 11-15-2018

5 (4b) Rev 09-16-2009



2132461123

*Sheila*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/21/2014

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).

<b>PRODUCER</b> John Miller(7913317) 228 W 1st St  Port Angeles WA 98362		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 360-457-8885 FAX (A/C. No): E-MAIL ADDRESS: jmillers@farmersagent.com															
<b>INSURED</b> AMERICA'S ELITE INC 532 VOGT RD  PORT ANGELES WA 98362		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER B : Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER C : Mid Century Insurance Company</td> <td>21687</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Truck Insurance Exchange	21709	INSURER B : Farmers Insurance Exchange	21652	INSURER C : Mid Century Insurance Company	21687	INSURER D :		INSURER E :		INSURER F :	
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**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> 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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS    OTHER 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)

<b>CERTIFICATE HOLDER</b>  WUTC WASHINGTON UTILITIES TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DR SW OLYMPIA WA 98504	<b>CANCELLATION</b>  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)  
02/25/2014

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.

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PRODUCER Phone: (866) 961-4570 Fax: (619) 938-2504 <b>DJM INSURANCE</b> 1651 E. MAIN STREET SUITE 104 EL CAJON CA 92021		CONTACT NAME: <b>Alison Newman</b> PHONE (A/C, No, Ext): <b>(866) 961-4570</b> FAX (A/C, No): <b>(619) 938-2504</b> E-MAIL ADDRESS: <b>Alison@DJMInsuranceServices.com</b>	
Agency Lic#: OG40488		INSURER(S) AFFORDING COVERAGE	
INSURED <b>AMERICAS ELITE, INC.</b> 765 EAST WASHINGTON STREET SEQUIM, WA 98382		INSURER A : <b>Colony Insurance Company</b> INSURER B : <b>United Specialty Insurance Co.</b> INSURER C : INSURER D: INSURER E : INSURER F :	
		NAIC #	

COVERAGES                      CERTIFICATE NUMBER: 19941                      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	ADD'L INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EPK301979	01/24/14	01/24/15	EACH OCCURRENCE	\$ 2,000,000
	AUTOMOBILE LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						MED. EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PERSONAL & ADV INJURY	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				GENERAL AGGREGATE	\$ 3,000,000
A	Contractors Pollution Liability Coverage			EPK301979	01/24/14	01/24/15	PRODUCTS - COMP/OP AGG	\$ 3,000,000
A	Contractors Errors & Omissions Coverage			EPK301979	01/24/14	01/24/15		\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							WC STATU-TORY LIMITS	\$
							OTH ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
							Limit Per Pollution Condition	2,000,000
							Limit Per Claim	2,000,000

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

B	Cargo Property Coverage	USA4038149	02/04/14	02/04/15	Limit of Insurance	\$ 20,000
					Deductible	\$ 1,000

CERTIFICATE HOLDER                      CANCELLATION

WUTC 1300 S. Evergreen Park Drive SW PO Box 47250 Olympia WA 98504-7250  Attention:	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   Darrin Mroz
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STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

America's Elite, Inc.  
765 W. Washington  
Sequim WA 98382

February 20, 2014

**Notice of Deficient Application – TV-140270**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X You have listed "Elite Movers" as your trade name but it isn't registered under your Unified Business Identifier (UBI) number. If you plan on using any trade names, they must be registered with Business Licensing Service - Department of Revenue before we can issue your permit. The can be reached at 800-451-7985.
- X According to the Secretary of State's office the ownership of the company shows Shelia Ryan and Sean Ryan although your application just lists Sean. Please clarify.
- X Obtain a Uniform Motor <sup>Carrier</sup> Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. ~~We will also need to verify your cargo insurance.~~

If you have any questions or concerns, you can contact me at 360-664-1170 or email at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov).

Sincerely,

Tina Leipski  
Licensing Services