

**HOUSEHOLD GOODS MOVING
 COMPANY PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 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 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

1173698

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): Ramaren J Harris Company Name: Tri-cities precision movers

Cardholder's Signature:

Date:

FOR OFFICIAL USE ONLY			
Date Filed: <u>8/13/14</u>	DOL/SOS:	ID: <u>1681</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: <u>550.00</u>	111-0268-207-01	111-0268-013-20	

049592

BUSINESS INFORMATION

Name of Applicant Ramaren J Harris
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Tri Cities Precision Movers & Cleaning Services

Physical Address 100 N Moran St Suite 308

Mailing Address 100 N Moran St Suite 308 Kennelworth WA 99324

Telephone Number (509) 396 9940 Fax Number (509) 491-1321

UBI #: 603366140 Email: Precisionmovers2@gmail.com

USDOT #: 2466442 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 24994701

Employment Security Department registration number? ESD # 4638000

Is your business registered 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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

*Must provide a copy of a valid Washington state driver's license for each person listed above. (1)

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:

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

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# _____

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: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, 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	\$ 2,500	Salaries/Wages Payable	\$ 1,000
Notes Receivable	\$ N/A	Accounts Payable	\$ 500
Investments	\$ N/A	Notes Payable	\$ N/A
Other Current Assets	\$ N/A	Mortgages Payable	\$ N/A
Prepaid Expenses	\$ N/A	TOTAL LIABILITIES	\$ #1500
Land and Buildings	\$ 900.00	NET WORTH	have not established yet
Trucks and Trailers	\$ 8,000	Preferred Stock	\$ N/A
Office Furniture	\$ 5,000	Common Stock	\$ N/A
Other Equipment	\$ 2,000	Retained Earnings	\$ N/A
Other Assets	\$ 2,000	Capital	\$ 10,000
TOTAL ASSETS	\$ 20,400	TOTAL LIABILITIES & NET WORTH	\$ 10,000

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	Gmc Savana special	B603192	1G05G31R31121 2283	11,000 Gvr.

SAFETY AND OPERATIONS

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. ****Please attach evidence of your enrollment in a drug and alcohol testing program.**

N/A

SAFETY RESPONSIBILITIES

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

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.

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:

Ramaren S Harris

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

Name: <u>Ramaren S Harris</u>	Position: <u>Owner</u>
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DECLARATION OF APPLICANT

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

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

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

<u>Ramaren S Harris</u> Print name of applicant	<u>Ramaren S Harris</u> Signature of Applicant	<u>2/27/14</u> Date and Location
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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name: *Sammy Watkins*

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):

*3905 W. Chestnut Ave.
Yakima, WA 98902*

Phone Number:

509-445-6265

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:

It would provide a job that I am qualified for.

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

No

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

Sammy Watkins
Signature of Person Completing Form

2-27-14 Kennewick, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

ANGELA TROSK - MKG - WAL-MART

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

2917 W. 9th #106
KENNEWICK WA 99337

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:

ELDERLY - won't have to do it myself

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.

Angela Trosk
Signature of Person Completing Form

12-23-13 Kennewick, 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kent Parker

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

5415 Coolidge Ct Pasco

Phone Number:

509-302-9590

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:

There is a need for movers.

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

no

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

K Parker

Signature of Person Completing Form

12-23-13

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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Holly Lauria

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

1105 W 10th Ave. #147

Kennewick Washington 99336

Phone Number:

509-585-9716

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:

al work to be moving soon

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:

We need a good moving company with good rates

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

no

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

Holly Lauria
Signature of Person Completing Form

3-7-2014
Date and Location



Welcome ramarenh

[Log Off](#)

- My account home
- File a return
- Manage business account
- Add a business
- Close a business
- Update business information
- Add/edit user permissions
- View business activity log
- Request a tax status letter
- Apply/View status of Reseller Permit
- Invoices & payment options
- Credits & tax incentives
- More services
- E-mail & notices
- My logon profile

TRI-CITIES PRECISION MOVERS AND CLEANING SERV

100 N MORAIN ST STE 308
KENNEWICK, WA 99336-2905

Tax Registration Number: 603-252-877

DBA: TRI-CITIES PRECISION MOVERS AND CLEANING SERV

Frequency: Annual

Update business information

Your information will be shared if applicable with the following Washington State programs:

Business Licensing
Dept. of Revenue

Unemployment Insurance Account
Employment Security

Workers Compensation
Labor & Industries

If you have licenses or permits with cities, counties, or other state agencies, you must contact them directly to change your address.

Business information

Close my business

Name
603 252 877

TRI-CITIES PRECISION MOVERS AND CLEANING SERV

HARRIS RAMAREN J

To update your business name, file a Business License Application

Business Activity Description

USED HOUSEHOLD AND OFFICE GOODS MOVING (PT) Update

Mailing Address

100 N MORAIN ST STE 308
KENNEWICK, WA 99336-2905 Update

Contact Information

Phone Number: (509) 396-9940 Update

Fax Number:
E-mail: precisionmovers1@gmail.com

Business location(s)

Only open locations are displayed. If a location is missing and you have already licensed it with the Department of Licensing, click "new location" to add it to your Department of Revenue account.

Add a location

TRI-CITIES PRECISION MOVERS AND CLEANING SERV

100 N MORAIN ST STE 308
KENNEWICK, WA 99336-2905

Update
Close

(509) 396-9940
Open date: 01/20/2014

TRI-CITIES PRECISION MOVERS AND CLEANING SERV

100 N MORAIN ST STE 308
KENNEWICK, WA 99336-2905

Update
Close

(509) 396-9940
Open date: 01/30/2014

Need Assistance? 1-877-348-7669

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TRI-CITES PRECISION MOVERS BUSINESS PLAN

I. EXECUTIVE SUMMARY

Tri-cites Precision Movers, (hereinafter "Business") is intended to be formed as a Washington sole proprietorship located at 100 N Morain St Suite 308, KENNEWICK, Washington 99336, poised for rapid growth in the Common freight carry, House hold moving and cleaning industry. The Business seeks funding to take advantage of a window of opportunity for introducing a new Common freight carry, House hold moving and cleaning service, which has the potential to dominate the market.

Mission Statement. To offer affordable quality moves and cleaning services to our customers. Emphasizing on Focusing on more customer service.

Business Description. The Business is to be organized as a sole proprietorship formed and authorized under the laws of the state of Washington, and will be led by Ramaren Harris, who will serve as the Business' Owner.

I have been managing successful company for over 19 year. I have the skills and to make a successful company..

New Service. The Business has developed a Common freight carry, House hold moving and cleaning service which has the following specifications:

The Business has a window of opportunity to introduce its services and gain a significant piece of the market share.

Capital . The total capital is for a \$20,000.00 capital investment in.

\$500.00 for Marketing

This amount is earmarked for effectively marketing the services as described below in the Marketing Summary section of the Business Plan.

\$1,500.00 for Staffing

This portion of funding is intended for hiring employees to produce the services and assist marketing and sales efforts.

\$5,000.00 for 26ft truck

To use for moving

Financial projections forecast a break-even point in less than January 12 2014 after product introduction.

II. BUSINESS SUMMARY

The business is a start-up business, providing clients with Common freight carry, House hold moving and cleaning. _____

Industry Overview. The Common freight carry, House hold moving and cleaning industry in the United States currently generates \$200,000.00 in annual sales. Annual revenue for the regional market where the business is located is estimated at \$30,000.00.

Seasonal Factors. The Business is influenced greatly by the seasonal factor. This factor has been carefully considered and utilized while making projections and estimations for revenue and sales.

Position in the Industry. To offer competitive prices and offer new services that most company's do not offer such as cleaning, moving, packing and a store front with all the items needed for moving and packing along with a Fedx pick up and drop off.

Legal Issues. The promoters have secured the required patents and trademarks for the services and processes of the business in accordance with the statutory requirements.

Location. It will be located in Kennewick in the First Plaza the rent is \$1000.00 a month.

III. MARKETING SUMMARY

Target Markets. The main target markets for the business include:

- commercial moves, residential moves and cleaning

It is estimated that there are 2,000 potential customers within the Business defined trading area that are estimated to spend \$500.00. To seek the most profitable market segments in the target markets overall, the Business will focus on the following areas within the target market:

- Richland, Kennewick, Pasco

Competition. Customer choice of services in this industry is based on To insure their belongings are moved safely from one destination to another. Speedy Movers

Services. The Business intends to provide exceptional, personalized service, which will be the crucial factor in building and protecting the Business's brand within the community. The Business intends to handle customer concerns and issues with a customer oriented focus with the intent of providing timely resolution and preventing the loss of customers.

IV. STRATEGY AND IMPLEMENTATION SUMMARY

Company Goals and Objectives. To open a second location in Seattle with in two years and a third location in Spokane with in three years.

The Business plans the following tactics as part of sales promotion:

- Develop a list of businesses in the neighborhood and send brochures by direct mail to the list.
- Internet marketing
- Direct sales
- Posting signage and flyers about the new business on bulletin boards in stores and public places.

In addition, the Business will also engage in the following marketing campaigns:

- _____

V. FINANCIAL PLAN

The Funding Request in this Business Plan outline the major start-up costs associated with this business. Other costs include repair and maintenance, sales and production expenses. Regular monthly expenses are estimated at \$5,000.00 for paying the employee salaries and other regular business expenses. The Business is expected to generate \$120,000.00 in the first year and gross profit is expected to be \$80,000.00.

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company
(Name of Company)

(hereinafter called Company) of 3333 Farnam Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to RAMAREN HARRIS DBA TRI CITY PRECISION MOVERS AND CLEANING SERVICE
(Name of Motor Carrier)

of 2907 W 7TH AVE, KENNEWICK, WA 99336
(Address of Motor Carrier)

a policy or policies of insurance effective from 02/06/2014 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 7th day of February, 20 14



Authorized Representative

Insurance Company File No. 05TRM005120-01
(Policy Number)

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301

CERTIFICATE OF LIABILITY INSURANCE

Date: January 9, 2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Path Insurance Solutions 12715 Bel-Red Road, Suite 130 Bellevue, WA 98005	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Tri-City Precision Movers and Cleaning Services 100 N Morain St ste 308 Kennewick, WA 99336	NAIC # _____ _____ _____ _____ _____ _____

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL NSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE _____ _____ GEN AGG LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION			CPS-1879529	1/8/2014	1/8/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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 (Each Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER WUTC PO BOX 47250 Olympia WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: COCHRANE & COMPANY, A DIVISION OF COCHRANE AGENCY INC
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FORM F

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission indicated below.

X – Indicated State Commission with whom Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 05TRM005120-01

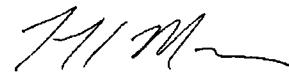
Issued by Continental Divide Insurance Company, herein called

Company, of 3333 Farnam Street, Omaha, NE 68131

To RAMAREN HARRIS DBA TRI CITY
PRECISION MOVERS AND CLEANING of KENNEWICK, WA
SERVICE

Dated at Omaha, NE this 6th day of February, 20 14

Countersigned by



Authorized Representative



Western Surety Company

DISHONESTY BOND (FOR ANY TYPE OF BUSINESS)

Bond No. 61907991

In consideration of the agreed premium, Western Surety Company, a South Dakota corporation (the "Surety"), hereby agrees to indemnify TriCities Precision Movers and Cleaning Service
100 North Morian Street Suite 308, Kennewick, WA 99336

(the "Insured"), against any loss of money or other property which the Insured shall sustain or for which the Insured shall incur liability to any Customer or Subscriber of the Insured through any fraudulent or dishonest act or acts committed by any Employee or Employees of the Insured acting alone or in Collusion with others, the amount of indemnity on each of such Employees being Ten Thousand and 00/100

DOLLARS (\$10,000.00)

THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

TERM OF BOND:

SECTION 1. The term of this bond begins with the 13th day of January, 2014, standard time, at the address of the Insured above given, and ends at 12:00 o'clock night, standard time, on the effective date of the cancellation of this bond in its entirety.

EXCLUSION:

SECTION 2. This bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation. In addition, the policy does not apply to the defense of any legal proceedings brought against the Insured, or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceedings whether or not such proceedings results or would result in a loss to the Insured covered by this policy. In addition, the Company shall not be liable for any costs, fees and other expenses incurred by the Insured in establishing the existence or the amount of loss covered under this policy.

DISCOVERY PERIOD:

SECTION 3. Loss is covered under this bond only (a) if sustained through any act or acts committed by any Employee of Insured while this bond is in force as to such Employee, and (b) if discovered prior to the expiration or sooner cancellation of this bond in its entirety as provided in Section 10, or from its cancellation or termination in its entirety in any other manner, whichever shall first happen.

DEFINITION OF EMPLOYEE:

SECTION 4. The word Employee or Employees, as used in this bond, shall be deemed to mean, respectively, one or more of the natural persons (except directors or trustees of the Insured, if a corporation, who are not also officers or employees thereof in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured's business during the term of this bond, and whom the Insured compensates by salary or wages and has the right to govern and direct in the performance of such service, and who are engaged in such service within any of the States of the United States of America, or within the District of Columbia, Puerto Rico, the Virgin Islands, or elsewhere for a limited period, but not to mean brokers, factors, commission merchants, consignees, contractors, or other agents or representatives of the same general character.

FRAUDULENT OR DISHONEST ACT:

SECTION 5. A FRAUDULENT OR DISHONEST ACT OF AN EMPLOYEE OF THE INSURED SHALL MEAN AN ACT WHICH IS PUNISHABLE UNDER THE CRIMINAL CODE IN THE JURISDICTION WITHIN WHICH ACT OCCURRED, FOR WHICH SAID EMPLOYEE IS TRIED AND CONVICTED BY A COURT OF PROPER JURISDICTION.

MERGER OR CONSOLIDATION:

SECTION 6. If any natural persons shall be taken into the regular service of the Insured through merger or consolidation with some other concern, the Insured shall give the Surety written notice thereof and shall pay an additional premium on any increase in the number of Employees covered under this bond as a result of such merger or consolidation computed pro rata from the date of such merger or consolidation to the end of the current premium period.

NON-ACCUMULATION OF LIABILITY:

SECTION 7. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the liability of the Surety under this bond shall not be cumulative in amounts from year to year or from period to period.

WA
USA

WASHINGTON DRIVER LICENSE

4 LIC# HARRIM204PK

1 HARRIS

2 RA MAREN JAPHONSE

3 DOB 10-12-1980

8 2897 W 7TH AVE

KENNEWICK WA 98336-4648

15 Sex M

16 Hgt 6-01

17 Wgt 265

18 Eyes BRN

9 Class

9a End NONE

12 Restrictions C

4a Iss 12-14-2013



4b Exp 10-12-2018

5 DD HARRIM204PK31133486C1134

Rev 09-16-2013



Maren Japhonse

CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

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

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

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

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

UBI*: 603 366 140 Policy Effective Date
01/10/14

Location

TRI CITIES PRECISION MOVERS &
100 N MORAIN ST STE 308
KENNEWICK WA 99336

Employer

TRI CITIES PRECISION MOVERS &
100 N MORAIN ST STE 308
KENNEWICK WA 99336

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.