### **PART A**

## **APPLICATION FOR PERMIT**

(excluding Household Goods)

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority

FOR OFFICIAL USE ONLY	Docket No. TV- (9/397				
Reception Number Safety , M)			***************************************	Carrier ID# 7945	
111-0268-200-02 Insurance My				Employee M	
	TYPE OF A	PPLIC.	ATION		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension o		of Common Carrier Permit Authority	
X \$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$275 GENERAL COMMODITED HAZARDOUS MATER ARMORED CAR SERV	IALS and				
\$100 REINSTATEMENT OF Confidence of cancellation	ANCELLED COMMO	N CARI	RIER PER	MIT - Must be filed within 10 months	
	MOTOR CARRIER	RIDENT	IFICATIC	)N <sub>2</sub>	
Common Carrier #: S473	Unified Business Id	entifier	Number		
Legal Name:CrateAway	USDOT	:n,	/a		
Trade Name(s), dba(s), if any	CrateAway_ OR	Cra	te Away		
Email address: _admin@crateaway.c	com	<del></del>	- (sadaresa - Malika (sanara sporta sanara)		
Phone Number:(425) 243-3409		Fax Nui	mber:	n/ a	
Business (Mailing) Address:4832	40 <sup>th</sup> Avenue SW, Seatt	lie WA 98	116		
Physical Address (if different):					

<u></u>			TYPE OF BUSIN	VESS STRUC	TURE			
□ Individu	al 🗆 🗆 Partr	nership	☐ Corporation	X Limited	Liability Company	State of IncWA		
NAME		TITL	Meso .	Stock Dietr		ribution or % of Shares		
Ben Dehgh:	an	Foun	der	J.W.C.K D/ISI		100%		
***************************************								
			ť			A CONTRACTOR OF THE PROPERTY O		
			*TRANSFER OF	PERMIT NU	IMBER			
*Complete	this section O	NLY if yo	u are transferring an	existing pe	rmit to a new own	er. List name of current		
benning noin	ler and permit the permit nur	number	to be transferred. T	ne current	permit hold must s	ign below to authorize the		
NAME ON P	PERMIT		n/a		Permit Num	iber		
						9 Stal <sup>1</sup> Star <sup>1</sup> September 1		
Signature of	Signature of current permit holder			· · · · · · · · · · · · · · · · · · ·	Dat	e		
		IN. A permit	SURANCE REQUIRE will not be issued until	MENTS (m. acceptable	ust check one)			
X You will not	t haul	UYou	will not haul	☐ You will haul hazardous ☐ You will haul hazard				
	terials in any		lous materials in any	materials requiring \$1		materials requiring \$5		
quantity. You will only operate vehicles with a			ity. You will operate	million in Public Liability and million in Publ		million in Public Liability		
			pounds or more. You	Property	and Property Damage			
			obtain \$750,000 in	You must	Insurance. You must			
300,000 in Po	0,000 in Public Liability Public Liability and Property			Sections 1 and 2.		complete Part C, Sections 1		
	d Property Damage Damage Insurance. You mu			,		and 2.		
isurance. You do not need   complete Part B.								
o complete Pi	art B.							
		OTOR 1	VEHICLE LIST (Attach	additional	pages if necessary)			
Unit #		License Number		State		/IN number		
n/a	AGF2567			WA	1HGCM5631	4A024048		
n/a 730YYY				WA 3N1CB51D1Y		(L310326		
***************************************		······································			***************************************			
			SIGNA					
, as applican	t, understand	that the	filing of this applicat	on does no	t in itself constitut	e authority to operate		
ing that no c	operations ma	y be con	ducted until a permit	is issued b	v the Commission.	I hereby declare and		
mini tilat tr	ie iiiioimation	contain	ed in this application	is true to t	he best of my knov	viedge and belief.		
31	2/. /							
<u> </u>	<u> </u>				6/6/14			
Signature		Date						

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A STATE OF THE PARTY OF THE PAR	
L. Lune	

## **INSURANCE BINDER**

DATE (MM/DD/YYYY)

THIS PINDER IS A TEMPORA	RY INSURANCE CONTRACT, SUBJECT	TO THE CONDITIONS SHOW	N ON THE DEV	EDSE SIDE	07/18	
AGENCY	INT INSURANCE CONTRACT, SUBJECT	COMPANY	N ON THE NEV	BINDER		FUNIVI.
		LNW Ohio Security Insurance	e Co	Jinoun	ir	
Belltown Insurance Group, Inc.		FFFF OTHE		EXPIRATION		
2133 3rd Ave #106		DATE EFFECTIVE	TIME AM	DATE		12:01 AM
Seattle, WA 98121		07/08/14	PM	07/08/15	F	NOON
PHONE (A/C, No, Ext): (888) 443-7744	(A/C, No): (206) 443-8335	THIS BINDER IS ISSUED TO EX		N THE ABOVE N	IAMED COMP	
CODE:	SUB CODE:	PER EXPIRING POLICY #: B	AS55713296			
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VE	HICLES/PROPERTY	(Including Loca	ation)	
INSURED		sub 10000 lbs rating class				
CrateAway LLC						
4832 40th Ave SW						
Seattle, WA 98116						
COVERAGES				LIMIT	S	
TYPE OF INSURANCE	COVERAGE/FO	RMS	DEDUCTIBLE	COINS %	AMO	UNT
PROPERTY CAUSES OF LOSS						
BASIC BROAD SPEC						
CENERAL LIABRIUM						
GENERAL LIABILITY			EACH OCCURR		\$	
COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMI	i	\$	
CLAIMS MADE OCCUR			MED EXP (Any o		\$	
			PERSONAL & AI		\$ \$	
				GENERAL AGGREGATE		
VEHICLE LIABILITY	RETRO DATE FOR CLAIMS MADE:		PRODUCTS - CO		\$	200 000 00
			COMBINED SING		\$ 3 \$	300,000.00
ANY AUTO				BODILY INJURY (Per person)		
ALL OWNED AUTOS  SCHEDULED AUTOS			BODILY INJURY (Per accident) PROPERTY DAMAGE		\$ \$	
SCHEDULED AUTOS HIRED AUTOS	Comp and Collision		MEDICAL PAYMENTS		\$ \$	35,000.00
NON-OWNED AUTOS	Comp and Collision		PERSONAL INJURY PROT		\$ \$	,
NON-OWNED AUTOS			UNINSURED MOTORIST		•	300,000.00
					\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VEHICLE PHYSICAL DAMAGE DED ALL VEHICLES SCHEDULED VEHI		CLES	ACTUAL CA	ASH VALUE		
COLLISION:			STATED A	MOUNT	\$	
OTHER THAN COL:						
GARAGE LIABILITY			AUTO ONLY - E	A ACCIDENT	\$	
ANY AUTO			OTHER THAN AUTO ONLY:			
			EACH ACCIDENT		\$ .	
				AGGREGATE	\$	
EXCESS LIABILITY		EACH OCCURRENCE		\$		
UMBRELLA FORM				AGGREGATE		
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		SELF-INSURED RETENTION		\$	
			WC STATU	TORY LIMITS		
WORKER'S COMPENSATION AND			E.L. EACH ACCI	DENT	\$	
EMPLOYER'S LIABILITY				\$		
<u> </u>			E.L. DISEASE - I	POLICY LIMIT	\$	
SPECIAL CONDITIONS / Evidence for pending application		FEES		\$		
OTHER COVERAGES			TAXES		\$	
.,			ESTIMATED TO	TAL PREMIUM	\$	
NAME & ADDRESS		MODIO: SEE	DITIONAL INSURED	<u> </u>		
WA UTILITIES AND T		OTTIONAL MOUNEL	•			
PO Box 47250 LOSS PAYEE LOSN #						
Olympia, WA 98504-7	250	AUTHORIZED REPRESENTATIVE				>
Olympia, WA 98504-7250						

#### CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

#### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

#### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

#### Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

#### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

#### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

#### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

#### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

#### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.