

BUSINESS INFORMATION

Name of Applicant Sergio Mendez N/A
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable FIVE STARS #1 Moving Co INC.

Physical Address 19026 s.e Harold ST Portland OR 97266

Mailing Address 19026 s.e Harold ST Portland OR 97266

Telephone Number (503) 283-5947 Fax Number (503) 285-2465

UBI #: Pending Email: PM Sergio@aol.com

USDOT #: 1375983 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 744936 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. pending (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Sergio Rojas Mendez</u>	<u>owner</u>	<u>100%</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:

Moving household Goods.

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

We have 4 years of experience in transport household items from Retailers and Consignment.

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# 1375983* MC# MC# 529375

*marked intrastate only

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 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	\$ 3,000. ⁰⁰	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	\$ 0
Trucks and Trailers	\$ 15,000. ⁰⁰	Preferred Stock	\$ 0
Office Furniture	\$ 500. ⁰⁰	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 18,000.⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Freightliner	T532579	1FV3HJAC7XH992626	24,000 lbs
2000	International	ND82042	1HTSDAAL1YH297162	24,000 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 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:

SERGIOS ROSAS MENDOZA

Position:

DRIVER / 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>SERGIO ROJAS MENDOZA</u>	Position: <u>DRIVER - 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>SERGIO ROJAS - MENDOZA</u>	Position: <u>DRIVER - 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>SERGIO ROJAS M.</u>	<u>Sergio Mendoza</u>	<u>7/28/09 Postlandorp</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: SERGIO ROSAS MENDOZA Five Stars No 1 Moving Co

Co

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RITNEY WATSON General Manager Classic Antique

Address (include street address, mailing address, city, state, zip, and county):
1805 SE MLK
Portland, OR 97214

Phone Number: 503 231-8689

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

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:
Furniture Stone Deliveries

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:
Delivers AS A CONTRACTOR TO OUR CUSTOMERS

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

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 7/21/09 Portland, OR
Signature of Person Completing Form Date and Location

07/29/2009 WED 15:40 FAX 13606045956 B&V Tax Serv and Book.

002/002

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: SERGIO ROSAS MENDOZA Five Stars Not Moving Co

The following must be completed by the Supporter of the applicant

Name, Title and Business Name: Jon Wright Cascade Furniture LLC

Address (include street address, mailing address, city, state, zip, and county): 3017 NE 112th Ave Vanouver WA 98082

Phone Number: 360-260-4521

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

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: our clients need this service

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: providing reliable moving service is a valuable resource to our customers

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

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 7/31/09 Vanouver WA

07/29/2009 WED 15:40 FAX 13608045956 E&V Tax Serv and Bookk.

002/002

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: SERGIO ROSAS MENDOZA Five Stars No 1 Moving CO

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: THOMAS D. O'Grady, OWNER, O'Grady's, Inc.

Address (include street address, mailing address, city, state, zip, and county): 228 NE 7TH AVE PORTLAND, OR 97232

Phone Number: 503-238-0202

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: PICKING UP AUCTION CONSIGNMENT FURNITURE

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: SAME

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:

NUMEROUS WORKING FOR STATE CONSIGNMENT

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Five Star Moving Co.'s excellent integrity

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

8/4/09 Portland, OR 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 services. 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: SERGIO ROSAS MONDOZA Five Stars NO 1 Moving Co

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JORGEN THOMSEN STORE MANAGER SCAN DESIGN FURNITURE

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

641 SE 148th AVE
PORTLAND, OR 97233

Phone Number: 503 255 1396

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

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

SEE BELOW

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:

SEE BELOW

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:

AS A RETAILER WHO DO NOT DELIVER INTO WASHINGTON WE NEED TO REFER OUR CUSTOMERS TO SHIPPERS LIKE SERGIO

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

SERGIO IS VERY GOOD AT WHAT HE DOES!

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

8/4/9

Application Payment

Bank of America - Debt Card
visa

FIVE STARS NO (Moving CO

Ex. date 04/11

Total, Application fee. \$550⁰⁰

please call me with confirmation

Thank you

Sergio Mendoza. 8/19/09

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pkwy Madison, Wisconsin 53733-0001


Insured's Name and Address
 Five Stars One Moving Company
 12026 SE Harold St
 Portland, OR 97266

Agent's Name, Address and Phone Number (Agt./Dist.)
 Eduardo Guzman (503) 233-9031
 2406 E Burnside St
 Portland, OR 97214 (066/503)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Commercial General <input type="checkbox"/> Liability (occurrence)	36-X20418-07-00	10/25/2008	10/25/2009	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				

† The individual or partners shown as insured Have Have not elected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
	<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * () days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED	AUTHORIZED REPRESENTATIVE
7/29/2009	Luis O. Bern 

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Five Stars One Moving Company
 12028 SE Harold St
 Portland, OR 97266

Agent's Name, Address and Phone Number (Agt./Dist.)
 Eduardo Guzman (503) 233-9031
 2406 E Burnside St
 Portland, OR 97214 (066/503)

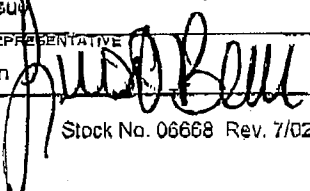
This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo. Day, Yr)	EXPIRATION (Mo. Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disability - Each Employee \$,000 Disability - Policy Limit \$,000
<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence)				General Aggregate \$,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury Each Occurrence \$,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000 Cancellation Clause Limit \$,000 Aggregate Limit \$,000
Liquor Liability				Each Occurrence \$,000 Aggregate Limit \$,000
Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos	36-X20418-04-00	1/20/2009	1/20/2010	Bodily Injury - Each Person \$ 750,000 Bodily Injury - Each Accident \$ 750,000 Property Damage \$ 750,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess				Each Occurrence/Aggregate \$,000

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 2000 International 490
 1999 Freightliner F70

† The individual or partners shown as insured Have Have not elected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
	<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED	AUTHORIZED REPRESENTATIVE
7/27/2009	Luis O. Benn 



Burns & Wilcox
40 Years of Excellence

5190 Neil Road, Suite 202 Reno, Nevada 89502
 Phone: (775) 786-6061 or (800) 249-0119 Fax: (775) 786-6041

DATE: 5/18/2009

INSURANCE BINDER

Page 1 of 3

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW.

INSURED: Five Stars One Moving Company
 12026 SE Harold St
 Portland, OR 97266

B&W PRODUCER: Elaine F Young-UT1
AGENT: American Family Brokers
 6000 American Parkway
 Madison, WI 53783

LOCATION(S) OF RISK:

1: 12026 SE Harold, Portland, OR 97266

POLICY EFFECTIVE FROM: 05/24/09 AT 12:01 AM TO 05/24/10 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: COMMERCIAL INLAND MARINE OCCURRENCE
 Mover

POLICY NO: SRD366305 (Renewal of Policy# 294740)

INSURER(S):

Line Of Business	Supplier(s)	Participation
INLAND MARINE	Certain Underwriters at Lloyds	40.00 %
INLAND MARINE	Certain Underwriters at Lloyds	30.00 %
INLAND MARINE	Certain Underwriters at Lloyds	30.00 %

LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	Limit Per Occurrence	\$10,000	\$1,000 Each & Every Loss	
1	Limit Per Vehicle	\$10,000	\$1,000 Each & Every Loss	

TOTAL CHARGES:

Premium:	\$ 1,000.00	Commercial Inland Marine
Fee:	\$ 25.00	Filing Fee (Fully Earned)
Fee:	\$ 65.00	Internal Market Fee (Fully Earned)
Fee:	\$ 200.00	Policy Fee (Fully Earned)
Tax:	\$ 2.00	Fire Marshall Tax
Tax:	\$ 5.00	Surplus Line Service Charge
Tax:	\$ 25.30	Surplus Lines Tax - CommInM

TERM MINIMUM PREMIUM:
 25.00 % EARNED
 MINIMUM PREMIUM = \$250.00

TOTAL: \$ 1,322.30

EXCLUSIONS:

IL0935 (07/02) Computer Related Losses Exclusion, BW2000 (04/03) Mandatory Exclusions and Explanations Incorporating: Vacancy or Unoccupancy Statement, Minimum Earned Premium, Flat Deductible, Cancellation Clause, Contaminants, Fungi, and Infestation Exclusion, Seepage and/or Pollution and/or Contamination Exclusion, Land, Water, and Air Exclusion, War and Civil Exclusion Clause, Terrorism Exclusion Endorsement, Biological or Chemical Materials Exclusion, Radioactive Contamination Exclusion Clause, Occurrence Definition, Fully Earned Premium, Actual Cash Value, Several Liability Notice.

ENDORSEMENTS:

SOFAE (02/05) Schedule of Forms, LPG1 (10/95) Lloyds Jacket, LLOYDS1A (09/98) Certificate of Insurance, LLOYDS1B (10/93) Commercial Policy Cov Part, CM0001 (10/91) Commercial IM Conditions, IL0017 (11/98) Common Policy Conditions, BW26 (04/07) Minimum Earned Premium, LMA5020 (09/05) Service of Suit, LMA5021 (9/05) Applicable Law (U.S.A.), IM356 (09/04) Furniture Movers Form.

CONDITIONS:



Burns & Wilcox
40 Years of Excellence

5190 Neil Road, Suite 202 Reno, Nevada 89502
 Phone: (775) 786-6061 or (800) 249-0119 Fax: (775) 786-6041

DATE: 5/18/2009

INSURANCE BINDER

Sections/Forms/Conditions APPLICABLE WHEN MARKED BY "X":

SECTION I: CARRIERS LIABILITY

LIMITS AS ABOVE, Based on 1 Qwhed Power Unit(s)* at \$.60 (OR UNDER) PER POUND VALUATION ACCORDING TO THE BILL OF LADING; BUT NO HIGHER THAN WHAT THE INSURED IS USING ON THEIR BILL OF LADING.

BOL HAS .60¢ PER POUND LIMITATION

SCHEDULED VEHICLES: 1999 Freightliner # 2626

EXCLUDES MOVES INTO AND OUT OF THE STATE OF CALIFORNIA

*PLEASE NOTE, THE UNITS MUST BE OWNED. WE CAN CONSIDER LEASE/RENTAL UNITS ON A LONG TERM BASIS. AN ACCEPTABLE COPY OF LEASE/RENTAL AGREEMENT(S) WILL BE REQUIRED.

RADIUS OF OPERATIONS: 200 Miles of Portland Oregon

SECTION II: WAREHOUSEMENS LEGAL LIABILITY

LIMITS AS ABOVE, VALUATION BASED ON \$1.25 (OR UNDER) PER POUND ACCORDING TO THE BILL OF LADING; BUT NO HIGHER THAN WHAT THE INSURED IS USING ON THEIR BILL OF LADING.

SECTION III: CUSTOMERS GOODS - CERTIFICATES (Optional Coverage) This section is a monthly reporting form, please refer to policy form.

Limit for Storage \$ _____ Rate \$.10 per \$100 per month

Limit for Transit \$ _____ Rate \$.25 per \$100 under 50 miles or
 Rate \$.40 per \$100 over 50 miles

ICC or PUC FILINGS, If required please forward the appropriate Authority Number so that we may process your filing. **Note, ICC Filings require an additional \$60 fee & PUC Filings require an additional \$15 fee**

ICCENDT (10/07) ICC Federal Filings AND/OR FORM I (11/07) PUC State Filings

A charge for the PUC and ICC filing is included, as per expiring, see IMI policy fee on page 1 of the quote for \$65

REQUIREMENTS AND OR SPECIAL POLICY CONDITIONS APPLICABLE WHEN MARKED BY "X":

SUBJECT to 3 yr. satisfactory company loss runs PRIOR TO BINDING.

SUBJECT to approved SIGNED & DATED application within 30 days - RECEIVED

SUBJECT to copy of the Insured's BILL OF LADING prior to binding - must show \$.60 (OR UNDER) Per pound limitation - RECEIVED

SUBJECT to list of named driver(s) & 3yr. satisfactory MVR(s) for each within 15 days of binding.

INSPECTION - SRD - Ordered, recommendations must be compiled with within 30 days of notification.

AGENT TO PROVIDE OREGON TAX FORM

PLEASE REVIEW THIS BINDER CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED HEREIN. THE ABOVE COVERAGES ARE THE ONLY COVERAGES BOUND. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY. THIS BINDER IS CANCELLED SIXTY (60) DAYS FROM THE EFFECTIVE DATE OR WHEN REPLACED BY A POLICY, WHICHEVER COMES FIRST.

THE AGENT MUST READ THIS CERTIFICATE AND IF NOT CORRECT RETURN IT IMMEDIATELY TO BURNS & WILCOX, LTD.

BY: REID WILSON, Authorized Representative

Reid Wilson

GENERAL CHANGE ENDORSEMENT

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insurance Company(ies)	RAS357/09	40.00%	CommInM
Certain Underwriters at Lloyds	RAS354/09	30.00%	CommInM
Certain Underwriters at Lloyds	330555/09	30.00%	CommInM
		Inception Date	Expiration Date
		5/24/2009	5/24/2010
Endorsement Effective		Policy Number	Endorsement #
8/8/2009		SRD366305	2
Named Insured		<i>David Price</i>	
Five Stars #1 Moving Company, Inc.		Countersigned By	

(Authorized Representative)

IN CONSIDERATION OF THE ADDITIONAL PREMIUM SHOWN BELOW, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE POLICY IS AMENDED AS FOLLOWS:

IT IS HEREBY AGREED AS PER FORM IM 356 - LIMITS OF LIABILITY (a), (b) AND (f) ARE \$20,000 IN LIEU OF \$10,000 AND SECTION III LIMITS OF LIABILITY (a) AND (b) ARE \$20,000 IN LIEU OF \$10,000.

All other terms and conditions remain unchanged.

PREMIUM.....	\$	396.00
FEES.....	\$	0.00
TAX.....	\$	6.71
FILING FEE...	\$	0.00
STAMPING FEE:	\$	0.00
 TOTAL.....	\$	 404.71

sejordan 8/17/2009