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COMMISSION

WASH. UT. & TP. COMM



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
۵	Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
128)	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
	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 - 7 and Attachment B	\$ 550
٥	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
٥	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
ם	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
٥	Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

		TY	PE OF PAYME	NT	HUTGONIZ	zation
☐ Check	☐ Money Order	☐ Amex	☐ Mastercard	XI Visa	#00844	7
Amount: # 5	50.00			1	Expiration Date	
CERTIFICATION that I am authorize	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): Niko L. Johns Company Name: Titan Moving & Hauling WC						
Cardholder's Sign	nature:	\		Date:	7.19.11	
for Official USE ONLY						
Date 195	DODEOS:	ID	0553	Permit Issu	ied: THG-	
Staff Assigned	Insurance:	Ins	spection:	Docket #		
Reception #: 111-0268-207-02	033308	111-0268-207-	01	111-0268-01	3-20	-



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

This application packet contains the following information:

- Application Form and Attachments
- □ WAC 480-15 Rules Relating to Household Goods Carriers
- "Your Guide to a Satisfactory Safety Rating"

You must have a permit from the commission before operating as a household goods moving (HHG) company in Washington State. You must also obtain a USDOT number before your HHG permit can be issued.

Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. You must also file a copy of your cargo insurance for each vehicle you operate. You must also keep proof of coverage at your main office and have it available for inspection by commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission 1300 S. Evergreen Park Drive S.W. P.O. Box 47250 Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181

BUSINESS INFORMATION				
Name of Applicant Than Moving Than Moving & Hauling LLC (must be individual, partners of a partnership or corporation)				
Physical Address 17747 2mbi NE Shoreline, WA 98155				
Mailing Address 17747 2nd PINE Shoreline, WA 98155				
Telephone Number (2016) 962 - 0989 Fax Number ()				
UBI#: 603 092 102 Email: titanmovers@Live.com				
www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)				
Have you established a Worker's Compensation Account with the Department of Labor & Industries? ★No □ Yes L & I Account No				
Have you registered with the Employment Security Department? ♥No □ Yes ESD No.				
Have you registered your business with the Department of Revenue? No Year				
TYPE OF BUSINESS STRUCTURE				
☐ Individual ☐ Partnership				
List the name, title and percentage of partner's share or stock distribution for major stockholders:				
Name Name Stock Distribution or Percentage of Shares Name 9020				
Sarah Cotton Manager 1020				

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: **Lesidential # commercial moving # moving consulting. We strive to help austomers receive a quality move # save money wherever passible
Briefly describe your experience in the transportation/household goods moving industry: 20 years of residential & commercial moves. Class B aniver.
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? 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:

You must complete the following to the statement of attach a balance sheet, profit and loss statement, or business plan

Asso	ets	Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABLITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

FOUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	n/a-w	e currently	y rent our ve	hicles.
	,		/	

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).

7 //	
Name: Position:	President

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: ///	Position:	
Uillo fr	Pizesident	
STATE OF WASHINGTON - general laws, rules a	nd regulations: Individuals and companies doing	
business in the State of Washington must comply wi	th the regulations of local, state, and federal	
agencies. Please state the name and position of the p	f Weshington, such as, but not limited to the	
for ensuring compliance with the laws of the State o Department of Labor and Industries (industrial insur		
Licensing (vehicle and drivers licenses, business lice	ensing Unified Business Identifier (UBI number).	
fuel permits, fuel tax; Secretary of State (corporate r	registrations); Department of Transportation (over-	
size or over-weight permits); Department of Revenu	ie, Internal Revenue Service (taxes); and	
Employment Security.		
Name: ///	Position	
Ada fr	Pizesident	
DECLARATION	OF APPLICANT	
I understand that filing this application does not in itself mover.	constitute authority to operate as a household goods	
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 law contained in this application is true and correct.	ws of the State of Washington that the information	
Niko Jones Uclas Print name of applicant Signatu	re of Applicant Date and Location	

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Applicant Name: Titan Movina
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
Phone Number:
Do you currently need the services of a residential household goods moving company?
□ No □ Yes If yes, please describe your current moving needs:
Do you anticipate a future need for the services of a residential household goods moving company? □ No □ Yes If yes, please describe your future moving needs:
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:
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Signature of Person Completing Form Date and Location

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Applicant Name: Titan Moving
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: MARY LINGSLY, DWAK LINGSLY Address (include street address, mailing address, city, state, zip, and county):
Address (include street address, mailing address, city, state, zip, and county):
17747 2Nd PL NE
ShoreLINE, WA 98153
Phone Number: (206) 484-1848
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:
Moving business merchandise of Furnishings to Fram retail Assays 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: By granting this Period to have moving services close to their AVEA.
by granting this learning this will will be the formation
RESIDENTS THE OPTION TO have MOVING SERVICES CLOSE TO THEN THE
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This would help Create A NEW LEGAL SMALL business that will can tribute to the fax base in the community; Create NEW Lobs and possibly help the Economy
application for a nousehold goods permit 1/1, 2 world neep crewite 4 New Legate or that
DUSINESS I Lake and possibly help the ECONAMY
CVERTE NEW CODS AND FITTING
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
Signature of Person Completing Form Signature of Person Completing Form Date and Location
Signature of Person Completing Form Date and Location

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:	Position:			
Name: 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 (oversize or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security. Position				
DECLARATION	OF APPLICANT			
I understand that filing this application <u>does not</u> in itself mover. As the applicant for a household goods permit, I understa compliance with all local, state and federal regulations go in the state of Washington.	nd the responsibilities of a motor carrier and I am in			
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.				
Print name of applicant Signatur	re of Applicant Date and Location			

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Applicant Name: Titan Moving
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Jean M. Benedict RN
Address (include street address, mailing address, city, state, zip, and county):
5401 143rd PL SW
Edmonds, WA 98026
Phone Number: 425 - 418-0729
Do you currently need the services of a residential household goods moving company?
No ☐ Yes If yes, please describe your current moving needs:
Description of the state of the
Do you anticipate a future need for the services of a residential household goods moving company? No XYes If yes, please describe your future moving needs: There is a possibility I may be relocating with my family permy
I may be relocating with my family permy career.
Briefly describe how granting this company a permit to provide household goods moving services in Washington
State will benefit you, your business, and/or your community: It would benefit me because the company is local and I would know they are
trustworthy. For the community having a local company touse.
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit? this company could help the
application for a household goods permit? This company could help the Community by providing local jobs thus boosting the
Economy.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Dean M Senedlet 4/16/11 Edmonds WA
Signature of Person Completing Form Date and Location

OPERATIONAL R	ESPONSIBILITIES
Annual Reports and Regulatory Fees (WAC 480-15-financial operations and pay regulatory fees.	480). You must annually file a report of your
Name:	Position:
STATE OF WASHINGTON – general laws, rules are business in the State of Washington must comply with agencies. Please state the name and position of the properties of the State of Department of Labor and Industries (industrial insurface). Licensing (vehicle and drivers licenses, business licenses fuel permits, fuel tax; Secretary of State (corporate resize or over-weight permits); Department of Revenue Employment Security.	th the regulations of local, state, and federal person in your organization who will be responsible of Washington, such as, but not limited to the ance, safety, prevailing wage); Department of ensing, Unified Business Identifier (UBI number), registrations); Department of Transportation (overe, Internal Revenue Service (taxes); and
Name:	Position
DECLARATION	OF APPLICANT
I understand that filing this application does not in itself mover.	constitute authority to operate as a household goods
As the applicant for a household goods permit, I understa compliance with all local, state and federal regulations go in the state of Washington.	and the responsibilities of a motor carrier and I am in overning businesses, including household goods movers,
I understand that if the commission grants my application provide service as a household goods carrier on a provisic commission will evaluate whether I have met the criteria also understand that I must comply with all conditions playill result in cancellation of my permit.	onal basis for at least six months. During this time, the in WAC 480-15-330 to obtain permanent authority. I
My employees are sufficiently trained to comply with contained to comply with contained to comply with commission rules regarding vehic requirements. My company will provide a copy of the cut transportation service.	s moves. In addition, my employees are sufficiently le operation, maintenance, and all other safety
I certify or declare under penalty of perjury under the law contained in this application is true and correct.	vs of the State of Washington that the information
Print name of applicant Signatur	re of Applicant Date and Location

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Applicant Name: Titan Moving
117000 1000/100
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: 11. 100/11 Har 1855 Teacher
Name, Title, and Business Name:
Kirkland WA 98034 King
Phone Number: 2010 943 - 4733
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?
Prio I Ves If yes please describe your future moving needs:
But will use this Moving company if I do.
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: The people running this company are trustworthy and care about their clients.
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit?
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
Signature of Person Completing Form Date and Location

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: Titan Moving
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
11700 NE 144th PI
Kirkland, WA 98034
Phone Number: (206) 963-4732
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 X Yes If yes, please describe your future moving needs:
I will be moving into my own place and have no celicle to
I will be moving into my own place and have no vehicle to move myself and plays cally can't do it
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 know them personally and trust them completely and would refer them to any one (know)
would refer them to any one I know
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
Signature of Person Completing Form Date and Location
Signature of reison Completing round Date and Location

Page 8 of 12

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Cash Flow Projection			-									:	
Year_2011	,												
Notes Position	y ⊔ Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
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BUSINESS ENDING CASH BALANCE	3,322	3,594	3,866	8,138	10,855	14,022	17,189	20,356	23,523	26,690	29,857	33,024	
Personal Experised													
									37.20				

6/13/2011

Notice Position Jul Aug Sep Oct Nov Doc Jun Feb Mar Apr May Aug Au	Note The Properties of State o	,	;													
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able 6,400 6,420 6,422 6,684 13,366 16,083 19,250 22,417 25,584 28,751 31,918 35,085 able 6,420 1,400 1,400 2,800 2,800 2,800 2,800 2,800 2,800 2,800 2,800 2,800 abortloop 2,000 1,000 1,000 1,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 2,000 abortloop 2,200 1,90		640	လ	3,200	3,200		6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	64,000
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Surance 233 233 233 233 233 233 233 233 233 23	ning gree lease												- 1			
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	tal Casil Falu Out	-	2	0,270	0,120	0,170	10,003	3,033	2,033	3,033	3,033	3,000	3,000	20,0	2,000	2,52
0 22 272 2,717 3,167 3,167 3,167 3,167 3,167 3,167 3,167 3,167	Net Cash For Month		0	22	272	272	2,717	3,167	3,167	3,167	3,167	3,167	3,167	3,167	3,167	

Niko Jones / Sarah Cotton	ton												
Personal Expenses													
Starting Notes Position	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Mav	Jun	Totals
Niko Food/Personal Care/Household										-			0 0
Rent/Water				3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	27,000
Utilities			:	75	75	75	75	75	75	75	75	75	675
Auto loan payment				450									450
Telephone				40	40	40	4	40	4	4	40	4	360
Sarah													
Food/Personal Care/Household													
Rent/Water				1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	9,900
Utilities				100	9	100	100	9	100	100	100	100	
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Telephone				06	06	6	06	06	06	06	6	06	810
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Additional Owners Draw	3,300	3,300	3,300		-								9,900
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BUSINESSPROF FOLICY COMMON DECLARATIONS

NAMED INSURED TITAN MOVING & HAULING, LLC

AND ADDRESS: 17747 2ND PL NE SEATTLE, WA 96166

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

AGENT'S NAME AND ADDRESS:
DML INSURANCE SERVICES, INC.

4005 20TH AVE W STF 132 SEATTLE, WA 98199 1290

insurance is afforded by the Company named below, a Capital Stock Corporation, GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

POLICY PERIOD: From 06/22/2011 To 06/22/2012 12:01 A.M. Standard Time at the address of the Named Insured

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

Premium

\$1,500.00

Commercial Property

Commercial General Liability

Commercial Crime and Fidelity

Commercial Inland Marine

Commercial Equipment Breakdown

Commercial Auto

Commercial Umbrella

TOTAL

\$1,500.00

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsement Schedule, IL 88 01 (11/85).

ountersigned

July 2011

By Dene 2

Authorized Representative

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(Page 1 of 1)

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(195) \$34-9077 DML INSURANCE SERVICES INC 1965 SETH AVE WASHING SHATTER TOWNSTREES SEE

Married French to the transport of the state of the section

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In others for the prepared of the president, and subject to all the norms of this pulley, we agree with you or provide the insurance as stated in this publicy.

SHAMMANY OF COMENACE DANCE AND PHADDEC

This policy consists of this Cammon Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage Norms and other applicable luxus and endorsoments, if any, kneed to form a quart of stress one may make forms and endorsoments are to be part of the end of the endorsoments.

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5696166

Total Charges for all of the above coverage parts: Cariffed Acts of Terrorism Coverage: \$4,00

\$696.00 Taninaa

Think This is not a fine

THE STREET SECTION OF SECTION SECTION

. Into policy is auditable. Please refer to the conditions of the policy for details or contact your agent.

Servicing Office

LIBERTY NORTHWEST-WEST WA-AK

and Issue Date

06/22/2011

The -

Authorized Representative

To report a claim, call your Agent or 1-800-289-0930

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6/22/2011

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