



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

TV-071008
RECEIVED
 MAY 21 2007
 WASH. UT. & TP. COMM



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Amount: \$550.00	Expiration Date: _____
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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.

Name (printed): Teresa Priestley Date: May 01, 2007

Signature: *Teresa Priestley* Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: <u>5/21/07</u>	DOL/SOS: _____	ID: <u>4555</u>	Permit Issued: <u>HG-</u>
Staff Assigned: <u>0001349</u>	Insurance: _____	Inspection: _____	Docket # _____
Reception #: _____	111-0268-207-02	550.00	111-0268-202-01
			111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Teresa M. Priestley, Marilyn J. Brown *N/A*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Priestley & Sons Moving & Storage, Inc.

Physical Address 2255 NW Birdsdales Avenue Gresham, Oregon 97030-3513

Mailing Address 2255 NW Birdsdales Avenue Gresham, Oregon 97030-3513

Telephone Number (503) 661-7920 Fax Number (503) 665-0983

UBI # _____ Email: _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other _____
(LP, LLP, LLC)

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Teresa M. Priestley	Owner	50%
Marilyn J. Brown	Owner	50%

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: We would like to perform household moving within Washington.

Our services will promote competitive pricing, while maintaining a professional attitude and manner, using our fully equipped moving trucks and full time movers.

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

Priestley & Sons Moving has been in business since 1929 and has an excellent reputation in Oregon and maintains more than the required amount of insurances, has 11 well maintained moving trucks, all equipment that would be needed, enough capital to pay wages, advertising, dues, permits, and all required fees, etc.

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: Oregon 142126

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your: DOT# 103323
 MC# 109065

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: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you 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	\$ 40,000.+or-	Salaries/Wages Payable	\$ Current
Notes Receivable	\$ 58,418.	Accounts Payable	\$ Current
Accounts Receivable	\$ 10,000. +or-	Notes Payable	\$ 38,360.00
Investments	\$	Mortgages Payable	\$ - 0 -
Other Current Assets	\$ 2,000,000.00	Other	\$ 21,000.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 59,360.00
Land and Buildings	\$ 900,000.00	NET WORTH	
Trucks and Trailers	\$ 450,000.00	Preferred Stock	\$
Office Furniture	\$ 5,000.00	Common Stock	\$
Other Equipment	\$ 24,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 3,537,000.00	TOTAL LIABILITIES & NET WORTH	\$ 3,500,000.00

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1995	G M C Topkick	Oregon T-5 1 3 6 2 6	1GDL7H1M7SJ521895	26,000
	G M C Topkick	See Attached List	See Attached List	26,000
	G M C Topkick	See Attached List	See Attached List	26,000
	G M C Topkick	See Attached List	See Attached List	26,000

SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS 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.
- **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.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property 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: Teresa M. Priestley

Position: 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: Teresa M. Priestley

Position: Owner

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 and Internal Revenue Service (taxes); and Employment Security.

Name: Teresa M. Priestley

Position: Owner

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.

Teresa M. Priestley

Print name of applicant


Signature of Applicant

May 01, 2007 Gresham, OR

Date and Location

Priestley & Sons Moving & Storage, Inc. Shipper Support Statement

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: Priestley & Sons Moving, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **VICTORIA FREDRICH**

Address (include street address, mailing address, city, state, zip, and county):
**814 N.W. 20th AVE
CAMAS, WA 98607**

Phone Number: **360-834-5830**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
If I ever when I need to move something, this would be the company I'd like to call.

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 moved into the state of Wash. in 1977. Had a great time. I would have rather had a local company like Priestley & Sons.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
My son used them to move into their new house. They were caring & very concentrated & met professional. They did a great job in a timely manner.

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

Victoria Fredrich
Signature of Person Completing Form

5/11/07
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: Heather G. Hansen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Heather G. Hansen

Address (include street address, mailing address, city, state, zip, and county): 3314 E. 13th Street Vancouver, WA 98661

Phone Number: 360 737-3166

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

[X] No [] Yes If yes, please describe your current moving needs:

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

[] No [X] Yes If yes, please describe your future moving needs: we plan on buying a larger home in the future and Priestley moving brought us to Vancouver from Gresham, OR and we would like to use them again.

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: It would allow me to use a mover that I trust and that I know would be fair to me and move me in an efficient manner

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: Heather Hansen

Date and Location: May 17 2007 Vancouver, WA

Priestley & Sons Moving & Storage, Inc. Shipper Support Statement

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:

Priestley & Sons Moving, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DIETOWING / Dana Rasmussen

Address (include street address, mailing address, city, state, zip, and county):

12205 NE 35th ST
VANCOUVER WA 98682

Phone Number:

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

No Yes If yes, please describe your current moving needs:

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

No Yes If yes, please describe your future moving needs: House hold is growing Anticipate a future move, and we would like Priestley & Sons moving Inc. to handle our belongings.

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:

Used previously in Oregon, and we like the way they do business, we would like to use them again in Washington.

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

We have been 100% satisfied using this company, and would like to continue to use them.

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

Dana Rasmussen

Signature of Person Completing Form

5-9-07 Vanc. wa.

Date and Location

Priestley & Sons Moving, Inc.
2255 NW Birdsdale Avenue
Gresham, Oregon 97030
AUTOMOTIVE SCHEDULE

Our Vehicle Number 9: 1995 GMC Van 1GDL7H1M7SJ521895
Would be stationed in Washington State for the sole purpose of moving.

Vehicles listed below are operated in Oregon AND Washington, Primarily operated in Oregon, but available in Washington if needed.

Our Vehicle Number 1: 1999 GMC Van 1GDJ7H1C9XJ518860

Our Vehicle Number 2: 2000 GMC Van 1GDJ7H1C4YJ509856

Our Vehicle Number 3: 1993 GMC Van 1GDL7H1P9PJ507711

Our Vehicle Number :

Our Vehicle Number 5: 2007 GMC Van 1GDJ6C1C67F410365

Our Vehicle Number 6: 1991 GMC Van 1GDL7H1P9MJ503122

Our Vehicle Number 7: 1994 GMC Van 1GDJ7H1P9RJ518315

Our Vehicle Number 8: 1995 GMC Van 1GDJ7H1P9SJ504775

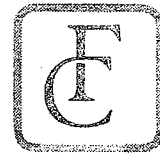
Our Vehicle Number 9: 1995 GMC Van 1GDL7H1M7SJ521895

See Above

Our Vehicle Number 10: 1997 GMC Van 1GDJ7H1M6VJ506557

Our Vehicle Number 11: 2003 GMC Van 1GDJ6E1C83F520288

Our Vehicle Number 12: 2003 GMC Van 1GDJ6E1C63F520094



INSURANCE SUMMARY

FULLERTON & COMPANY
INSURANCE

Priestley & Sons Moving & Storage, Inc.
2255 NW Birdsdale
Gresham, OR 97030

Agent: George A. May
Account Executive: C. Ann Carl

Phone: (503) 973-6801
Phone: (503) 973-6806

Email: gmay@fullertonco.com
Email: ccarl@fullertonco.com

POLICY	LIMITS	COVERAGE	PREMIUM
<p>New Hampshire Insurance Company</p> <p>#01LX6438024-2</p> <p>Admitted Carrier</p> <p>A.M. Best Rating: A+ XV</p> <p>08/01/06 to 08/01/07</p>	<p>\$296,000</p> <p>\$115,000</p> <p>\$80,350</p> <p>\$172,000</p> <p>\$45,000</p> <p>\$66,650</p> <p>\$1,000,000</p> <p>\$1,000,000</p> <p>\$100,000</p> <p>\$5,000</p> <p>\$2,000,000</p> <p>\$2,000,000</p> <p>\$1,000,000</p> <p>\$1,000,000</p>	<p align="center">COMMERCIAL PACKAGE POLICY</p> <p>LOCATION: 2255 NW Birdsdale, Gresham, OR 97030</p> <p>PROPERTY <i>Special Form Subject to Policy Terms and Conditions, Replacement Cost, 90% Coinsurance, \$1,000 Deductible</i></p> <p>Building 1 Building Business Personal Property Business Income & Extra Expense</p> <p>Building 2 Building Business Personal Property Business Income & Extra Expense</p> <p><i>We are pleased to assist you with your own determination of the values you decide to insure.</i></p> <p>GENERAL LIABILITY <i>Occurrence Form \$1,000 Property Damage Deductible Per Occurrence</i></p> <p>Each Occurrence – Bodily Injury & Property Damage Personal & Advertising Injury Fire Damage Limit Medical Expense Limit General Aggregate Products and Completed Operations Aggregate</p> <p>Employee Benefits Liability <i>\$1,000 Deductible</i> Each Wrongful Act Annual Aggregate <i>Retroactive Date: 08/01/04</i></p> <p>Premium Basis: \$50,000 Total Payroll</p>	<p>\$12,073.00</p>

This summary has been prepared as a reference of insurance coverages and is not to be construed as a legal contract. The actual policies contain all legally binding coverages, terms, conditions and exclusions. A sample policy is available upon request. In all cases, the terms and conditions of the policy apply and supersede any statements contained in this document. Page 1, 9/5/2006, ss

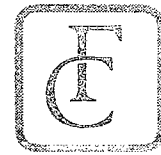
Phone: 503.274.6511 Toll-Free: 800.344.5581 Facsimile: 503.274.6524 web: fullertonco.com

Offices: 2701 NW Vaughn Street Suite 340 Portland, OR 97210 Mail: PO Box 29018 97296.9018

INSURANCE SUMMARY

CONTINUED

Priestley & Sons Moving & Storage, Inc.



FULLERTON & COMPANY

INSURANCE

POLICY	LIMITS	COVERAGE	PREMIUM
COMMERCIAL PACKAGE POLICY (cont)			
INLAND MARINE			
<i>Risks of Direct Physical Loss Subject to Policy Terms and Conditions, Actual Cash Value, \$1,000 Deductible</i>			
	\$15,000	Miscellaneous Moving Equipment	
	\$31,600	Forklifts	
	\$1,000	Portable Electronic Equipment	
	\$1,000	Miscellaneous Hand Tools	
Warehouse Legal Liability			
	\$275,000	Building 1	
	\$250,000	Building 2	
Cargo Legal Liability			
	\$100,000	Per Single Conveyance	
	\$200,000	Catastrophe Limit	
<i>We are pleased to assist you with your own determination of the values you decide to insure.</i>			
COMMERCIAL AUTO POLICY			\$14,077.00
<i>Owned, Hired and Non-Owned Autos, \$1,000 Liability Deductible Per Accident</i>			
Granite State Insurance Company		Combined Single Limit – Bodily Injury & Property Damage	
#02CA6268308-2		Personal Injury Protection	
Admitted Carrier	\$1,000,000	Uninsured/Underinsured Motorist Bodily Injury	
A.M. Best Rating:	Statutory		
A+ XV	\$1,000,000		
08/01/06	\$75,000	Hired Auto Physical Damage	
to		Comprehensive Deductible: \$100	
08/01/07		Collision Deductible: \$1,000	
	\$45,000	Trailer Interchange	
		Comprehensive Deductible: \$0	
		Collision Deductible: \$1,000	
<i>See Attached Vehicle Schedule</i>			

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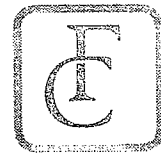
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INSURANCE SUMMARY

CONTINUED

Priestley & Sons Moving & Storage, Inc.



FULLERTON & COMPANY

INSURANCE

POLICY	LIMITS	COVERAGE	PREMIUM
National Union Fire Insurance Company #29UD0363880-2 Admitted Carrier A.M. Best Rating: A+ XV 08/01/06 to 08/01/07	\$1,000,000 \$1,000,000	<u>COMMERCIAL EXCESS LIABILITY POLICY</u> Each Occurrence Aggregate Retained Limit: \$10,000 <i>Higher limits may be available. Please let us know if you would like a quote for higher limits.</i>	\$4,305.00

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Phone: 503.274.6511 Toll-Free: 800.344.5581 Facsimile: 503.274.6524 web: fullertonco.com

Offices: 2701 NW Vaughn Street Suite 340 Portland, OR 97210 Mail: PO Box 29018 97296.9018



FULLERTON&COMPANY

2701 NW Vaughn St
Suite 340
Portland, OR 97210

PO Box 29018
97296.9018

George A. May

Office 503.973.6801
Cell 503.737.9977
Facsimile 503.274.6524
gmay@fullertonco.com

FMCSA Motor Carrier

JSDOT Number: **103323**
Jocket Number: **MC109065**
Legal Name: **PRIESTLEY AND SONS MOVING & STORAGE**



DBA (Doing-Business-As) Name

Addresses

Business Address: **2255 N.W. BIRSDALE
GRESHAM, OR 97030**
Business Phone: **(503) 232-3332** Business Fax:
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO	
Contract Authority:	NONE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: YES
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$750,000	BIPD on File:	\$1,000,000
Cargo Exempt:	NO	Cargo Required:	YES	Cargo on File:	YES		
OC-3:	YES	Bond Required:	NO	Bond on File:	NO		

Blanket Company: **AMERICAN MOVING AND STORAGE ASSOCIATION**

Comments:

Active/Pending Insurance:

Form: 91X	Type: BIPD/Primary	Posted Date: 08/04/2004
Policy/Surety Number: 006268308	Coverage From: \$0	To: \$1,000,000
Effective Date: 08/01/2004	Cancellation Date:	

Insurance Carrier: **GRANITE STATE INSURANCE CO.**
Attn:
Address: **70 PINE STREET
NEW YORK, NY 10270 US**
Telephone: **(877) 399 - 6442** Fax: **(866) 797 - 1077**

Form: 34	Type: CARGO	Posted Date: 08/05/2004
Policy/Surety Number: 006438024	Coverage From: \$0	To: \$5,000*
Effective Date: 08/01/2004	Cancellation Date:	

Insurance Carrier: **NEW HAMPSHIRE INSURANCE CO.**
Attn: **RIMA DEMARAIS, DBG LEGAL SERVICES**
Address: **70 PINE STREET
NEW YORK, NY 10270 US**
Telephone: **(212) 770 - 7000** Fax: **(212) 820 - 4849**