

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket # <u>170935</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

- 043602**
- 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 as well as a closing annual report. \$ 550
  - Permanent authority to transfer** under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 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: CY Moving Inc.  
(must be individual, partners of a partnership or corporation)

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

Physical Address 17716 Larch Way Lynnwood WA 98037

Mailing Address 17716 Larch Way Lynnwood WA 98037

Telephone Number (206) 929-6888 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604-142-263 Email: best.seattle.moving@gmail.com

USDOT #: 3033340 (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 # \_\_\_\_\_

Employment Security Department registration number \_\_\_\_\_

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 Inc.

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

Name	Title	Stock Distribution or % of Shares
<u>Changyuan Jiang</u>	<u>CEO</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: We wish to provide moving services including packing, disassembling, assembling and moving household goods.

2. Briefly describe your experience in the transportation/household goods moving industry: I think packing and stacking are very important to the transportation / household goods moving industry.

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 MC-41448

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	\$ 11000	Salaries/Wages Payable	\$ 2500
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 3000	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 2000	<b>TOTAL LIABILITIES</b>	\$ 2500
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4800	Preferred Stock	\$ 0
Office Furniture	\$ 1000	Common Stock	\$ 0
Other Equipment	\$ 3000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 24800	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

### 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
2002	HINO FF2620	C36826K	JHBF E2TRX21S10887	25

### 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: <u>Changyuan Jiang</u>	Position: <u>CEO / Driver / Mover</u>
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**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: Changyuan Jiang Position: CEO

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: Changyuan Jiang Position: CEO

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.

Changyuan Jiang Changyuan Jiang Aug 29 17 / Lynnwood  
Print name of applicant Signature of Applicant Date and Location WA

**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:** Changyuan Jiang (CK Moving Inc.)

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

**Name, Title, and Business Name:**  
Daniel Gu

**Address (include street address, mailing address, city, state, zip, and county):**  
27100 121st Pl SE Kent WA 98030

**Phone Number:**  
425 524 6328

**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 need to move next year possibly to a new place

**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:**  
They are trustworthy people.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
No. Thank you for your consideration for granting this company the permit.

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


Daniel Gu Aug 30 / 2007  
Signature of Person Completing Form 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:** *Changyuan Jiang (CR Moving Inc.)*

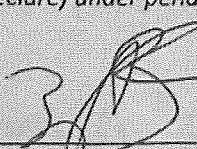
<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <i>VIJAY TRIPATHI</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>28029 243<sup>rd</sup> Ave SE, Maple Valley, WA 98038</i>	
Phone Number: <i>281-619-5670</i>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <i>Moving from Apt to new house</i>	
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Good reference for moving.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>None</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i></i> Signature of Person Completing Form	<i>03/29/17 - BELLEVUE</i> 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:** ~~XXXXXXXXXX~~ Changyuan Jiang CK Moving Inc.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	
Address (include street address, mailing address, city, state, zip, and county): 23058 N 178th St, Shoreline, WA, 98133	
Phone Number: 206 - 856 - 4733	
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: Not for a year - we just moved	
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: next time we move	
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: Because you are great & fast movers!	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They were a great & reliable company.	
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	8/28/17, Seattle 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:** Changyuan Jiang CY Moving Inc.

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

**Name, Title, and Business Name:** Siyun (Sharon)

**Address (include street address, mailing address, city, state, zip, and county):**  
1159 Ayala Drive Sunnyvale, CA 94086

**Phone Number:** 408-713-3777

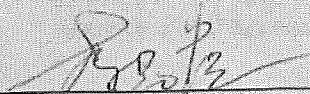
**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs: I need moving from my house to a storage unit in about one month from now

**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 would need to move back from storage to my house in the future

**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:** Yes so these wonderful people can help me move next time

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

*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

August 27, 2017  
Date and Location



**Statement of Drug and Alcohol Testing Services  
Provided by Drug Free Business**

Retain this document in your drug and alcohol testing records.

This certifies that: CY Moving Inc

is a member of Drug Free Business and receiving drug and alcohol testing services since August 30, 2017.

Drug Free Business (DFB) is a Washington not-for-profit 501(c)(3) corporation providing drug and alcohol testing services for our members that must comply with Federal and Department of Transportation procedures for transportation workplace drug and alcohol testing programs, 49 CFR 40, et.al. and other state requirements and programs. Washington Drug Free Business is located at 18912 North Creek, Suite 202, Bothell, WA, 98011, telephone 425-488-9755.

All testing is primarily performed by a SAMHSA certified laboratories authorized to perform testing under DHHS and DOT standards.

Medical Review Officer (MRO) services are performed by Dee J McGonigle, M.D., Drug Free Business, 18912 North Creek Parkway, Suite 202, Bothell, WA, 98011, (425) 488-9755 or (866) 448-0651.

DFB uses a proprietary computer software program to select drug and alcohol random tests as specified by the Department of Transportation (DOT) or under your own company's policy using the employee data you supply. It is the employer's responsibility to make sure this data is updated and correct.

If you have any questions please call (866) 448-0651

Robi Bolton, C-SAPA  
Director MRO Services

JIANGC\*139RB

JIANG, CHANGYUAN

This is your temporary document. Carry this with you until you receive your new one in the mail.

Your new card will show the last photo we took. If you don't receive your document in 30 days, please call us (360) 902-3900 or email [Customercare@dol.wa.gov](mailto:Customercare@dol.wa.gov).

This Temporary Document Expires 9/7/2017

This document is intended to be used for driving purposes only. It is not valid for identification purposes unless accompanied by another piece of identification, like a recently expired driver license.

~ PERSONAL INFORMATION ~	
NAME	JIANG, CHANGYUAN
BIRTH DATE	[REDACTED]
GENDER	M
HGT	5'-10"
WGT	126
EYES	BRO
RESIDENCE ADDRESS	17716 LARCH WAY LYNNWOOD WA, 98037 - 8204


~ LICENSE INFORMATION ~	
DOCUMENT TYPE	DRIVER LICENSE
LICENSE #	[REDACTED]
CONTROL #	31172052C1721
ISSUE DATE	07/24/2017
EXPIRATION DATE	12/02/2022
RESTRICTIONS	NONE
ENDORSEMENTS	NONE
CLASS	NONE
ORGAN DONOR	YES
VETERAN	NO

~ MAILING ADDRESS ~	
Your license will be mailed to:	17716 LARCH WAY LYNNWOOD WA, 98037 - 8204

# TEMPORARY AUTO IDENTIFICATION CARD

STATE FARM®

This card is invalid if the policy for which it was issued lapses or is terminated.

CAR INSURANCE CARD		
POLICY NUMBER 47-6095-H69 State Farm Fire and Casualty Company		
INSURED JIANG, CHANGYUAN		
EFFECTIVE DATE JUL-21-2017		EXPIRATION DATE SEP-18-2017
CAR-YEAR/MAKE/VEHICLE IDENTIFICATION NUMBER 2002 HINO FE2620 TRUCK JHBFE2JRX21S10857		
COVERAGES A BODILY INJURY/PROPERTY DAMAGE LIABILITY H, U, U1		
		NAIC #25143
AGENT STEVENS, WILLIAM DELANEY 3805 108TH AVE NE STE 21 08 BELLEVUE, WA 98004-7613 PHONE# 425-898-4886		
STATE FARM®		

## IF YOU HAVE AN ACCIDENT- NOTIFY POLICE IMMEDIATELY

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to [statefarm.com](http://statefarm.com), or visit State Farm Pocket Agent® to file a claim.

For Emergency Road Service call 1-877-627-5757

## HOW TO IDENTIFY YOUR COVERAGES

### SEE POLICY FOR FULL NAME AND DEFINITION (All coverages not available in all states.)

A or AB	Liability (Bodily Injury/Property Damage)	U	Uninsured Motor Vehicle
C, M	Medical Payments	U	Underinsured Motor Vehicle in Washington
D	Comprehensive or Other Than Collision (OTC)	U	Uninsured and Underinsured Motor Vehicle-BI/PD in Alaska
DWG	Comprehensive with Full Class	U1	Uninsured Motor Vehicle-PD
E	Fire, Theft, Other Specified Perils	U1	Uninsured and Underinsured Motor Vehicle in Alaska
F, G, or J	Collision	U1	Uninsured Motor Vehicle-BI/PD in Indiana
H	Emergency Road Service		
L	Physical Damage	U1	Underinsured Motor Vehicle-PD in Washington
N	Property Protection (Name varies by state)	U2	Uninsured and Underinsured Motor Vehicle-PD
P, Q	Personal Injury/No Fault (Name varies by state)	UNOC	Use of Nonowned Cars
R	Car Rental	W	Underinsured Motorist
R1, R2	Car Rental and Travel Expense	Y	Limited Property Damage
S	Death, Dismemberment		Liability (Michigan)
T	Disability	Z	Loss of Earnings

Because many states require evidence of insurance on demand, one copy of this form should be carried in the vehicle at all times.

A toll free number is available for Emergency Road Service and is located on your insurance card.



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
08/29/2017

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>State Farm</b> Toby Stevens State Farm 3805 108th Ave Ne 210B Bellevue, WA 98004	<b>CONTACT NAME:</b> PHONE (A/C, Ho, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Jlang, Changyuan 17716 larch Way Lynnwood WA 98037	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

DESCRIPTION OF VEHICLE OR EQUIPMENT				
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2002	Hino	Fe2620	Truck	JH8FE2JRX21S10887
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
Y		<input checked="" type="checkbox"/> VEHICLE LIABILITY	47-6069-H69	07/21/2017	01/21/2018	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$ 100000
Y		GENERAL LIABILITY	47-6069-H69	07/21/2017	07/21/2017	EACH OCCURENCE	\$ 100000
		<input checked="" type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$ 300000
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					\$
						Total premium paid:	\$672.42

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>ADDITIONAL INTEREST</b> Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		<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.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST	ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE		
	LENDER'S LOSS PAYEE <input type="checkbox"/>		
	LOAN / LEASE NUMBER		
AUTHORIZED REPRESENTATIVE			

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