

RECEIVED

MAY 15 2017

WASH. UT. & TP. COMM

1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 062265	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: ZED ENTERPRISES LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ZED MOVERS

Physical Address 1400 LINDEN AVE N Seattle, WA 98133 Apt 651

Mailing Address Same as the above

Telephone Number (206) 550-6255 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 603 381 446 Email: Zed2001w@yahoo.com

USDOT #: 3001436 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # _____ Pending

Employment Security Department registration number _____ Pending

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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

Name	Title	Stock Distribution or % of Shares
<u>ZEREZGI Kifle</u>	<u>PResident</u>	<u>100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: moving and hauling services

2. Briefly describe your experience in the transportation/household goods moving industry: offering more choices / services at one you can trust

* Moving of household furnishing, moving office furnishing, delivery of merchandise for consumers.

3. 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 _____

4. 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 _____

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

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 7000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 8000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 350	Retained Earnings	\$ 15,900
<i>Making blankets</i> Other Assets & other	\$ 550	Capital	\$
TOTAL ASSETS	\$ 15,900	TOTAL LIABILITIES & NET WORTH	\$ 15,900

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
2006	FORD	C01818K	1FDXE45S6HA40064	14,050 lbs

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.**

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: ZEREZGI KIFLE	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: ZEREZGI KIFLE	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, Internal Revenue Service (taxes); and Employment Security.

Name: ZEREZGI KIFLE	Position: OWNER
------------------------	--------------------

If you would like to receive information about new household goods carriers, check here

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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

ZEREZGI KIFLE		05-08-17 05-08-17 Seattle
Print name of applicant	Signature of Applicant	Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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

Applicant Name: Zed Enterprises, LLC. Zerezgi Kifle

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Corie Crowder

Address (include street address, mailing address, city, state, zip, and county):
21710 50th Place West
 Mountlake Terrace, WA 98043

Phone Number: 206-291-3883

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 plan on moving to a new home in Edmonds or Shoreline within the next ~~month~~ year.

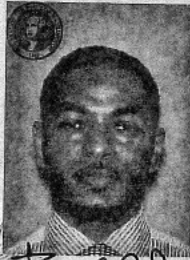
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
I look forward to having a reliable company to help with moving my family.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I trust Zed to take good care of my property and home.

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

Corie Crowder 5/4/17 Mountlake Terrace
 Signature of Person Completing Form Date and Location

WA USA **WASHINGTON** DRIVER LICENSE



[Handwritten signature]

4d LIC# [REDACTED]

1 KIFLE
2 ZEREZGI

3 DOB [REDACTED]

4a Iss 12-06-2016

15 Sex M 16 Hgt 5-10

17 Wgt 140 18 Eyes BRN

9 Class 9a End NONE

12 Restrictions NONE

4b Exp 06-13-2023



5 [REDACTED]

Rev 09-16-2009

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

Liability Limit: \$750,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ZED ENTERPRISES LLC, ZED MOVERS of 14100 LINDEN AVE N APT 651, SEATTLE, WA 98133-0000 a policy or policies of insurance effective from 04/21/2017 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 24th day of April, 2017

Insurance Company File No. CA 06106371
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



36-1

ZED ENTERPRISES, LLC
ZED ENTERPRISES, LLC
APT 651
14100 LINDEN AVE N
SEATTLE WA 98133-7176

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603381446
Business ID #: 001
Location: 0001

Limited Liability Company

ZED ENTERPRISES, LLC
14100 LINDEN AVE N APT 651
SEATTLE, WA 98133-7176

TAX REGISTRATION - ACTIVE

REGISTERED TRADE NAMES:
ZED MOVERS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith

Director, Department of Revenue



6710-1

ZED ENTERPRISES, LLC
C/O ZEREZGI KIFLE
APT 651
14100 LINDEN AVE N
SEATTLE WA 98133-7176

This is your Washington Legal Entity Registration.
This is not a Washington Business License.

Detach before posting



STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

ZED ENTERPRISES, LLC
14100 LINDEN AVE N APT 651
SEATTLE, WA 98133-7176

Unified Business ID #: 603381446

Expiration: Mar-31-2018

Domestic Limited Liability Company
Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State



Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

Filing Fee \$30.00

Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

FILED

AUG 31 2016

WA SECRETARY OF STATE

UBI Number: 603 381 446

CERTIFICATE OF AMENDMENT

Chapter 23.95 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY (LLC): *(as currently recorded with the Office of the Secretary of State)*
ZED TOWN CAR SERVICE, LLC

SECTION 2

AMENDMENTS TO CERTIFICATE: *(if necessary, attach additional information. If changing the name it must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)*

ZED ENTERPRISES, LLC

SECTION 3

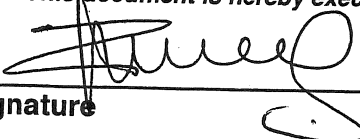
EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: *(please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)*

SECTION 4

EXECUTOR INFORMATION *(see instructions page)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X 	Zerezgi Kifle	08/31/16	(206) 550-6255
Signature	Printed Name/Title	Date	Phone



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 1-800-451-7985
 business.wa.gov/BLS



COPY

For Validation - Office Use Only

Business License Application

For faster service apply online at business.wa.gov/BLS
 Online applications are typically processed within ten business days.
 It may take up to six weeks if you file by mail.

ZED ENTERPRISES, LLC
 Legal Entity/Owner Name
603 381 446
 Unified Business Identifier (UBI)
47-2132176
 Federal Employer Identification Number (FEIN)

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|---|
| <input type="checkbox"/> Open/Reopen Business
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input type="checkbox"/> Add Endorsement/Registration to Existing Location
<i>complete sections 2, 3, 4, and 6</i> |
| <input type="checkbox"/> Open Additional Location
<i>complete sections 2, 3, 4, (5 if hiring employees) and 6</i> | <input checked="" type="checkbox"/> Business Has or Will Have Employees
<i>complete all sections</i> |
| <input type="checkbox"/> Change Ownership
<i>complete sections 2, 3, 4, (5 if you have employees) and 6</i> | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
<i>complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.)</i> |
| <input type="checkbox"/> Register Trade Name
<i>complete sections 2, 3, 4 and 6</i> | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
<i>complete all sections</i> |
| <input type="checkbox"/> Change Trade Name - <i>complete sections 2, 3, 4 and 6</i>
Name(s) to be cancelled : _____
_____ | <input type="checkbox"/> Other - <i>complete all</i> |
| <input type="checkbox"/> Change Location - <i>complete sections 2, 3, 4 and 6</i>
Old address to be closed: _____ | |

2. Endorsements and Fees

Use the Endorsement Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) – Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input checked="" type="checkbox"/> Industrial Insurance (Workers' Compensation) – <i>Required if you will have employees.</i>	No Fee
<input checked="" type="checkbox"/> Unemployment Insurance – <i>Required if you will have employees.</i>	No Fee
<input type="checkbox"/> Minor Work Permit – <i>Required if you will have employees under age 18.</i>	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Endorsements (such as Lottery Retailer):	
➤ _____	\$ _____
➤ _____	\$ _____
➤ _____	\$ _____
➤ _____	\$ _____
➤ _____	\$ _____

Enclose check for **total amount due**, including the non-refundable Processing Fee, which **MUST** be submitted with this form.

Processing Fee **\$ 19.00**

Make check payable to the Department of Revenue.

Total Amount Due **\$ 19.00**

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

* PENDING MAILED 5/3/17

3. Owner Information

a. *Select only ONE ownership structure:

Sole Proprietorship
If married, should spouse's name appear on license? Yes No (If you answer No, you must still enter the spouse information in section "3f" below.)

Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 Partnership (# of partners: _____) Joint Venture
 Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*
**These ownership structures must contact the Secretary of State office for additional filing requirements.*

ZED ENTERPRISES LLC
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: WASHINGTON Year incorporated/formed: 2014

Association Trust Municipality Tribal Government Other _____

 Name of Organization (example: Anderson Family Trust)

b. *Business Open Date 03/02/14 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)
 MM DD YY

c. ZED ENTERPRISES LLC / ZED MOVERS Is this location inside city limits? Yes No
 *Business Name/Trade Name

d. 14100 LINDEN AVE N # 651
 *Business Mailing Address (Street or PO Box, Suite No. do not use building name) *Business Street Address (if different than mailing) Do not use PO Box or PMB

SEATTLE WA 98133 _____
 City State Zip code City State Zip code

e. (206) 550-6255 () Zed2001w@yahoo.com
 Business Telephone Number Fax Number E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attachment needed.)

> KIFLE ZEREGE _____
 Name (Last, First, Middle) Social Security Number _____ Date of Birth _____ % Owned* 100

[REDACTED] _____
 Home Address (Street or PO Box) City _____ State _____ Zip code _____

PRESIDENT (206) 550-6255
 Title Home Telephone Number* _____

TEKLE GENET _____
 Spouse Name (Last, First, Middle) Spouse Social Security Number* _____ Spouse Date of Birth _____

> _____
 Name (Last, First, Middle) Social Security Number* _____ Date of Birth _____ % Owned* _____

_____ / / _____
 Home Address (Street or PO Box) City _____ State _____ Zip code _____

_____ () _____
 Title Home Telephone Number* _____

_____ / / _____
 Spouse Name (Last, First, Middle) Spouse Social Security Number _____ Spouse Date of Birth _____

> _____
 Name (Last, First, Middle) Social Security Number* _____ Date of Birth _____ % Owned* _____

_____ / / _____
 Home Address (Street or PO Box) City _____ State _____ Zip code _____

_____ () _____
 Title Home Telephone Number* _____

_____ / / _____
 Spouse Name (Last, First, Middle) Spouse Social Security Number _____ Spouse Date of Birth _____

*The Social Security Number is required for sole proprietors, partners, officers, and LLC members of businesses that will have employees. (WAC 192-310-010) Not fully completing section "f" will result in application delays.

4. Location / Business Information

a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?

Yes No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address)

City

State

Zip code

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-000.pdf

c.* Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

e.* Describe in detail the principal products or services you provide in Washington State:

MOVING OF HOUSEHOLD FURNISHINGS, MOVING OF OFFICE FURNISHINGS
DELIVERY OF MERCHANDISE FOR CONSUMERS

f. Did you buy, lease, or acquire all or part of an existing business? Yes No

Date bought/leased/acquired: ____ / ____ / ____
MM DD YY

Prior Business Name

()

Prior Owner's Name

Telephone Number

g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name and UBI number:

Entity Name

UBI Number

Entity Name

UBI Number

i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed: _____

Do you wish to cancel all the trade names registered under the old UBI number? Yes No
You must re-register all trade names you use under the new business structure.

j. If you have ever owned another business, provide:

Business Name

UBI Number

k. Provide your bank's name: BECU Branch: LAKE CITY BRANCH

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.
(For information see the Industrial Insurance or Unemployment Insurance sections on the Endorsement Fee Sheet.)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, employment tax returns will be required quarterly **even if you have not hired**.

a. *Date of first employment or planned employment at this location: 05/15/17 First date wages paid: 05/22/17
MM DD YY MM DD YY

b. Number of persons you employ or plan to employ at this location (do not include owners): 1022

c. *Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

	Number	Duties to be performed by minors (Check www.teenworkers.ini.wa.gov)
Ages 16-17:	<u>0</u>	
Ages 14-15:	<u>0</u>	
Under age 14:	<u>0</u>	

d. Check the **ONE** box which best describes the major operation of your business.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> (01) Drywall Operations | <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input checked="" type="checkbox"/> (09) Vehicle Svcs/Transportation | <input type="checkbox"/> (13) Retail/Whlsl: Stores & Warehsing |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (06) Electronics/Utilities/Vending Mch | <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (14) Food Svcs/Chore/Asst Lvg/Janitor |
| <input type="checkbox"/> (03) Construction/Engrg/Property Mgmt | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining | <input type="checkbox"/> (11) Mfg - Food/Ice/Beverages | <input type="checkbox"/> (15) Media/Entertainment/Lodging |
| <input type="checkbox"/> (04) Temp Help Co/Employee Leasing | <input type="checkbox"/> (08) Mfg - Metal/Mach Shops/Millwright | <input type="checkbox"/> (12) Agriculture/Farming | <input type="checkbox"/> (16) I.T./Prof Svcs/Med/Salon/Schools |

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

Example: Office Staff - reception, accounting, data entry

	3-Month Estimate	
	Number of Workers	Workers' Hours (Include Minors)
> MOVING PROPERTY IN & OUT OF TRUCK & CLIENT LOCATION	1	208
>		
>		

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

Unemployment Insurance: All locations combined Each location separately (multiple reports)
 Workers' Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See Endorsement Fee Sheet for more information.)

g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?

- Yes - Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
 No - The corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

- Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

i. Do you want elective workers' compensation coverage for excluded employment? (See Endorsement Fee Sheet for descriptions.)

- Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
 No

6. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

Signature Required [Signature] 05/03/2017
Date

[Signature] LYNN STEVENS ACCOUNTANT (206) 362-8319 05/03/2017
Application Prepared By (Please Print) Title Telephone No. Date

Some agencies can provide language assistance. Would you like assistance? Yes No Specify language _____

City of Seattle Customer #: 774783

State of Washington UBI #: 603381446

Tax period: Annual*

Tax Reporting: Separate

Expiration Date

BUSINESS LICENSE TAX CERTIFICATE

12/31/2017

BUSINESS LICENSE

12/31/2017

2017

* Annual tax return due: Jan 31

IF you have not received a blank return within 20 days of a due date, contact the Revenue and Consumer Affairs office.

ZED MOVERS
14100 LINDEN AVE N # 651
SEATTLE, WA 98133

Not Transferable

Post Conspicuously

Business License Tax Certificate

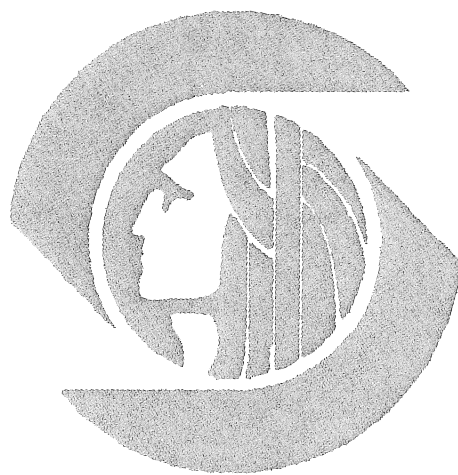


THE CITY OF SEATTLE

Expiration Date: 12/31/2017

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250
P.O. BOX 34214
Seattle WA 98124-4214
(206) 684-8484 Fax (206) 684-5170
email: tax@seattle.gov website: seattle.gov/licenses



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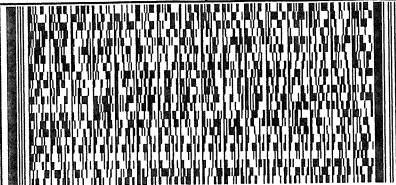
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BUSINESS MAILING ADDRESS:

774783 000 2
ZED ENTERPRISES LLC
ZED MOVERS
14100 LINDEN AVE N # 651
SEATTLE, WA 98133

Registration Certificate

Model Year 2006	Make FORD	Model ECONOLINE	Body Style Cutaway	Vehicle identification number (VIN) 1FDXE45S56HA40064	Scale Weight 8,270
Plate/Tag no C01818K	Tab/Decal no T734816	Primary vehicle use type Commercial	Issue date 05/05/2017	Exp date 04/21/2018	
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date	
Gross Weight 14,000	Gr wt start date 04/21/2017	Gross weight exp date 04/21/2018	Fleet no	Equip no	

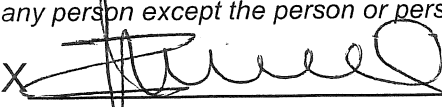
Registered Owner
ZED ENTERPRISES LLC
 14100 LINDEN AVE N
 APT 651
 SEATTLE WA 98133-7176

Legal Owner
 Same as Registered Owner

Brands/Comments: 6700/2017, WHITE, Owner(s) certify, by signature, that this vehicle will not tow a trailer with a GVWR of 10,000 or more, Display tab on back license plate only - front plate is still required

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and, as owner or authorized agent of the vehicle, it is free of any claim of lien, mortgage, conditional sale or other security interest of any person except the person or persons set forth as legal owners.

X 

 Signature of registered owner
 05-09-17

 Date and place signed

X _____

 Signature of registered owner

 Date and place signed

L0009708281

Vehicle Information: C01818K 1FDXE45S56HA40064 2006 FORD ECONOLINE Cutaway

Filing	Registration Filing	\$3.00
	Title Filing	\$4.00
Plate	Original Issue Plate	\$20.00
	Plate Reflectivity	\$4.00
Registration	Gross Weight	\$88.00
	Freight Project	\$13.00
Service	Title Service Fee	\$12.00
Title	Emergency Medical Services	\$4.00
	Vehicle Title Application	\$15.00
	Out of State Veh Check	\$15.00

PORT ORCHARD LICENSE AGENCY
1703 SE SEDGWICK RD #115
PORT ORCHARD, WA 98366
360-895-2222
PLEASE SIGN YOUR REGISTRATION

Fee Total: \$178.00

Issue Date: 05/05/2017 You can get a copy of this cash/fee receipt detail at www.dol.wa.gov.

Skip a trip – go online www.dol.wa.gov

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



ZED ENTERPRISES LLC



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Washington

Policy Number: 06106371-0

Effective Date: 04/21/2017

Expiration Date: 10/21/2017

Policy Type: Commercial

Insurer: United Financial Casualty Company 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):

ZED ENTERPRISES LLC

DBA: ZED MOVERS

Your Agent:

SOUND INSURANCE 1-206-527-0888

9627 AURORA AVE N

SEATTLE, WA 98103

Year Make

2006 Ford

Model

E450 SUPER DUTY

VIN

1FDXE45S56HA40064

TEMPORARY

Manage your policy anytime
with just a few clicks at
progressiveagent.com

Progressive
PO Box 94903
Cleveland, OH 44101

PROGRESSIVE[®]
COMMERCIAL

April 24, 2017
Policy number: CA 06106371-0

ZED ENTERPRISES LLC
ZED MOVERS
14100 LINDEN AVE N APT 651
SEATTLE, WA 98133

Enclosed is the Form F.
Please retain this copy for your records.

Thank you,
Commercial Auto
State Permit Issuance and Verification
1-800-444-4487

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 regulations 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. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
- 3. This endorsement 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 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.

Attached to and forming part of policy No. CA 06106371-0 issued by United Financial Cas Co, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to ZED ENTERPRISES LLC, ZED MOVERS of 14100 LINDEN AVE N APT 651, SEATTLE, WA 98133-0000

Dated at MAYFIELD VILLAGE, OH 44143 this 24 th day of April, 2017

Countersigned by  _____
Authorized Representative

X - - INDICATES STATE COMMISSIONS 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	X
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA			

Named insured

ZED ENTERPRISES LLC
ZED MOVERS
14100 LINDEN AVE N APT 651
SEATTLE, WA 98133

Policy number: 06106371-0

Underwritten by:
United Financial Casualty Company
April 25, 2017
Policy Period: Apr 21, 2017 - Oct 21, 2017
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-206-527-0888

SOUND INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of April 21, 2017 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on October 21, 2017 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms MC1632 (06/04), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,082
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist	Rejected		--
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	Rejected		--
Comprehensive			46
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			168
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$1,296
Fees			35
Total 6 month policy premium and fees			\$1,331

Rated driver

1. ZED KIFLE

Auto coverage schedule

1. **2006 Ford E450 Super Duty** Stated Amount: *\$7,600 (including Permanently Attached Equip)
VIN: 1FDXE45S56HA40064 Garaging Zip Code: 98133 Radius: 100

Liability Premium Liability
\$1,082

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$250	\$46	\$250	\$168	\$1,296

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy
06106371-0 Paid In Full

Company officers

Patricia M. Conner

Secretary



SOUND INSURANCE
9627 AURORA AVE N
SEATTLE, WA 98103

PROGRESSIVE
COMMERCIAL

648219 702 4 AB 0.403 PPACA06M 005 000702

Policy number: 06106371-0

Underwritten by:
United Financial Casualty Company
April 25, 2017
Policy Period: Apr 21, 2017 - Oct 21, 2017

ZED ENTERPRISES LLC
ZED MOVERS
14100 LINDEN AVE N APT 651
SEATTLE, WA 98133



Welcome to Progressive

Your coverage began on April 21, 2017

Thank you for purchasing your policy from SOUND INSURANCE. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. We are pleased to have you as a customer and we look forward to serving you.

Enclosed you will find

- Your Commercial Auto Insurance Coverage Summary (Declarations Page)
- Your policy contract
- Your permanent identification (ID) cards

Contact SOUND INSURANCE for personalized service at 1-206-527-0888

As an independent agency, SOUND INSURANCE provides a high level of service and counsel that is personalized to your needs and lifestyle. Please contact your agency for servicing your policy or for other insurance needs. If you need service when your agency is not available call 1-800-444-4487, 24 hours a day, 7 days a week.

Access your policy online, anytime

Don't forget that you can always log in to your policy online to pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at progressiveagent.com.

Call 1-800-274-4499 to report a claim

We get to work on your claim quickly, providing clear communication throughout the claim and repair process and personally handling your claim from beginning to end. Our Commercial Auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year.

PPACA06M 000702 007 C 006 001 < 1781 WA (04/12) >



Privacy Policy

About this notice

We are committed to protecting your privacy and earning your trust. This notice describes the personal information we collect about you and how we use and protect it. It applies to our current and former customers who live in your state, and replaces earlier versions that we may have given to you.

Summary

This section summarizes our privacy practices. For more detail, please read the entire privacy policy.

- We gather information from you, your transactions with us, and outside sources.
- We use your information only to conduct our business and provide insurance to you.
- We will share your information with your selected agent or broker.
- We will not share your information with other companies for their marketing purposes without your consent.
- We limit access to your information and use safeguards to help protect it.
- You may review and correct your information.

What information do you collect about me?

We collect information about you to quote and service your insurance policy. This is called "**Nonpublic Personal Information**" if it identifies you and is not available to the public. Depending on the product, we collect it from some or all of the following sources. We have provided a few examples for each source, but not all may apply to you.

- **Application information:** You provide this on your application, through your agent or broker, by phone, or online. We may also obtain it from directories and other outside sources. It includes your name, street and e-mail addresses, phone number, driver's license number, Social Security number, date of birth, gender, marital status, type of vehicle, and information about other drivers.
- **Consumer report information:** We obtain this from consumer reporting agencies. It includes your driving record, claims history with other insurers, and credit report information. The information is kept by the consumer reporting agencies and disclosed by them to others as permitted by law.
- **Transaction information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverages, limits and rates, and payment and claims history. It also includes information that we require for billing and payment.
- **Web site information:** This information is unique to Internet transactions. It includes the Web site that linked you to ours, your computer operating system, and the pages you viewed on our site. Some Web sites, including ours, may also store "cookies" on your computer. Cookies collect technical data, like your Internet protocol (IP) address, operating system, and session ID. They can also save certain information entered by you. Some of our Web sites contain more information about our Web site privacy practices. Please read it when using the sites.

Who might get information about me from you?

We will share information about you only as permitted by law. We will not share your Nonpublic Personal Information with other companies for their marketing purposes without your consent. There is no need to "opt out" or tell us not to do this.

Disclosures include those that we feel are required to provide insurance claims or customer service, prevent fraud, perform research or comply with the law. Recipients include, for example, our family of insurance companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law. For example, consumer reporting agencies may disclose Transaction Information received from us to other insurance companies with which you do business.

Where permitted by law, we may also disclose Application or Transaction Information to service providers that help us market our products. These service providers may include financial institutions with which we have joint marketing agreements.

How do you protect my information?

We restrict access to your Nonpublic Personal Information to our employees and others who we feel must use it to provide our products and services. Their use of the information is limited by law, our employee code of conduct, and written agreements where appropriate. We also maintain physical, electronic and procedural safeguards to protect your information.

How can I review and correct information you have about me?

To review information we have about you, send a written request to Customer Service, PO Box 94739 Cleveland, OH 44101. You must describe the kind of information you want to review and state that your request is in response to this Privacy Policy. Include your full name, mailing address, and policy number (if applicable). Within 30 business days, we will describe what is available and how you may request corrections. We will also name anyone we show as having received the information within two years prior to your request. Finally, we will identify the companies that have provided Consumer Report Information about you.

You may review the information at our offices or receive a copy of it for a fee to cover our costs. We will not provide information that we feel is privileged, such as information about insurance claims or lawsuits.

To correct information about you, send a written request as described above, explaining your desired correction. Within 30 business days, we will either make the requested correction or tell you why we will not. We cannot correct Consumer Report Information, such as your credit report. To do this, you must contact the consumer reporting agency that provided it.

If we make your requested correction, we will notify you in writing. We will also notify anyone named by you who may have received the information within the previous two years. If required by law, we will also notify others who may have given it to or received it from us. If we refuse to make the requested correction, you may file with us a concise written statement about why you object, including the information you think is correct. Your statement will then become part of your file. It will be sent to the same persons to whom we would send a copy of any correction or change.

Our family of insurance companies

This notice is from our family of insurance companies. As of the date of this Privacy Policy, this includes: Artisan and Truckers Casualty Company, Drive New Jersey Insurance Company, Mountain Laurel Assurance Company, National Continental Insurance Company, Progressive Advanced Insurance Company, Progressive American Insurance Company, Progressive Bayside Insurance Company, Progressive Casualty Insurance Company, Progressive Choice Insurance Company, Progressive Classic Insurance Company, Progressive County Mutual Insurance Company, Progressive Direct Insurance Company, Progressive Express Insurance Company, Progressive Freedom Insurance Company, Progressive Garden State Insurance Company, Progressive Gulf Insurance Company, Progressive Hawaii Insurance Corp., Progressive Marathon Insurance Company, Progressive Max Insurance Company, Progressive Michigan Insurance Company, Progressive Mountain Insurance Company, Progressive Northeastern Insurance Company, Progressive Northern Insurance Company, Progressive Northwestern Insurance Company, Progressive Paloverde Insurance Company, Progressive Preferred Insurance Company, Progressive Premier Insurance Company of Illinois, Progressive Professional Insurance Company, Progressive Security Insurance Company, Progressive Select Insurance Company, Progressive Southeastern Insurance Company, Progressive Specialty Insurance Company, Progressive Universal Insurance Company, Progressive West Insurance Company, and United Financial Casualty Company.



Provider Network Program

If you're hurt in an accident that's covered by your Progressive policy, you may have access to a network of medical providers in your area who can treat you. These providers may offer reduced rates through the network that could allow you to get more treatment if necessary.

Visit progressive.com/providernetworks anytime to find out what provider networks are available in your area. The claim representative handling your medical claim will also be able to provide this information if you're in an accident.

You are under no obligation to use any network referenced above. You're free to see a medical service provider of your choice. Using a provider within the network doesn't necessarily mean that we'll cover the cost of their services. If you're in an accident, always check with the claim representative handling your medical claim to confirm what's covered.

Form Z271 (01/12)

PPACA06M 000702 007 C 006 004 < 1781 WA (04/12) >



Notice of underwriting and rating decision

Thank you for choosing a Progressive Insurance Group company for your insurance needs. Our goal is to provide you with an outstanding insurance experience at a competitive price.

When you quote, buy, renew or make changes to your policy, we obtain information from you and other sources. This may include information from your driving history, comprised of motor vehicle reports as well as credit reports. This allows us to give you a rate that better reflects your individual risk factors.

Under the federal Fair Credit Reporting Act, an insurer is required to send its customers a notice of "adverse action" if the insurer uses certain information from outside sources and, based on that information, the insurance is denied or cancelled, or there is an increase in the charge for the insurance. Some state laws require the notice when the customer is not placed in the insurer's very best rating category, even though this information may place a customer in an excellent rating category and, in many cases, actually improve the customer's rate.

We are providing this notice to comply with these legal requirements to notify you, and to help you understand better the information we use.

If you believe the information we used is incorrect or incomplete, or if you have questions about our use of this information, please refer to the procedures under the heading, "What should I do if I have a question?"

Description of the action taken:

You were not given our best underwriting or rating classification.

What was the effect of the action?

We did not give you our lowest premium due, in part, to information contained in your credit history. Even so, your premium may be lower than it otherwise would have been without our use of your credit history information. We look at credit history information that helps us to measure your insurance risk; this information does not necessarily reflect your credit worthiness. We evaluate your credit history information differently than a lender would. Therefore, it is possible to have a very good credit score, yet still not be eligible for our absolute lowest premiums.

Information that we evaluated from your credit history was very good, but we did not give you our lowest possible premium due to the following:

- You applied for credit at least once in the last 2 years, excluding auto or mortgage applications.
- You applied for 1 or more auto loans or leases in the last 2 years.
- The average open date of all your reported loans and accounts was less than 7 years ago.

For more information about our review and use of credit, refer to "Why is credit history reviewed and used?"

Who took the action?

The action was taken by United Financial Casualty Company, which underwrote, priced and issued the policy, using consumer reports obtained by Progressive Casualty Insurance Company.

Who provided the information?

Credit information for ZED KIPLE
was provided by:

Equifax Credit Info Services
P.O. BOX 740241
Atlanta, GA 30374-0241
1-800-685-1111
www.equifax.com/fcra

What should I do if I have a question?

If you have a question about information in your credit report, please contact Equifax Credit Info Services. You may obtain a free copy of your credit report for 60 days after you receive this notice. You may also dispute the report's accuracy or completeness with Equifax Credit Info Services.

If you have questions about our use of credit history and insurance scores or need assistance obtaining a copy of your credit report, please call the Credit Information Team at 1-800-876-5411, Monday through Friday, 8:00 a.m. to 7:45 p.m. EST or Saturday, 9:00 a.m. to 12:45 p.m. EST.

The consumer reporting agencies who provided us with information about you did not make the underwriting and rating decision described in this notice, and cannot explain why the action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your premium after the report has been corrected by the consumer reporting agency.

Since information contained in your consumer reports affects your premium, it is important for you to ensure that information in the reports is accurate.

How can an insurance score be improved?

A consumer can improve his or her insurance score, or maintain a good score, by paying bills on time and keeping credit balances low. It is also a good practice to avoid numerous credit applications in a short period of time. Every consumer should also regularly review his or her credit report to ensure that it remains accurate.

Why is credit history reviewed and used?

Credit history information has proven to be a very powerful predictor of future losses. This is confirmed by company data and research undertaken by a number of groups including EPIC Actuaries; LLC; the University of Texas at Austin; Fair, Isaac & Company and the Texas Department of Insurance.

Using credit history information as an underwriting factor has allowed us to offer more accurate and lower premiums to more people. Frequently, consumers unable to meet more traditional underwriting guidelines are able to get a lower premium because a review of their credit history is a component of the underwriting process.



Agent compensation disclosure

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by United Financial Casualty Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (05/05)

PPACA06M 000702 007 C 006 006 < 1781 WA (04/12) >

