

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

FOR OFFICIAL USE ON	LY		· ·
Date Filed:	DOL/SOS:	ID:	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 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	\$ 35
•	\$ 35
BUSINESS INFORMATION	\$ 35
BUSINESS INFORMATION Legal Name: NCW Horizons Moving LLC	\$ 35
BUSINESS INFORMATION Legal Name: NCW HOT 2005 MOVING LLC Trade Name, if applicable	\$ 35
BUSINESS INFORMATION Legal Name: NCW Horlzons Moving LLC Trade Name, if applicable Physical Address 1002 5 140th St Bwith WA 98164	\$ 35

Is your business registered with the <u>Department of Revenue</u> ? No Yes
UBI#: 604-085-993 USDOT#: 298 0931
If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.
Department of Labor & Industries (L&I) Worker's Comp account # Pending
Employment Security Department (ESD) registration # Pending Recent affached
If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per <u>WAC 480-15-555</u> , a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to <u>WAC 480-15-302</u> and <u>305</u> .
TYPE OF BUSINESS STRUCTURE
The second secon
□ 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:
Name JOSHNA MILLS WIST OWNWMANAGER Stock Distribution or % of Shares
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: Household 200d Money As the fun it sound region continues to 2000 mars movels are needed. I vant to crowde superior service and overall value. Competive prices and great service,
2. Briefly describe your experience in the transportation/household goods moving industry: I have done some moving and I have experience driving tiggrachs Pry day is a new puzzle and a new set of challenges. No sot is exactly

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 pe Washington? ▼No □ Yes If yes, please expla						
5.	Do you currently operate interstate? ₹ No ☐ Ye	s If yes, please indicate yo	ur MC#				
6.	Do you operate interstate as an agent of anothe If yes, what is the name of the company?						
7.	Do you have, or have you ever had a business-re or in any other state? 🦹 No □ Yes If yes, pleas		inst you in Washington,				
	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				
· L	*attach additional pages if necessary						
9.	Has any person named in this application, been cited for violation of state laws or Commission rules? \mathbf{X} No \Box Yes If yes, please list below:						
	Violation	Date	RCW/WAC				
L	*attach additional pages if necessary						

FINANCIAL STATEMENT

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

Ass	ets	Liabilities			
Cash in Bank	\$ 3,015,18	Salaries/Wages Payable	\$0		
Notes Receivable	\$ 6	Accounts Payable	\$0		
Investments	\$ 0	Notes Payable	\$ O		
Other Current Assets	\$0	Mortgages Payable	\$ 0		
Prepaid Expenses	\$?	TOTAL LIABLITIES	\$0		
Land and Buildings	\$0	NET WORTH			
Trucks and Trailers	\$10,000?	Preferred Stock	\$0		
Office Furniture	\$900	Common Stock	\$ 0		
Other Equipment	\$2,500 ?	Retained Earnings	\$ 3015, 183		
Other Assets	\$0	Capital	\$		
TOTAL ASSETS	\$ 16,300 0830	TOTAL LIABILITIES & NET WORTH	\$3015,18?		

	Describe the	EQUIPM e equipment you will owr (attach additional s	or lease to provide moving serv	vices
Year	Gross Vehicle			
5009	Sterling	C50452A	2FZHASATIYAF2I765	Weight 20,000

	AL RESPONSIBILITIES
)-15-480). You must annually file a report of your
financial operations and pay regulatory fees.	
Name Joshna M. West	Position: OVNUY
STATE OF WASHINGTON – general laws, rules and i	regulations: Individuals and companies doing business in
	ulations of local, state, and federal agencies. Please state
	zation who will be responsible for ensuring compliance
	but not limited to the Department of Labor and Industries artment of Licensing (vehicle and drivers licenses, business
	fuel permits, fuel tax; Secretary of State (corporate
	-size or over-weight permits); Department of Revenue,
Internal Revenue Service (taxes); and Employment	
	Position OWNEX
Name: Joshna M. West	OMINA
If you would like to receive information about	new household goods carriers, check here \Box
DECLARATI	ON OF APPLICANT
I understand that filing this application does not	in itself constitute authority to operate as a household
goods mover.	
and the entropy of the first terms	1 11 11 11 11 11 11 11 11 11 11 11 11 1
	understand the responsibilities of a motor carrier and I
goods movers, in the state of Washington.	regulations governing businesses, including household
goods movers, in the state of washington.	
Lunderstand that if the commission grants my ap	plication as a new entrant I will receive temporary
	s carrier on a provisional basis for at least six months.
	nether I have met the criteria in WAC 480-15-305 to
	at I must comply with all conditions placed on my
temporary permit and that failure to do so will re	sult in cancellation of my permit.
Advanced a constant and the second second	and the second section of the section of
lading, rates and charges and terms and condition	with commission rules regarding estimates, bills of
employees are sufficiently trained to comply with	
	My company will provide a copy of the customer survey
to each customer for whom we provide transport	
I understand the commission will complete a crim	ninal background check on each person named in the
application.	
to a state of the	
I certify or declare under penalty of perjury under	
information contained in this application is true a	nu correct.
Toshina M West Man	2 22 41 0 25 140
305hya M. West Only	2/12/14 Burien WA
Print name of applicant Sig	nature of Applicant Date and Location

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, <u>Code of Federal Regulations Part 382 and Part 40</u>). 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: Toshna M. Vust

Position:



Thank you for filing online

Our processing time generally takes up to 10 business days. Some endorsements may take more time for state or city approval. You will receive your business license with approved endorsements in the mail. An updated business license will be mailed to you when additional endorsements are approved.

Confirmation

0-001-667-071

Filing Date and Time: 02/12/2018 10:54:26 AM

Number: Payment Method:

ACH Debit/E-Check

Business Entity Information

Entity Type:

Limited Liability Company

Name of Entity:

NEW HORIZONS MOVING LLC

AccountID:

604085993-001-0001

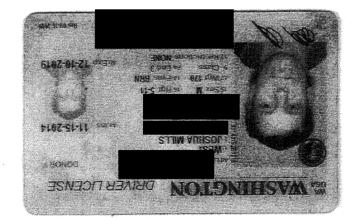
Firm Name:

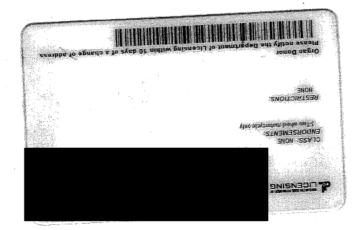
NEW HORIZONS MOVING LLC

Endorsement(s) Applied For	Commence	Cease	Count	Fee
Industrial Insurance	02/12/2018		1	\$0.00
Unemployment Insurance	02/12/2018		1	\$0.00
			· · · · · · · · · · · · · · · · · · ·	\$0.00
Fee Type	Commence	Cease	Count	Fee
BLS Processing Fee	02/12/2018		1	\$19.00
				\$19.00

Grand Total:

\$19.00







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/12/2018 2:14 PM

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 HERE IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE ADD. IS JUST BY THE POLICY ESP. (MMIDDYTYY) COMMERCIAL GENERAL LIABILITY OCMMERICAL GENERAL LIABILITY ANY AUTO AUTOMOBILE AUTHORITY ANY AUTO AUTOMOBILE AUTHORITY ALIVONED AUTONS OSTROGOTOLO TO COMPADAGE	3	CERTIFICATE IS ISSUED AS A MATTER								***************************************
MUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOUBER MOPORTANT I fill certificate holds is an ADDITIONAL INSURED the prologo(sas) must be endorsed. If SUBROCATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsementAl statement on this certificate does not confer rights to the certificate foliose may require an endorsementAl statement on this certificate does not confer rights to the certificate does not confer rights to t										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED; the policyless must be endorsed. If SUBROCATION IS WAINED, subject to the terms and conditions of the policy, certain policies may require an endorsement at statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(e). CERCO Insurance Agency, Inc. Condess C							BEIWEEN INE	1550ING INSURERS),		
CONTROL NAME NAM							f SUBROGATIO	N IS WAIVED, subject to	***************************************	
COMPANY PROPERTY HAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN INSURED TO THE INSURED OF THE POLICY PERIOD INSURANCE PROPERTY HAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN INSURED TO THE INSURED OF THE POLICY PERIOD INSURANCE PROPERTY HAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN INSURED TO THE				may r	require an endorseme	nt.A statement on thi	s certificate does	not confer rights to the		
MAME Berkshire Nathway Homestate Companies MAME March MAME MACK MAKE	ļ		<u>}. </u>	-4:						
PHONE FROM							shire Hathawa	y Homestate Companie	S	
Fredericksburg, VA 22412 EAMIL ADDRESS INSURERS A CONTINENTAL DIVIDE INSURANCE INSURER E COMPANY INSURE E COMPANY INSURER		- **				PHONE	***************************************		***************************************	*****
INSURER INSURA						 		[(A/G. No):		
INSURED INSURED INSURANCE INSURED INSURANCE INSURED IN							01102201012	NA 60 NA 65		20.00.0
NEW HORIZONS MOVING LLC INSURER R: COMPANY	INSU	RED				-			750	
INSURED C. INSURED C. INSURED C. INSURED C. INSURER C.	NEV	V HORIZONS MOVING LLC				INSURER B: COMP	ANY		775	33
SEATTLE, WA 98168 UNSURER E	1002	2 S 140TH ST							-	
COVERAGES CERTIFICATE NUMBER: 360.074 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 PREQUIREMENT, 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 REDUCEDED BY PAID LIAMS. INSE. TYPE OF INSURANCE ADDI. SUBR. TYPE OF INSURANCE SCHEDULED ADDIT SUBR. TYPE OF INSU	SEA	TTLE, WA 98168					***************************************		+	
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 POLICY ED SECRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID (LAIMS LIMITS TO FINANCIAL THE TERMS). LYR. GENERAL LABILITY COMMERCIAL STATEMENT OF THE MAY AND THE POLICY EXP (IMMIDITY STATEMENT) AUTOMOBILE AUTHORITY ANY AUTO AUTOMOBILE AUTHORITY ANY AUTO AUTOMOBILE AUTHORITY AUTOMOBILE					260					
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 HERRIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSS TYPE OF INSURANCE ADD. SUER POLICY EFF INSD WYD POLICY WITH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. CEMERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CENTRAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CENTRAL GENERAL LIABILITY CENTRAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CENTRAL GENERAL LIABILITY COMMERCIAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL LIABILITY COMMERCIAL LIABILITY COMMERCIAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL	[***************************************		······································					
CERTIFICATE MAY BE ISSUED OR NAY 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 TYPE OF INSURANCE ADDL SUBR NISD TYPE OF INSURANCE ADDL SUBR NISD TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY NUMBER POLICY PRO COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ANTOMOBILE AUTHORITY ANY AUTO ALLOWIED ALTOIS AUTONS	3									
INSE TYPE OF INSURANCE INSO W/D POLICY NUMBER MMIDDYYYY) GENERAL LIABILITY COMMERCIAL GENERAL COMPRIOR AGG S COMBINED SINGLE LIMIT S TOPOLOGY PRODJ AUTOS AUT	CERT	TIFICATE MAY BE ISSUED OR MAY PERTAIN,	THE IN	SURAN	CE AFFORDED BY THE	POLICIES DESCRIBE	D HEREIN IS SUB			
TYPE OF INSURANCE NSD WYD POLICY NUMBER MMIDDYYYY) GENERAL LUBRILITY COMMERCIAL GENERAL LIABILITY ANY DESCRIPTION OF STREET STRE		USIONS AND CONDITIONS OF SUCH POLICI			<u>OWN MAY HAVE BEEN</u> 			T		
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR GENLAGGREGATE LIMIT APPLIES PER: POLICY PROJ LOC AUTOMOBILE AUTHORITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION ANY PROPRIET CORPARATE/EXECUTIVE OFFICE/PREMISER EXCLUDED? Y/N ANY PROPRIET CORPARATE/EXECUTIVE OFFICE/PREMISER EXCLUDED? Y/N Mindatory in NI/M EL L DISEASE – POLICY LIMIT S E. L. DISEASE – POLICY LIMIT		TYPE OF INSURANCE			POLICY NUMBER			LIMIT	<u>s</u>	······
CLAIMS-MADE OCCUR CERTAL AGGREGATE UNIT APPLIES PER POLICY PROJ LOC AUTOMOBILE AUTHORITY ANY AUTO ALL OWNED AUTOS A										3
GENTLAGGREGATE LIMIT APPLIES PER GENTLAGGREGATE LIMIT APPLIES PER POLICY PROJ LOC AUTOMOBILE AUTHORITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS DETERMINED AUTOS AUTOS AUTOS DETERMINED AUTOS AUTOS AUTOS DETERMINED AUTOS AUTOS AUTOS DETERMINED AUTOS AUTOS DETERMINED AUTOS AUTOS DETERMINED AUTOS BEOLIV INJURY (Per Person) S NI/I PROPERTY DAMAGE S NI/I PROPERTY DAMAGE BEOLIV INJURY (Per Person)						- 1			ļ	3
GENERAL AGGREGATE IMIT APPLIES PER POLICY PROJ LOC S		CLAIMS-MADE OCCUR						}		\$
GEN'LAGGREGATE LIMIT APPLIES PER POLICY PROJ LOC AUTOMOBILE AUTHORITY ANY AUTO ALLOWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNE REVECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandator) in Ni) If yes, describe under DESCRIPTION OF OPERATIONS below PRODUCTS - COMPROP AGG \$ COMBINED SINGLE LIMIT \$ 750,000 BODILY INJURY (Per Person) \$ N/// BODILY INJURY (Per Person) \$ N/// BODILY INJURY (Per accident) \$ N//// BODILY INJURY (Per accident) \$ N///// BODILY INJURY (Per accident) \$ N/////// BODILY INJURY (Per accident) \$ N///////////////////////////////////								PERSONAL & ADV INJURY	3	>
AUTOMOBILE AUTHORITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS HIRED AUTOS AUTOS AUTOS DED RETENTION S WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETORI/PARTNER/EXECUTIVE OFFICE/FINALEMEDER EXCLUDED? Y/N (Mindatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below S COMBINED SINGLE LIMIT \$ 750,000 (Ea accident) BODILY INJURY (Per Person) S N// BODILY INJURY (PERSON) S N// BODI								GENERAL AGGREGATE		<u>i</u>
AUTOMOBILE AUTHORITY ANY AUTO ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION ANY ANY ANY PROPRIETOR/PRATNEREXE/CUTIVE OFFICE/FIX/EMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS bellow COMBINED SINGLE LIMIT \$ 750,00 COMBIN								PRODUCTS - COMP/OP AGG		<u>}</u>
ANY AUTO ALLOWNED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND REPLICENT/MERBER EXCEUDED? ANY PROPRIET OR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCEUDED? OFFICER/MEMBER EXCEUDED? OFFICER/MEMBER EXCEUDED? V/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below OFFICER/MEMBER EXCEUDED? SCHEDULED AUTOS OSTRG010122-01 11/21/2017 11/21/2018 BOOILY INJURY (Per Person) S N/A BOOILY INJURY (Per Person) S N/A PROPERTY DAMAGE (Per accident) S N/A PROPERTY DAMAGE (Per accident) S N/A AGGREGATE S AGGREGATE S S E. L. EACH ACCIDENT S E. L. DISEASE – POLICY LIMIT S E. L. DISEASE – POLICY LIMIT S S S		POLICY FOT LOC								<u> </u>
ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS OSTRG010122-01 11/21/2017 9:47 AM 11/21/2018 BODILY INJURY (Per Person) S N// BODILY INJURY (Per Accident) S N// PROPERTY DAMAGE (PER ac		AUTOMOBILE AUTHORITY							1	750,00
AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPIETORPARTNEREXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below USTRGO10122-01 T1/21/2017 11/21/2017 11/21/2017 11/21/2018 BODILY INJURY (Per accident) S N/// PROPERTY DAMAGE (Per accident) S N/// PROPERTY DAMAGE (Per accident) S N/// AUTOS AUTOS AUTOS 11/21/2017 11/21/2017 11/21/2018 BODILY INJURY (Per accident) S N/// PROPERTY DAMAGE (Per accident) S N/// AGGRÉGATE S S UC STATU- TORY LIMITS FR E. L. EACH ACCIDENT S E. L. DISEASE - EA EMPLOYEE S E. L. DISEASE - POLICY LIMIT S S S									8	, N/
HIRED AUTOS AUTOS LUMBRELLA LIAB OCCUR EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR PARTINER/EXECUTIVE OFFICIER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below REACH OCCURRENCE S AGGREGATE S WC STATU- TORY LIMITS ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE S E. L. DISEASE - POLICY LIMIT S S S	Α				05TRG010122-0	1 11/21/2017	11/21/2018	 	9	. N/
EXCESS LAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below AGGREGATE \$ WC STATU- TOTH- TORY LIMITS E. L. DISEASE - EA EMPLOYEE \$ If L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ \$ \$						9:47 AM	12:01 AM	** · · · · · · · · · · · · · · · · · ·	Ş	N//
DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A S E. L. DISEASE – EA EMPLOYEE S E. L. DISEASE – POLICY LIMIT S S S		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	<u></u>
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET TORPARTNER/EXECUTIVE OFFICIER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A WC STATU- TORY LIMITS E. L. EACH ACCIDENT \$ E. L. DISEASE – EA EMPLOYEE \$ E. L. DISEASE – POLICY LIMIT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		EXCESS LAB CLAIMS-MADE						AGGREGATE	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below If yes, describe under S S S S S S S S S S S S S S S S S S S		DED RETENTION \$							s	;
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below S E. L. DISEASE – EA EMPLOYEE S E. L. DISEASE – POLICY LIMIT S S		The state of the s								
OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E. L. DISEASE – EA EMPLOYEE \$ E. L. DISEASE – POLICY LIMIT \$ \$ \$		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	l					EK	
If yes, describe under DESCRIPTION OF OPERATIONS below E. L. DISEASE - POLICY LIMIT \$ \$ \$ \$		(Mandatory in NH)	•	ļ				E. L. DISEASE - EA EMPLOYEE	s	
				***************************************				E. L. DISEASE - POLICY LIMIT		
s s	· ·		1		·					
				l						
resource from or or creations a vehicles (Attach ACOND 181, Additional Remarks Schedule, if more space is required)		ETTAL OF APPLITANCE AS A PROPERTY OF THE PROPE			* X (0.0)		5			***************************************
	DESCR		tạch AC	ORD 101	, Additional Remarks Sched	iule, if more space is requi	red)	E. L. DISEASE - POLICY LIMIT	s	
			5			Callision N/A	Spec. Caus.	Amount Deductible		***
Minimum Manual M			***************************************	***************************************		N/A	***************************************	N/A N/A	N/i	- 20,00C
2000 STERLING TRUCK 2FZHAJAT1YAF21765 N/A N/A N/A N/A 20,000		o								
Minimum Manual M						CANCELLATION				***************************************
2000 STERLING TRUCK 2FZHAJAT1YAF21765 N/A N/A N/A 20,000 CERTIFICATE HOLDER CANCELLATION			RTATI	ON C	OMMISSION	EXPIRATION DATE THEF				-
2000 STERLING TRUCK 2FZHAJAT1YAF21765 N/A N/A N/A N/A N/A N/A N/A N/		IPIA, WA 98504-7250				A) ITHORIZED DEDDESI	NITATA (T		<u> </u>	

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights

reserved,