

TV-150038



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>1/5/15</u>	DOL/SOS: <u>aw/ab</u>	ID: <u>16806</u>	Docket #:- <u>TV150038</u>
Staff Assigned	Insurance <u>aw</u>	Inspection	Permit Issued THG- <u>65708</u>
Reception # <u>53672</u>	111-0268-207-02 <u>#550-</u>	Receipt ID <u>V1013421</u>	111-0268-013-20

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: Eagle Moving, LLC aw
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address: 3313 Trenton Ave Bremerton, WA 98310

Mailing Address: 3313 Trenton Ave Bremerton, WA 98310

Telephone Number (360) 813-1196 Fax Number () NA

Posted
3

BUSINESS INFORMATION - continued

UBI #: 603316403 Email: JWINN@Comscore.com

USDOT #: 2564272 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 316,288-00

Employment Security Department registration number? ESD # 000-012119-00-8

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of WA
Incorporation _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>RONALD WINN</u>	<u>Member</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: Moving services for low income individuals and families

Briefly describe your experience in the transportation/household goods moving industry: Commercial long-haul trucking experience, getting into local less-intensive operations

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? NA

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 <i>see Attached</i>			
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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	B25769R	1GDJ7H1P6WJ850255	26,000
1997	FORD	B93505U	1FDKF37G4EB21244	20,000
2006	FORD	B00338M	1FTWX32Y36EC22618	16,000

6:23 PM
 12/21/14
 Cash Basis

Eagle Moving, LLC
Profit & Loss
 November 2014

	<u>Nov 14</u>
Ordinary Income/Expense	
Income	
Gross Trucking Income	
Moving Services	13,600.18
Total Gross Trucking Income	<u>13,600.18</u>
Total Income	<u>13,600.18</u>
Gross Profit	13,600.18
Expense	
Advertising	14.99
Bank Service Charges	62.30
Fuel Expense	575.88
Insurance Expense	2,782.16
Ivan - Salary	3,183.78
Labor	3,423.20
Licences and Permits	66.00
Loan	146.20
Meals and Entertainment	23.46
Packing Materials Expense	83.92
Recycle Fees	356.91
Storage Rental (client)	172.38
Tax Payments	
Federal Tax - IRS	350.00
Tax Payments - L&I	1,625.74
Washington - DOR	<u>690.13</u>
Total Tax Payments	2,665.87
Truck Maintenance	46.20
Truck Rental Expense	<u>32.56</u>
Total Expense	<u>13,635.81</u>
Net Ordinary Income	<u>-35.63</u>
Net Income	<u><u>-35.63</u></u>

6:23 PM
 12/21/14
 Cash Basis

Eagle Moving, LLC
Balance Sheet
 As of November 30, 2014

	<u>Nov 30, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking	2,145.29
Savings	2,980.92
Total Checking/Savings	<u>5,126.21</u>
Other Current Assets	
Prepaid Insurance	1,251.29
Prepaid Membership	174.38
Total Other Current Assets	<u>1,425.67</u>
Total Current Assets	6,551.88
Fixed Assets	
2008 Gold Truck	26,003.53
Furniture and Equipment	1,913.26
Moving Truck - White	2,507.00
Red Moving Truck	5,000.00
Tractors and Trailers	1,200.00
Total Fixed Assets	<u>36,623.79</u>
TOTAL ASSETS	<u><u>43,175.67</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
American Express	2,854.53
Total Credit Cards	<u>2,854.53</u>
Other Current Liabilities	
Accrued Taxes	2,100.08
Gold 2008 Truck Loan	19,660.53
Red Truck	4,561.40
Sales Tax Payable	3,494.33
Total Other Current Liabilities	<u>29,816.34</u>
Total Current Liabilities	<u>32,670.87</u>
Total Liabilities	32,670.87
Equity	
Owners Draw	-13,494.56
Owners Equity	42,787.21
Net Income	-18,787.85
Total Equity	<u>10,504.80</u>
TOTAL LIABILITIES & EQUITY	<u><u>43,175.67</u></u>

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. ****Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Ronald Winn

Position: Member-Owner

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: <u>Ronald Winn</u>	Position: <u>Member-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>Ronald Winn</u>	Position: <u>Member-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 480-15-330 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>Ronald Winn</u>	<u>Ronald Winn</u>	<u>12-10-14, Bremerton, WA</u>
Print name of applicant	Signature of Applicant	Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name: EAGLE MOVING LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: AT BEST APPLIANCE & REFRIGERATION	
Address (include street address, mailing address, city, state, zip, and county): Kitsap County - 405 National Ave S, Bremerton, WA 98312	
Phone Number: 360 405-1695 405-1925	
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:	
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:	
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: This company will help us deliver and pick-up appliances throughout the greater Kitsap County area.	
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.	
X <u>Thomas Fisher</u> Signature of Person Completing Form	<u>Bremerton, 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: EAGLE MOVING LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	RKO Properties LLC
Address (include street address, mailing address, city, state, zip, and county):	Kitsap County - 5203 1ST ST. Bremerton, WA. 98312
Phone Number:	360 340 8723
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:	
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:	This company will assist our efforts to move low income individuals and families in the Bremerton and Kitsap county areas.
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	12-10-14, Bremerton, 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: EAGLE MOVING LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Gary Lidstrom, Broker, John L Scott Real Estate	
Address (include street address, mailing address, city, state, zip, and county): 1754 Lund Ave SE, Port Orchard, WA 98366	
Phone Number:	
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: Eagle Moving has moved items + households for me + my clients in the past.	
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: Clients moving + personal 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: A quality company with fair prices is and good service to move clients.	
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 	Date and Location 12/11/14 Brenerton Arger River

WA
USA **WASHINGTON** COMMERCIAL
DRIVER LICENSE

1d LIC# (4b)
1 WLN# (4b)
2 RONALD KENNEDY
3 DOB (4b)
4a Iss 09-06-2011
4b Exp 02-25-2016

15 Sex M 16 Hgt 5-11
17 Wgt 256 18 Eyes BLU
9 Class A 9a End 3
12 Restrictions C

DONOR ♥

Rev 09-10-2011

Ronald Kennedy

(4b)

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

(EXECUTED IN TRIPLICATE)

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

This is to certify, that the Columbia Insurance Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to EAGLE MOVING LLC
(Name of Motor Carrier)

of 3313 TRENTON AVE, BREMERTON, WA 98310
(Address of Motor Carrier)

a policy or policies of insurance effective from 11/15/2014 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 17th day of November, 2014



Authorized Representative

Insurance Company File No. 71TRR220823
(Policy Number)

750,000 CSL

ACORD VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE 12/24/2014

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER RON OHNHAUS INSURANCE 5203 1st St Bremerton, WA 98312		CONTACT NAME PHONE (A/C, No, Ext): (360) 377-2515 FAX (A/C, No): (360) 373-9425 E-MAIL ADDRESS: ron@agentron.com PRODUCER CUSTOMER ID#	
INSURED Eagle Moving, LLC 1702 6th St Bremerton, WA 98312		INSURER(S) AFFORDING COVERAGE INSURER A: Columbia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

YEAR	MAKE/MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
DESCRIPTION				SERIAL NUMBER
SEE VEHICLE SCHEDULE				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	N	<input checked="" type="checkbox"/> VEHICLE LIABILITY	71 TRR 220823	11/14/2014	11/14/2015	COMBINED SINGLE LIMIT	\$ 750,000
						BODILY INJURY (Per person)	\$ 750,000
						BODILY INJURY (Per accident)	\$ 750,000
						PROPERTY DAMAGE	\$ 750,000
		GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMSMADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	71 TRR 220823	11/14/2014	11/14/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	71 TRR 220823	11/14/2014	11/14/2015	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					\$
		<input checked="" type="checkbox"/> Cargo Coverage					\$20,000

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All vehicles scheduled are included in the cargo coverage.

ADDITIONAL INTEREST Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s) <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		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.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST Utilities & Transportation Commission 1300 S. Evergreen Park D Olympia, WA 98504-7250 Fax 360-586-1181		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE	
		LOAN / LEASE NUMBER	
		AUTHORIZED REPRESENTATIVE <i>Ron Ohnhaus</i>	

ACORD™ VEHICLE SCHEDULE

12/24/2014

AGENCY RON OHNHAUS INSURANCE 5203 1st St Bremerton, WA 98312	PHONE (A/C, No. Ext.) (360) 377-2515 FAX (A/C, No.) (360) 373-9425	APPLICANT (First Named Insured) Eagle Moving, LLC 1702 6th St	EFFECTIVE DATE 11/14/2014	EXPIRATION DATE 11/14/2015	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH# 01	YEAR 97	MAKE Ford	MODEL Cargovan	BODY TYPE V.I.N. 1FDKF37G4VEB21244	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL <input type="checkbox"/> <15MILES <input type="checkbox"/> 15MILES+	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP <input type="checkbox"/> COLL	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> STAMT	ACV <input type="checkbox"/>	COMP <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
NET VEH DR/CR:								TOTAL PREM \$			

VEH# 02	YEAR 98	MAKE GMC	MODEL Cargovan	BODY TYPE V.I.N. 1GDJ7H1P6WJ850255	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL <input type="checkbox"/> <15MILES <input type="checkbox"/> 15MILES+	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP <input type="checkbox"/> COLL	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> STAMT	ACV <input type="checkbox"/>	COMP <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
NET VEH DR/CR:								TOTAL PREM \$			

VEH# 03	YEAR 06	MAKE Ford	MODEL F-350	BODY TYPE V.I.N. 1FTWX32Y36EC22618	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL <input type="checkbox"/> <15MILES <input type="checkbox"/> 15MILES+	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP <input type="checkbox"/> COLL	RENT REIMB <input type="checkbox"/> FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> STAMT	ACV <input type="checkbox"/>	COMP <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
NET VEH DR/CR:								TOTAL PREM \$			

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