

TV-072294-CT



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



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
 V

Amount: 550.00 Expiration Date: _____

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): Peter J. Walden Date: 11/28/07

Signature: Pete J. Walden Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: <u>11/30/07</u>	DOL/SOS: <u>OK/N/A</u>	ID: <u>4871</u>	Permit Issued: HG-
Staff Assigned: <u>(Signature)</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02 550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>	

0004942

BUSINESS INFORMATION

Name of Applicant Peter J. Walden
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable AGT Moving + Storage

Physical Address 216 Dayton St Omak, WA 98841

Mailing Address 503 Jonathan Ln.

Telephone Number (509) 826-5502 Fax Number ⁵⁰⁹⁻ 826-5502

UBI # 601642722 Email: waldenpj@msn.com

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>

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: House hold goods relocation & Storage. There are no moving services within Okanogan County and the nearest mover is 60 miles from Omak, WA

Briefly describe your experience in the transportation/household goods moving industry: I have Sixteen years in the household goods industry, from local to long distance moving and several years in sales.

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?

No Yes If yes, please explain: _____

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

MC# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

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: I was over weight on my tandem trailer axles.

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	\$ 110,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$	Mortgages Payable	\$ 0
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 750,000	NET WORTH	
Trucks and Trailers	\$ 56,000	Preferred Stock	\$
Office Furniture	\$ 1,000	Common Stock	\$
Other Equipment	\$ 30,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 947,000	TOTAL LIABILITIES & NET WORTH	\$ 947,000

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	Chev Silverado	A30332L	1GCEC14W31225179	6400 lbs

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

Name: <u>Peter J. Walden</u>	Position: <u>Owner</u>
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DECLARATION OF APPLICANT:

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

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

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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>Peter J. Walden</u> Print name of applicant	<u>Pete J. Walden</u> Signature of Applicant	<u>11/28/07 Omak WA</u> Date and Location
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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: Peter J. Walden / ACT Moving + Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DWIGHT SCHOOL, OWNER/BROKER SCHOOL LEACTY

Address (include street address, mailing address, city, state, zip, and county):
521 GRAPE AVE. E
PO Box 3340
OMAK, WA 98841

Phone Number: 509-826-4663

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:
CLIENTS NEEDING MOVING SERVICES

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:
IF OUR CLIENTS CAN BE ASSISTED WITH THEIR MOVING NEEDS, IT BENEFITS US, OUR BUSINESS & COMMUNITY

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
WE HAVE NO OTHER SERVICE LIKE THIS IN OUR COUNTY (OKANOGAN)

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

[Signature] 10/16/07 Omak, WA
Signature of Person Completing Form 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: Peter J. Walden / ACT Moving + Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Paige Patrick, Office Manager - Omak Chamber of Commerce

Address (include street address, mailing address, city, state, zip, and county):
401 Omak Ave
PO Box 3100
Omak, WA 98841

Phone Number: 509-826-1880

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
However - There is a great need for services in the Omak area as the closest services are 90 miles south.

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:
However - you never know when change is coming and you suddenly need services of a moving company.

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:
Okanogan county is the largest county in Washington state of which is experiencing a huge growth. The nearest moving services are 90 miles south or using U-Haul services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Moving services are greatly needed in the Omak area and will do quite well.

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

P. Paige Patrick
Signature of Person Completing Form

10/16/07 - Omak Washington
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: Peter J. Walden / ACT Moving + Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michael McDaniel / owner / John L. Scott Real Estate

Address (include street address, mailing address, city, state, zip, and county):
632 Riverside Dr.
Omak, WA 98841 Okanogan County

Phone Number: 509 826-7130

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:
The office is continually being asked if there is a moving company in Omak/Okanogan. We have to say no.

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:
Our office will be better able to service our clients

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I highly recommend that this application be accepted.

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

Michael McDaniel
Signature of Person Completing Form

10-16-07 JLS Office
Date and Location 632 Riverside Dr
Omak, WA 98841

CITY OF OMAK

"EXHIBIT B"

Registration Number
1647

BUSINESS NAME: **ACT MOVING & STORAGE**

BUSINESS LOCATION: **216 DAYTON STREET
OMAK, WA 98841**

OWNERS: **PETER J. WALDEN**

TYPE OF BUSINESS: **MOVING & STORAGE**

THE CITY OF OMAK, WASHINGTON, GRANTS UNTO THE PERSON(S) NAMED ABOVE, THE PRIVILEGE OF ENGAGING IN BUSINESS WITHIN THE CORPORATE LIMITS OF OMAK UNDER ORDINANCE 1239.

A NEW LOCATION, THE (NEW) OWNER(S) MUST REMIT A \$25.00 REGISTRATION FEE TO OBTAIN A NEW REGISTRATION. LICENSES ARE NON-TRANSFERABLE. IF A BUSINESS IS SOLD OR MOVES TO

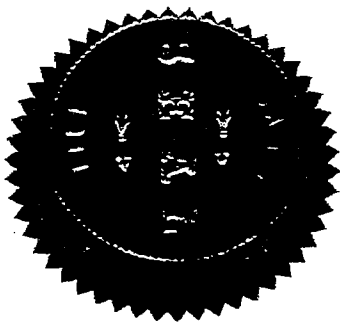
REGISTRATION MUST BE DISPLAYED AT PLACE OF BUSINESS.

OFFICE OF CITY CLERK/TREASURER, KATHY LOBDELL

DATE OF ISSUE

10-19-07

Kathy Lobdell



CERTIFICATE OF COVERAGE



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

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

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

Insurance Services Division
Employer Services

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

UBI#: 601 642 722 Policy Effective Date 10/17/07

<p>Location ACT MOVING & STORAGE 503 JONATHAN LN OMAK WA 98541</p>	<p>Employer WALDEN PETER J ACT MOVING & STORAGE 503 JONATHAN LN OMAK WA 98541</p>
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*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

F21-141-000-6021

Temporary Insurance Identification Card-
WASHINGTON

Name of Insurer:
UNITED FINANCIAL CASUALTY COMPANY
P.O. Box 94739
Cleveland, OH 44101

Name of Insured: PETER WALDEN
Policy Number: 060840620
Effective Date: 11/28/07

YR	MAKE	MODEL
2001	CHEVROLET	C1500 SILVERADO
VIN		
1GCEC14W31Z275179		

Report all accidents immediately.
(24 hours a day, 7 days a week)
to Progressive:
(1-800-274-4499)
Call us immediately so we can go
to work for you.

Instructions to the insured in case
of accident or loss:

1. Obtain full names, addresses, &
license numbers of all persons
involved and all witnesses.
2. Do not admit liability or
discuss the accident with anyone
except police or company
representative.

This form does not constitute any
part of your insurance policy or
bond.

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 1
 PETER J WALDEN POLICY #: 06084062-0

UPLOAD MESSAGE: Upload Successful on 11/28/2007 01:16PM ref. 2953

COMPANY INFORMATION:

UNITED FINANCIAL CASUALTY COMPANY P.O. Box 94739 Cleveland OH 44101
 AGENT INFORMATION: TOTAL PREMIUM: 1349.00 POLICY #: 06084062-0
 RICE INSURANCE, LLC DOWN PAYMENT: 309.80 LEVEL: ADVANTAGE
 1400 BROADWAY BALANCE DUE: 1039.20

BELLINGHAM, WA 98225 DOWNPAY REQ: 309.80 POLICY TERM: ANNUAL
 (360)734-1161 CL-57765 PAY PLAN: 10-PAY20%
 HASKELL, TROY DOWNPAY METH: INSURED CREDIT CARD
 (Do Not Retain Commission)

(\$5.00 fee included for each installment payment)

----- NAMED INSURED / BUSINESS -----

EFF DATE: 11/28/07
EFF TIME: 10:11PM

BUSINESS TYPE: TRUCKING & TRANSPORTATION OF GOODS
 SUB BSNS TYPE: OTHER FOR-HIRE TRUCKING OPERATIONS
 OTHER: MOVING

1. Are any of the listed vehicles rented or leased to others? NO
2. Are at least half of the vehicles listed on this policy used in the business? NO
3. Are any vehicles hauling steel?(steel beams, coiled or rolled steeletc.) NO
4. Are any vehicles hauling hazardous materials? NO

APPLICANT: Individual/Sole Prop.(I), Partnership (P), or Corp (C)? I
 EMPLOYER IDENTIFICATION NUMBER:

NAME: PETER J WALDEN
 ADDR: 503 JONATHAN LN
 OMAK, WA 98841-9395
 INSURED'S PHONE: (360)305-5442
 INSURED'S E-MAIL:
 NONE

ORDER FINANCIAL RESP: YES

----- CREDIT CARD PAYMENT AUTHORIZATION -----

VISA MASTERCARD Credit Card No.
 Authorization No. 06719C Expiration Date

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's Agreement with the issuer.

x Peter J. Walden Date 11/28/07

----- FINANCIAL RESPONSIBILITY -----

NAME	SUFFIX	BIRTH DATE	AGE	SOCIAL SECURITY #
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 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 2
 PETER J WALDEN POLICY #: 06084062-0

 PETER WALDEN NONE 04/19/62 45 111-11-1111
 HOME STREET ADDRESS CITY STATE ZIP
 503 JONATHAN LANE OMAK WASHINGTON 98841-9395

-----VEHICLE INFORMATION-----

VEH #	YR	MAKE	MODEL	VEHICLE ID NUMBER	BODY TYPE	USE CLASS			
1	2001	CHEVR	C1500 SILVERADO	1GCEC14W31Z275179	05	H			
TOTAL									
VEH #	TRAILER HITCH	PERSONAL USE	GARAGING ZIP	TERR	CUR VEH VALUE	PAE VALUE	TOTAL STATED AMT	RADIUS	DR NO
1	NONE	Y	98841	29	15000	0	15000	200	1

-----VEHICLE QUESTIONS-----

VEH 1
 1. Is this vehicle used for business, personal or both? BUSINESS/PERSONAL
 2. Is this vehicle used to haul goods on a For-Hire basis? YES

-----DRIVER INFORMATION - LIST ALL DRIVERS-----

(Failure to accurately and completely report all driver information may result in premium differences and service delays.)

DR#	DRIVER'S NAME	BIRTH DATE	AGE	MARITAL STATUS	SR22 Y/N	CASE #	
1	PETER WALDEN	04/19/62	45	MARRIED	N		
DR#	LICENSE NUMBER	ST	SOCIAL SECURITY #	EXCLUDED DRVR Y/N	PTS	CDL Y/N	CDL ORIG YR ISSUE
1	WALDEPJ386JR	WA		N	0		

-----PROOF OF PRIOR QUESTIONS-----

Is Applicant currently insured? YES
 Which Company is your current policy with? SAFECO INS CO OF AMERICA
 What is your current policy number? H1739060
 Effective Date of Current Insurance Coverage: 11/21/07
 Expiration Date of Current Insurance Coverage: 05/21/08
 What is the liability limit closest to the insured's current policy:
 500 CSL
 Has Applicant had continuous coverage for at least one year? YES

Failure to provide (fax) proper Proof of Current Insurance may result in a change in market.

-----UNDERWRITING QUESTIONS-----

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 3
 PETER J WALDEN POLICY #: 06084062-0

Does Applicant require Any Waivers of Subrogation? No How Many? 0
 (Attach list of names & addresses)

Number of Additional Insureds Required 0

FILINGS:

Do we insure all commercial vehicles the insured owns? NO

Do you have private passenger type autos insured under another policy? YES

Do we insure all vehicles that the insured uses in their business? YES

Does Applicant Require a State Filing? Yes How Many? 1
 (Attach list of names & addresses)

-----ADDITIONAL POLICY QUESTIONS-----

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 4
 PETER J WALDEN POLICY #: 06084062-0

-----COVERAGES-----

MODEL YR	2001	VEH
USE/BODY	H/05	1
BI-PD	500 CSL	638
UIM	500 CSL	109
UMPD	25 W/100	13
MED-PAY	NONE	0
PIP	10,000	59
FR-THFT	N/A	0
COMP	100	163
COLL	500	317
ON-HOOK	NONE	0
NON-TRK	NONE	0

 1299

Dr #/Marital/Age: 1M45

SubTotal 1299.00

Add'l Coverages

NON-OWNED	NONE	0
HIRED-AUTO	NONE	0
GKLL1	NONE	0
GKLL2	NONE	0
GKLL3	NONE	0
TRLR-INT	NONE	0

SubTotal 0.00

State Filing Fee 50.00

Total Fees: 50.00

Total Premium 1349.00

COVERAGE DESCRIPTION
 TRLR-INT NONE

-----DISCOUNTS-----

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 5
 PETER J WALDEN POLICY #: 06084062-0

REPORT ALL ACCIDENTS IMMEDIATELY
 24 HOURS A DAY, 7 DAYS A WEEK

1-800-274-4499

Call us immediately so we can go to work for you.

INSTRUCTIONS TO INSURED IN CASE OF ACCIDENT OR LOSS:

1. Obtain full names, addresses, phone numbers, and license numbers of all persons involved and all witnesses.
2. Do not admit liability or discuss the accident with anyone except police or company representative.
3. Call Progressive immediately.

NOTE: FOR QUESTIONS REGARDING YOUR POLICY OR BILL, PLEASE CALL: 1-800-444-4487

-----NOTES SECTION-----
 OTHER FOR-HIRE TRUCKING OPERATIONS TRUCKING & TRANSPORTATION OF GOODS
 MOVING

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 6
 PETER J WALDEN POLICY #: 06084062-0

-----INSURED'S SIGNATURE-----

The insured hereby applies to Company for a policy of insurance as set forth in this application on the basis of statements contained herein. The insured agrees that such policy shall be null and void if such information is intentionally false or misleading and would materially affect acceptance of the risk by the Company. The insured understands that this application becomes part of the insurance policy. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy. The insured agrees that no coverage will be bound and this policy shall be void from inception if the payment is not honored by the bank. The insured understands that a service charge of \$15.00 will be assessed if any check offered in payment is returned from the bank unpaid.

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan the insured selects. The insured understands that the amount of these fees may change upon policy renewal or if the insured changes the payment plan. The insured also understands that the amount of these fees may change if the premium is increased due to inaccurate or incomplete information in this application.

The insured agrees to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 05 days after the premium due date. The amount of this fee may change upon policy renewal.

The insured acknowledges that the Company and its affiliates may collect information from consumer reporting agencies, such as driving record and credit history reports. The Company may use an insurance credit score based on the information contained in that credit history report. This information will be used to underwrite the insurance and provide an accurate quote in an appropriate underwriting company. Future reports may be used to update or renew the insurance. The insured authorizes the Company and its affiliates to obtain future reports to update or renew the insurance or to offer replacement insurance. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

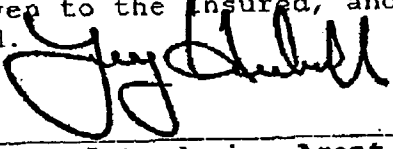
x Pete J. Walden
 Signature of Insured

Date: 11/28/07

 11/28/07 RR:11/07 WASHINGTON ADVANTAGE PAGE 7
 PETER J WALDEN POLICY #: 06084062-0

AGENT SIGNATURE

The undersigned hereby warrants and certifies that all information contained herein is correct to the best of his/her knowledge, that this form was completed and then signed by the insured, that a completed copy hereof has been given to the insured, and that a duplicate signed copy hereof has been retained.



Date: 11-28-07

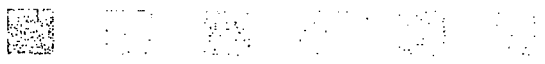
X _____
 Signature of Producing Agent

Agent Compensation Disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by UNITED FINANCIAL CASUALTY COMPANY and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.



Peter J. Walden

503 Jonathan Lane
Omak, WA 98841

Phone: 509-826-5502
Fax: 509-826-5502
Cell: 509-393-2832
waldenpj@msn.com

FAX TRANSMITTAL FORM

To:	<i>Tina Leipski</i>	From:	Peter Walden
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Pages:	<i>19</i>		

Message:

Sincerely,

Peter J. Walden