

TV-082048-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

HOUSEHOLD GOODS MOVING COMPANY 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 480-15-335 - 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 480-15-450) - 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

#1010082

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): Katheryn M. Grigsby, CDS Date: 10/30/08

Signature: *Katheryn M Grigsby* Title: Director of Safety

FOR OFFICIAL USE ONLY

Date Filed: <u>11/12/08</u>	DOL/SOS: <u>01/01</u>	ID: <u>5314</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>10014875</u>	Inspection:	
Reception #: <u>111-0268-207-02</u> <u>550.00</u>			Docket #

111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

Coleman American Moving Services, Inc.

**BUSINESS INFORMATION**

Name of Applicant Coleman American Moving Services, Inc. *al*  
(must be individual, partners of a partnership or corporation)

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

Physical Address 1 Covan Drive, Midland City, AL 36350

Mailing Address P.O. Box 960, Midland City, AL 36350-0960

Telephone Number ( 334 ) 983-6500 Fax Number ( 334 ) 983-6725

UBI #: 601548448 *al* Email: kathy.grigsby@covan.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>
William L. Brakefield, President	<i>al</i>	
Jeffrey F. Coleman, Secretary		

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:  
(see attached)

Briefly describe your experience in the transportation/household goods moving industry:  
(see attached history)

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 USDOT# 148986  
 MC# 106743

*Registered in UCL for '07 & '08*

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? Allied Van Lines, Inc.

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 crime?  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	\$ 216,715	Salaries/Wages Payable	\$ 500,834
Notes Receivable	\$ 4,900,337	Accounts Payable	\$ 2,493,826
Investments	\$	Notes Payable	\$ 2,308,470
Other Current Assets	\$ 1,168,522	Mortgages Payable	\$
Prepaid Expenses	\$ 676,331	TOTAL LIABILITIES	\$ 5,303,130
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$ 1,658,775
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 6,961,905</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 6,961,905</b>

**EQUIPMENT LIST**

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
(SEE ATTACHED)				

**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 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.

**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.

**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: *Katheryn M. Grigsby* Position: Director of Safety  
 Katheryn M. Grigsby, GDS

## 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: Joyce Farish	Position: Chief Financial Officer
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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: Katheryn M. Grigsby, CDS	Position: Director of Safety
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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.

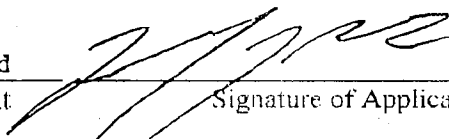
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

William L. Brakefield

Print name of applicant



Signature of Applicant

10/30/08

Date and Location



**COLEMAN AMERICAN MOVING SERVICES, INC.**

*Agents for Allied Van Lines*

PRESS ROOM TRACKING CONTACT US CREDIT CARD PAYMENT

HOME ABOUT US SERVICES ESTIMATES LOCATIONS



**Welcome To**

**COLEMAN AMERICAN MOVING SERVICES, INC.**



Founded in 1914, Coleman American Moving Services, Inc. has long been committed to 100% Customer Satisfaction in every move we make. Our strategic alliance with Allied Van Lines only reaffirms our commitment to you the customer.

Established in 1928, Allied Van Lines is the industry leader with more than 600 agent locations throughout North America.



Other interesting Allied facts are listed below:

- With more than 75 years' experience in household goods moving and specialized transportation services, Allied is the oldest van line in the United States.
- In 2003, Allied moved more than 145,000 families.
- Allied is the largest corporate relocation mover in the world.
- Allied is a top van line carrier for Domestic Military shipments, handling 18 percent of the domestic military market in 2003.
- To ensure that drivers meet our stringent quality and moving standards, van foremen attend Allied University, a training facility offering courses in customer service, safety, and equipment standards.
- Our comprehensive quality program requires that agents, drivers, and corporate employees meet specific standards in order to meet customer expectations.

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**COLEMAN  
AMERICAN  
MOVING SERVICES, INC.**

*Agent for Allied Van Lines*

PRESS ROOM TRACKING CONTACT US SITE MAP

HOME ABOUT US SERVICES ESTIMATES LOCATIONS

*About Us...*




**COLEMAN  
AMERICAN  
MOVING SERVICES, INC.**

**ALLIED**  
*Agent for Allied Van Lines*

We've been committed to making moving easier and safer for families since 1914. When J.M. Coleman founded the company with eight horses, a few wagons, and an unwavering dedication to service, he had a dream for the future. Now with over 92 years of experience under our wheels, Coleman American remains true in its original focus - you, the customer. Although many things have changed since that first move, we understand that an individual's basic needs for trust, respect and dependability have not. Whether your dreams include moving across the street, across America, or across continents, you can trust Coleman American to go "that extra-mile" when you need it.



From transporting a single household to massive corporate and government transfers, Coleman American is equipped to handle your needs. Our highly developed network includes company owned offices throughout the United States and key Allied agency affiliations in various markets throughout the world. Driven by a long-held commitment to customer service and supported by a high standard of excellence, Coleman American remains focused on you and your family. As you begin this new journey, let Coleman American lead the way. Together, we can take your dreams to new heights!

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**COLEMAN AMERICAN MOVING SERVICES, INC.**

*Agents for Allied Van Lines*

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**Relocation Services...**




**COLEMAN AMERICAN MOVING SERVICES, INC.**

*Agents for Allied Van Lines*

Each relocation presents unique circumstances and challenges and Coleman American offers flexible, innovative service options to meet your needs. Whether you are an individual planning your own move, a corporate or government relocation manager you will find an ideal solution with Coleman American and Allied.



- Private, residential moves
- Corporate Relocation
- Government Relocation (GSA)
- Special Products and Logistics

Coleman American will put a customized plan in motion leaving you time to concentrate on other important matters. With Coleman American, "getting there" is not the end of our commitment to you. The Coleman American team is available 24/7 to answer any outstanding questions and resolve all issues. Whether home sales and mortgage options, storage, specialized crating, or unique logistics challenges, Coleman American can help with a solution. Please contact us for your next move or for ongoing relocation services.

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Discover Property & Casualty Insurance Company  
(Name of Company)  
(herein after called Company) of 365 Washington Street, St. Paul, MN, 55102  
(Home Address of Company)

has issued to COLEMAN AMERICAN MOVING SERVICES, INC. of P.O. BOX 960, MIDLAND CITY, AL 36350  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/01/2008 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at c/o Discover Re  
5 Batterson Park Road  
Farmington CT 06032 This 10th day of Nov 20 08  
(Address) (Day) (Month) (Year)

Insurance Company File No. D002A00608  
(Policy No)

Ann P. Kleibania  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00

**DISCOVER**RE

### FACSIMILE TRANSMITTAL

TO: <b>Washington Utilities and Transportation Commission</b>	FAX # <b>(360) 586-1181</b>
FROM: <b>Dianne Reyes Ext. 2861</b>	NO. PAGES: <b>INCLUDING COVER PAGE 3</b>
RE: <b>Coleman American Moving Services, Inc.</b>	POLICY #: <b>D002A00608</b> Effective #: <b>08/01/2008</b>

URGENT   
 FOR REVIEW   
 PLEASE COMMENT   
 PLEASE REPLAY   
 PLEASE RECYCLE

**ATTACHMENT:**

Please see attached Form E for the above referenced account.

Any questions please do not hesitate to call me.

Dianne