

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: 10542	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	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: EASY COMPANY - Kyle Carson  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 903 N 128<sup>TH</sup> ST, SEATTLE, WA 98133

Mailing Address 11038 GREENWOOD AVE N. #21 SEATTLE, WA 98133

Telephone Number (206) 939-9550 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604937721

Email: KC@EASYCOMPANYMOVING.COM

USDOT #: 3003858 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 648,084-00

Employment Security Department registration number 000-706620-00-0

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 \_\_\_\_\_

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 % of Shares</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: A HIGHLY SYSTEMATIC METHOD OF PROTECTING AND EFFICIENTLY MOVING CLIENTS BELONGINGS SETS US APART FROM OUR COMPETITION; PROVIDING A MORE PROFESSIONAL EXPERIENCE FOR OUR CLIENTS. WE ALSO OFFER DISCOUNTS TO SENIORS AND VETERANS.

2. Briefly describe your experience in the transportation/household goods moving industry: 7 YEARS OF EXPERIENCE MOVING IN SEATTLE. 3.5 YEARS AT CAN'T STOP MOVING, 3.5 YEARS AT SEATTLE MOVERS (CURRENT EMPLOYER)

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

<b>FINANCIAL STATEMENT</b> - <i>SEE ATTACHED PLAN</i>			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
2007	MITSUBISHI	C944635	JL6BBH1SX7K007287	14,500 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: KYLE CARSON

Position: BUSINESS 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: KYLE CARSON Position: BUSINESS 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: KYLE CARSON Position: BUSINESS 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.

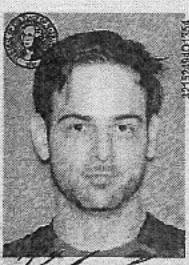
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

KYLE CARSON [Signature] 8/14/17, SEATTLE  
Print name of applicant Signature of Applicant Date and Location

DRIVER LICENSE



4d LIC# [REDACTED]  
 1 CARSON  
 2 KYLE RICHARD  
 3 DOB [REDACTED] 4a Iss 09-06-2015  
 15 Sex M 16 Hgt 6-02  
 17 Wgt 190 18 Eyes BRN  
 9 Class 9a End NONE 4b Exp 09-04-2022  
 12 Restrictions NONE  
 5 DD [REDACTED] Rev 09-16-2009


*Kyle Carson*

**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:** Kyle Carson

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Martin Cook "manager" Seattle Movers
Address (include street address, mailing address, city, state, zip, and county):	903 N. 128th St. Seattle WA 98033
Phone Number:	206-284-9445
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:	I have overflow that I want to refer.
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	Seattle is a booming city and there is a need for more reliable companies.
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 will give us another company to refer in our network.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We are referring them into the same field of service we provide. This speaks to the level of respect and confidence we have in them.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Signature of Person Completing Form	Date and Location
	7-31-17 Seattle WA

**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:** Kyle Carson

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
 Linda B. Eide, Managing Disiplinary Counsel, WSBT

**Address (include street address, mailing address, city, state, zip, and county):**  
 7030-116th Ave NW, Seattle WA 98117 (King County)

**Phone Number:**  
 206-650-3407

**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:** I don't know anyone in this business, so it would be great to be able to refer people to Kyle, as I totally trust he would do a good job.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** I've known Kyle since he was a little kid; he went on a family vacation with us and regularly socializes with my son. I know him to be honest, intelligent and hardworking. He would be an asset to the moving industry.

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

*Linda Eide*  
 Signature of Person Completing Form

May 23, 2017 Seattle, 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:** Kyle Carson

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Kirk Pesce</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>8747 18<sup>th</sup> Ave NW, Seattle WA 98117, King</u>
Phone Number:	<u>206-793-2440</u>
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>I will be moving sometime in the next 6 months to a year.</u>
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:	<u>Seattle Movers for 3 years. Kyle Carson has been working for my moving and integrity. He has been an outstanding employee with considerable dedication and integrity. The moving industry would benefit greatly with someone like</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>Kyle is hard working, honest and generally a great guy. who will benefit the moving industry and serve the community well.</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Person Completing Form	<u>8/2/17 King County</u> Date and Location

Kyle. He has always treated the clients with respect and honest. On a regular basis he has earned 5 star reviews. I will miss his work ethic and dedication but am excited to see his succeed in his endeavor.

# **Easy Company Business Plan**

Kyle Carson

8-4-17

KC@EasyCompanyMoving.com

## Opening statement

Hello, my name is Kyle Carson. I intend to open and operate a moving company in the greater Seattle area for intrastate commerce and eventually expanding to interstate commerce. It has been a dream of mine to open my own moving company for years, and with my wealth of experience, patience, and dedication to my craft I believe I will be an asset to the moving industry in my home state of Washington, and specifically in Seattle, which is where I was born and raised.

The name for the company is in reference to the unit my grandfather(Gordon Carson) served in during WWII. He freed my grandmother from a nazi prison camp during the war, and they were married shortly thereafter while still in Germany. My father was born in the same camp before being transported to the U.S. to be reunited with my grandfather. I was very close to them when they were alive, so the name, and this company, mean the world to me.

I have quite a bit of experience moving household/business belongings. Over the past 7 years I have completed thousands of professional moves and have the references to prove it. This gives me the experience and confidence necessary to provide an elite level of service to my customers. I am very passionate about my work, and have extremely high standards that I expect everyone on my team to adhere to. If any industry should be customer first, no matter what, this is the one.

We carry an enormous amount of responsibility when we move peoples belongings. I believe that my level of professionalism, expertise, expectations of my employees, work ethic, and roots in the Pacific Northwest will allow me to excel in this endeavor.

## Competitor Research

The information provided bellow is what our current research of the industry surrounding the greater Seattle area has to offer. We offer a 10% discount to Vets and Seniors. Our rates our competitive, while still reflecting the value of our expertise and knowledge.

- Starving Students: \$84.99 an hour for 2 workers and a truck
- Seattle Movers-\$130 dollars an hour for 2 workers and a truck
- Adams Moving: \$130 dollars an hour for 2 workers and a truck
- **Easy Company-\$115** dollars an hour for 2 works and a truck

The average cost for a box supplied by the mover is roughly \$6.00 dollars a unit. We can purchase the same box for roughly \$2.00 dollars a unit or less from a slew of suppliers and mark the price up 15% and still be well under the cost of a box from our competitors. This is the same for any other packing materials offered by all of the other companies. We also found that the majority of companies charge an additional \$40.00 dollars an hour for every additional person. I can provide the same trained individual for \$5.00 dollars less an hour and still turn a great profit.

## Plan of Action

I have been setting up the infrastructure to run Easy Company since January. This includes building a website, purchasing a truck, and all of the requisite equipment to be a full-service moving company. I have all of my infrastructure and systems in place, and with my network of family, friends, and business associates in Seattle, I have no doubts that I will be able to make a good living while providing the best moving service possible to the Pacific Northwest.

## Cost Worksheet

### ASSETS

Cash in Bank:5800  
Notes Receivable:\$1200  
Investments:\$0  
Other Current Assets:\$23,000  
Prepaid expenses:\$0  
Land and Buildings:\$0  
Trucks and Trailers:\$14,215  
Office Furniture:\$220  
Other Equipment:\$2370  
Other Assets:\$3500

**TOTAL ASSETS : \$50,305**

### LIABILITIES

Salaries\Wages Payable: \$0(Unknown)  
Accounts Payable: \$1233  
Notes Payable: \$250

**TOTAL LIABILITIES:\$1483**

For every following month the cost to operate will be roughly \$1,400.00. This cost is assuming that I am not doing any business. Otherwise, the cost to operate would increase accordingly to cover payroll, federal, and state taxes for employees.

## Final Statement

I have been working towards this goal for a long time, and I am excited to see my hard work pay off. I know from being in the industry at ground-level that there is a better way to do things than most, and that I offer a higher standard of customer service. With a service that will rival the national companies and a price that will rival the local companies, coupled with Seattles continued growth and expansion, I will no doubt find my place in the industry. This is my home, and I treat it with the respect it deserves. I have a lot at stake, my whole family is watching me from the sidelines and this is the biggest opportunity I've ever had, and the biggest risk I've ever taken. I look forward to working with the UTC and becoming a model for other moving companies to aspire to emulate. I have high standards, I want things done right, from the start. Thank you for considering my application, I do appreciate your time and look forward to hearing from you.

Sincerely,

Kyle Carson

## **POLICY**

# **DRIVER SAFETY POLICY**

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## **EASY COMPANY**

### **Purpose**

Easy Company recognizes that our employees are our most valuable asset and the most important contributors to our growth and success. Easy Company will do everything possible to prevent workplace accidents and is committed to providing a safe working environment for all employees.

Motor vehicle accidents are a leading cause of work related fatalities. The environment in which these accidents occur involves numerous complex factors, many uncontrollable. The purpose of Easy Companys Driver Safety Policy is to provide the means to reduce such factors to eliminate unnecessary injuries.

### **POLICY GUIDELINES**

#### **Driver Eligibility:**

-Drivers must possess a valid drivers license for the type of vehicle to be operated, and keep the license(s) with them at all times.

#### **Drug/Alcohol Testing:**

-Initial and periodic random drug and alcohol testing is mandatory. Testing will be conducted by a licensed medical facility designated by Easy Company. Any positive results will be grounds for termination. Driving under the influence of alcohol or any other illegal substances will result in immediate termination and/or prosecution.

#### **Insurance Requirements:**

-Employees who use their personal vehicles for company business are required to carry adequate limits of liability, with a suggested minimum of \$100,000 for property damage and \$300,000 for bodily injury. A copy of the declaration page of your personal automobile insurance policy must be provided to Easy Company annually at your renewal date.

#### **Basic Vehicle Operation Guidelines:**

Employees are required to adhere to the following basic vehicle operation principles:

- Always wear seat belts.
- Drive defensively. Always try to anticipate what other drivers\Cyclists on the road might do wrong and plan your mode of escape. Never move through traffic aggressively. Exercise extreme patience, be an example of courteous driving.
- Respect speed limits and traffic signs.
- Always apply the parking brake, even if there is a park gear available, and chalk the tires

if on a hill.

-Do not drive in dangerous conditions, including drowsiness and inclement weather.

### **Refueling Guidelines**

-Turn off the engine while refueling.

-Never smoke or use any flame emitting device while refueling.

-Do not get into the vehicle during refueling, as this presents a flash fire hazard.

-Do not overfill or top off the vehicles fuel tank.

### **Distracted Driving**

Easy Company is committed to employee and public safety, and for this reasons firmly prohibits all behavior that distracts employees while they are operating a company vehicle. Guidelines are as follows:

-Use of cellphones while driving is strictly prohibited

-Use of electronic devices-including laptops, PDAs, cameras, etc.- While driving is strictly prohibited unless specifically outlined below.

### **Emergency calls**

-The only exception to the cell phone use guidelines is calls placed to 911. If placing or accepting an emergency call, it should be kept short, with a hands-free option if available. The vehicle should also be pulled over if possible.

### **GPS Systems**

Easy Company understands that sometimes, especially when traveling in unfamiliar areas, drivers require assistance with directions. GPS systems can be extremely helpful in keeping us on time and on track for our customers, but they can also be very distracting if used improperly. Employees must adhere to the following:

-Mounted GPS systems may not block or obstruct the drivers view in any way.

-GPS Systems must be voice-narrated and must not require that the driver look away from the road to follow instructions.

-Employees are prohibited from programming the device while in motion.

-Employees are required to review all instructions, turns, exits, prior to moving, therefore your route will be known and you can anticipate which lane you need to be in, and when.

### **Accident Investigation Procedures**

Easy Company realizes some accidents are not preventable. Drivers should seek medical attention immediately, if necessary, and then try to help others if at all safely possible. Supervisors and drivers will be trained in post-accident procedures to secure the details of the accident and document the damage. Providing detailed facts of the accident will ensure a fair and just process going forward.

### **Prohibited Behavior:**

Behaviors that may result in suspension or termination include:

-Driving while under the influence

-Hit and run

-Operating a vehicle with a suspended license



- Using a motor vehicle for commission of a felony
- Reckless Driving
- Distracted Driving
- Three or more major traffic violations

## **Employee Acknowledgment**

I have read and understand the Easy Company Driver Safety Policy. I understand what is expected of me, and I understand the responsibility that I accept when I am behind the wheel. I understand that many pedestrians, drivers, and cyclists on the road depend on my professionalism and skill when operating company vehicles. I agree to adhere to all rules set forth in this policy.

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Employee Name

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Employee Signature

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Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2017

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 have **ADDITIONAL INSURED** provisions or 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).

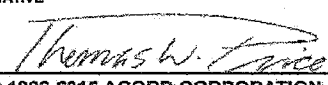
<b>PRODUCER</b> Rice Insurance LLC 1400 Broadway P.O. Box 639 Bellingham WA 98227		<b>CONTACT NAME:</b> Courtney Reading <b>PHONE (A/C, No, Ext):</b> (360)734-1161 <b>E-MAIL ADDRESS:</b> courtneyr@riceinsurance.com <b>FAX (A/C, No):</b> (360)734-1173	
<b>INSURED</b> Kyle Carson, DBA: Easy Company 11038 Greenwood Ave N #21 Seattle WA 98133		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Divide Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1773144506                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			05TRM02463501	08/01/2017	08/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			05TRM02463501	08/01/2017	08/01/2018	Per Conveyance 25,000

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

<b>CERTIFICATE HOLDER</b>  Washington Utilities & Transportation Commission 1300 S Evergreen Park Dr SW  Olympia WA 98504	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
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