

TV-101489-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Emergency temporary authority (\$50), Temporary authority (\$250), Permanent authority at least six months (\$550), Permanent authority to transfer or acquire control (\$550), Permanent authority to transfer or acquire control under exceptions (\$250), Reinstatement of permit (\$250), Name Change (\$35), Extension of authority (\$550).

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard, and Visa. Visa is checked. Amount 151719.

Amount: 250, Expiration Date: 07/14

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): Nathaniel Combs, Company Name: Pacific Shore Moving & Logistics

Cardholder's Signature, Date: 8-31-10

OFFICIAL USE ONLY table with fields: Date Filed (9/3/10), DOL/SCS (OK/OK), ID (6141), Permit Issued: THG-, Staff Assigned, Insurance, Inspection (207), Docket #, Reception #: 200.00, 111-0268-207-02, 111-0268-202-01, 50.00, 111-0268-013-20

0025965

BUSINESS INFORMATION

Name of Applicant Pacific Shore Moving & Logistics, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Pacific Shore Moving

Physical Address 2401 N. Cedar Tacoma, WA. 98406

Mailing Address 2401 N. Cedar Tacoma, WA. 98406

Telephone Number (253) 459-4204 Fax Number ()

UBI #: 603 023 883 Email: pacshoremoving@gmail.com

USDOT #: 2048950 (If you currently don't have one, you can go online at www.finesca.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. 196,004-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 309026 00 7 (required if you have employees)

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

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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Nathaniel G. Combs</u>	<u>President, CEO, 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:

We plan on providing customer service for a wide range of moving projects. Our crews are distinguished by their higher than average levels of education. The structure of employee/employer commitment will motivate our workers to provide the highest quality customer service available.

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

9-10 months at a large corporate moving company before I began working at a smaller local company where my tasks now range from master packer/loader, handling customer service and billing.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number _____

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

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# _____

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: _____

COMBS 3

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	\$ 0	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 95	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 300	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 200	Retained Earnings	\$ 0
Other Assets	\$ 5	Capital	\$ 0
TOTAL ASSETS	\$ 600	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

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:

Nathaniel G. Combs

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: Nathaniel G. Combs 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: Nathaniel G. Combs 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.

Nathaniel G. Combs
Print name of applicant

[Signature]
Signature of Applicant

8-29-10
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: Pacific Shore Moving & Logistics, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Wm Combs

Address (include street address, mailing address, city, state, zip, and county):
2401 W. Cedar
Tukwila WA 98406

Phone Number: 253-759-2255

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:

I own two houses which I plan to sell one and move all household's goods.

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 have a reliable mover in my community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I think the applicant is a good business man & will be an asset to his community

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: Wm Combs Date and Location: 8.30.2010 - Tukwila WA

COMBS7

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: Pacific Shore Moving + Logistics, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

FRANCES ROBINSON, OWNER, COLUMBIA MEDIA

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

2401 N. Cedar St.
Tacoma, WA 98406

Phone Number:

(253) 759-2318

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

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

My husband and I are no longer able to move most large furniture items, appliances, etc., by ourselves.

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:

We will need help in the future when making new purchases, also to prepare for improvements and repairs for our house

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:

Many people have a need to hire an experienced, dependable company for small local moves.

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

The Commission should support and facilitate individuals who desire to start and operate worthwhile businesses

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

Frances Robinson

Signature of Person Completing Form

8/31/10 Tacoma, WA.

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name: PACIFIC SHORE MOVING & LOGISTICS, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sueann Brickle

Address (include street address, mailing address, city, state, zip, and county):
6216 50 Lawrence St
Tacoma WA 98409

Phone Number: (253) 318-1148

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I am a single parent and need help.

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:
Everyone needs help moving from time to time.

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:
Every community need a dependable moving company.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
He is a good man and a great asset to this community.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Sueann Brickle 8/31/2010 Tacoma Washington
Signature of Person Completing Form Date and Location

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/01/2010

PRODUCER
Propel Insurance
Tacoma Commercial Insurance
1201 Pacific Ave, Suite 1000
Tacoma, WA 98402

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 BELOW.

INSURED
Pacific Shore Moving
2401 North Cedar
Tacoma, WA 98405

wrong name

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Northfield Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	WS081416	09/01/2010	09/01/2011	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	WA Stop Gap WS081416	09/01/2010	09/01/2011	WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Operations of the Named Insured. UBI#603-023-883

CERTIFICATE HOLDER

Washington Utilities & Transportation Commission
P.O. Box 47250
Olympia, WA 98504

CANCELLATION 10 Days for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robert A. Johnson

ROBINSON

08/30/2010 22:26 2537592318

PACISHOR

ACORD COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YY)
08/30/10

PRODUCER PHONE (A/C, No, Ext): 253 759-2200
Propel Insurance
Tacoma Commercial Insurance
1201 Pacific Ave, Suite 1000
Tacoma, WA 98402

CARRIER Northfield Insurance
Company UNDERWRITER

POLICIES OR PROGRAM REQUESTED
APP644865

INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS
PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY
ACCDUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
CRIME/MISCELLANEOUS CRIME	<input checked="" type="checkbox"/> BUSINESS AUTO	UMBRELLA
TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS	

CODE: SUB CODE:

AGENCY CUSTOMER ID
135881

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
BOUND (Give Date and/or Attach Copy):		08/30/10	08/30/11	<input checked="" type="checkbox"/> DIRECT BILL		
DATE	TIME			<input checked="" type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)
Pacific Shore Moving

MAILING ADDRESS (of First Named Insured) 2401 North Cedar Tacoma, WA 98405

INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	NOT FOR PROFIT ORGANIZATION	YEARS IN BUSINESS
PARTNERSHIP	JOINT VENTURE	<input checked="" type="checkbox"/>		
INSPECTION CONTACT	PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
1		2401 North Cedar; Tacoma, Pierce County, WA 98405	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
Moving Company - New Venture, worked for someone else for 5 years, starting out.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
		1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

ACORD 125 (3/93) 1 of 2 #8259

PLEASE COMPLETE REVERSE SIDE

LLD000 ACORD CORPORATION 19

COMBS 10

PRODUCER *PHONE (A/C, No. Ext): 253 759-2200*
 Propel Insurance
 Tacoma Commercial Insurance
 1201 Pacific Ave, Suite 1000
 Tacoma, WA 98402

CARRIER Northfield Insurance **UNDERWRITER** Company

POLICIES OR PROGRAM REQUESTED
 APP644865

INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	VEHICLE SCHEDULE
<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	BOILER & MACHINERY
<input type="checkbox"/>	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/>	WORKERS COMPENSATION
<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input checked="" type="checkbox"/>	UMBRELLA
<input type="checkbox"/>	TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	TRUCKERS

CODE: **SUB CODE:**

AGENCY CUSTOMER ID
 135881

STATUS OF SUBMISSION

QUOTE ISSUE POLICY

BOUND (Give Date and/or Attach Copy):

DATE **TIME** AM PM

PACKAGE POLICY INFORMATION
 ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
08/30/10	08/30/11	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION
 NAME (First Named Insured & Other Named Insureds)
 Pacific Shore Moving

MAILING ADDRESS (of First Named Insured) 2401 North Cedar Tacoma, WA 98405

INDIVIDUAL CORPORATION SUBCHAPTER "S" CORPORATION
 PARTNERSHIP JOINT VENTURE

NOT FOR PROFIT ORGANIZATION YEARS IN BUSINESS

ACCOUNTING RECORDS CONTACT *PHONE (A/C, No. Ext):*

INSPECTION CONTACT *PHONE (A/C, No. Ext):*

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
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			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 Moving Company - New Venture, worked for someone else for 5 years, starting out.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?		<input checked="" type="checkbox"/>

REMARKS

APPLICANT'S SIGNATURE *[Signature]* **PRODUCER'S SIGNATURE** *Barbara A. Johnson*

ACORD 125 (3/93) 1 of 2 #8259 PLEASE COMPLETE REVERSE SIDE I.L.D.00 ACORD CORPORATION 1993

COMBS 10

PACISHOR

ACORD™ COMMERCIAL INSURANCE APPLICATION		DATE (MM/DD/YY) 08/30/10																		
APPLICANT INFORMATION SECTION																				
PRODUCER Propel Insurance Tacoma Commercial Insurance 1201 Pacific Ave, Suite 1000 Tacoma, WA 98402	PHONE (A/C, No, Ext): 253 759-2200	CARRIER Northfield Insurance Company UNDERWRITER																		
AGENCY CUSTOMER ID 135881		POLICIES OR PROGRAM REQUESTED APP644865																		
CODE: _____ SUB CODE: _____		INDICATE SECTIONS ATTACHED																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> PROPERTY</td> <td><input type="checkbox"/> EQUIPMENT FLOATER</td> <td><input type="checkbox"/> GARAGE AND DEALERS</td> </tr> <tr> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input checked="" type="checkbox"/> ELECTRONIC DATA PROC</td> <td><input type="checkbox"/> BOILER & MACHINERY</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input checked="" type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TRUCKERS</td> <td></td> </tr> </table>	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input checked="" type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA		<input type="checkbox"/> TRUCKERS	
<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> GARAGE AND DEALERS																		
<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE																		
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY																		
<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION																		
<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input checked="" type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA																		
	<input type="checkbox"/> TRUCKERS																			
STATUS OF SUBMISSION:		PACKAGE POLICY INFORMATION																		
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BOUND (Give Date and/or Attach Copy): DATE _____ TIME _____ AM _____ PM _____		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td>08/30/10</td> <td>08/30/11</td> <td><input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL</td> <td></td> <td></td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	08/30/10	08/30/11	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL										
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08/30/10	08/30/11	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL																		
APPLICANT INFORMATION																				
NAME (First Named Insured & Other Named Insureds) Pacific Shore Moving																				
MAILING ADDRESS (of First Named Insured) 2401 North Cedar Tacoma, WA 98405																				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORGANIZATION																		
INSPECTION CONTACT	PHONE (A/C, No, Ext): _____	ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext): _____																		

PREMISES INFORMATION						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
1		2401 North Cedar; Tacoma, Pierce County, WA 98405	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 Moving Company - New Venture, worked for someone else for 5 years, starting out.

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	4. ANY CATASTROPHIC EXPOSURE?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?		<input checked="" type="checkbox"/>
REMARKS					