

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 ONLY			
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

Legal Name: Bhare Pac LLC

Trade Name, if applicable: College Hunks Hauling Junk + Moving

Physical Address: 6317 112th St E Anyallup WA 98373

Mailing Address: Same

Telephone Number: (253) 677-7338 Fax Number ()

Email: ~~autumn@~~ autumn.christian@chhj.com

BUSINESS INFORMATION - continued

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

UBI #: 604247444 USDOT #: 3118702

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 # 663,714-00

Employment Security Department (ESD) registration # 000-755729-00-0

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 [WAC 480-15-555](#), 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 [WAC 480-15-302](#) and [305](#).

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Percentage	Stock Distribution or % of Shares
Ryan Evans	OWNER	24%	
Heather Evans	owner	26%	
Brandon Christian	owner	21%	
Autumn Christian	owner	26%	

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 plan to be a premier moving company offering white glove service. We can also provide a one stop shop with your sister company Junk removal services.

2. Briefly describe your experience in the transportation/household goods moving industry: I've worked with smaller fleet for 13 years at Avons furniture. There is a definite need to provide clients with a reputable moving company.

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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
2018	ISUZU		54DC4W1B2JS805M1	17,500 GVWR

4 WA - Tacoma Christian / Evans
Balance Sheet
As of August 31, 2018

	Jun 2018	Jul 2018	Aug 2018
ASSETS			
Current Assets			
Bank Accounts			
1000 Business Checking 0475	34,406.41	33,515.35	31,536.19
1005 Business Checking 6337	29,427.05	28,258.41	15,123.15
1010 Savings	58,454.74	58,456.23	58,457.72
Total Bank Accounts	\$ 122,288.20	\$ 120,229.99	\$ 105,119.06
Accounts Receivable			
1100 Accounts Receivable (A/R)	2,054.00	8,804.00	7,062.00
Total Accounts Receivable	\$ 2,054.00	\$ 8,804.00	\$ 7,062.00
Other Current Assets			
1400 Prepaid Expenses	642.86	535.72	1,186.86
1600 Undeposited Funds	2,939.00	229.00	710.00
Total Other Current Assets	\$ 3,581.86	\$ 764.72	\$ 1,896.86
Total Current Assets	\$ 127,924.06	\$ 129,798.71	\$ 114,077.92
Fixed Assets			
1800 CHHJ Franchise Purchase	50,000.00	50,000.00	50,000.00
1800.5 Accumulated Amortization	-833.34	-1,250.01	-1,666.68
Total 1800 CHHJ Franchise Purchase	\$ 49,166.66	\$ 48,749.99	\$ 48,333.32
Estimate Truck		0.00	5,000.00
Total Fixed Assets	\$ 49,166.66	\$ 48,749.99	\$ 53,333.32
Other Assets			
1900 Security Deposits	1,000.00	1,000.00	1,000.00
Total Other Assets	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
TOTAL ASSETS	\$ 178,090.72	\$ 179,548.70	\$ 168,411.24
LIABILITIES AND EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 Accounts Payable (A/P)	7,678.18	10,425.54	5,157.49
Total Accounts Payable	\$ 7,678.18	\$ 10,425.54	\$ 5,157.49
Credit Cards			
2100 Wells Fargo 4846	4,212.08	5,433.40	6,847.72
2105 Wells Fargo 4853	-7.46	190.80	188.19
WEX Fuel Card	1,033.02	1,436.54	3,027.96
Total Credit Cards	\$ 5,237.64	\$ 7,060.74	\$ 10,043.89
Other Current Liabilities			
2300 Accrued Payroll	78.13	1,703.94	2,521.02
Manual Paychecks	2,109.31	1,592.18	2,366.28
Total Other Current Liabilities	\$ 2,187.44	\$ 3,296.12	\$ 4,889.30
Total Current Liabilities	\$ 15,103.26	\$ 20,782.40	\$ 20,090.59
Total Liabilities	\$ 15,103.26	\$ 20,782.40	\$ 20,090.59
Equity			

3200 Owner Contributions	250,000.00	250,000.00	250,000.00
3300 Owner Distributions	-52,565.69	-52,565.69	-52,565.69
Retained Earnings		0.00	0.00
Net Income	-34,446.85	-38,566.01	-49,113.75
Total Equity	\$ 162,987.46	\$ 158,766.30	\$ 148,320.56
TOTAL LIABILITIES AND EQUITY	\$ 178,090.72	\$ 179,548.70	\$ 168,411.24

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>Brandin Christian</u>	Position: <u>owned operator</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: <i>Brandon Christian</i>	Position: <i>owner/operator</i>
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: <i>Brandon Christian</i>	Position: <i>owner/operator</i>
If you would like to receive information about new household goods carriers, check here <input type="checkbox"/>	
DECLARATION OF APPLICANT	
I understand that filing this application <u>does not</u> 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.	
<i>Brandon Christian</i> Print name of applicant	 Signature of Applicant
<i>10/9/18 Puyallup WA</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: Share Pac LLC DBA- college trucks Hauling Junk + Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 Andrew S. Wolf OWNER, DREAMTOWN CONSTRUCTION LLC

Address (include street address, mailing address, city, state, zip, and county):
 120 15th St SE Suite 101 Puyallup WA 98372 Pierce County

Phone Number:
 253-904-8488

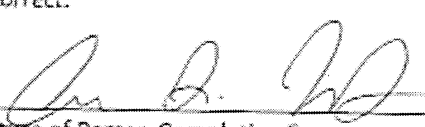
Do you currently need the services of a residential household goods moving company?
 No Yes if yes, please describe your current moving needs:
 COMMERCIAL TENANT IMPROVEMENTS MOVING OFFICE FURNITURE.

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 COULD OFFER FULL SERVICE TO MY RETAIL CLIENTS TO EMPTY OUT THEIR HOMES INTO STORAGE AND BACK AGAIN.

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:
 AS A HOME BUILDER I CAN OFFER MOVING SERVICES AS PART OF MY CONTRACT

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 THE COMPANY LEADERSHIP IS OUTSTANDING AND HAS A HEALTHY APPRECIATION FOR CUSTOMERS AND THEIR HOUSEHOLD GOODS.

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

10/4/18 PUYALLUP, 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: Bharc Pac LLC DBA college links Hauling Junk + Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Andrea Bayinger, Talent Development, Caldwell Banker Firm

Address (include street address, mailing address, city, state, zip, and county):
611 31st AVE SW #B
Puyallup, WA 98373

Phone Number: (425) 213-8542

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
personally need assistance w/ appliance moving as well as outdoor items.

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:
to help clients and family members with trustworthy moving services.

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:
my business and myself. It will benefit a trustworthy resource for moving needs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This is a professional company that is client focused and offers a service that is much needed.

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: Andrea Bayinger Date and Location: 10/3/18 Puyallup, 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: Bharv Pac LLC DBA college trucks Hauling Junk + Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Emily Foster, Community Manager, The Lodge @ Pearsley Canyon

Address (include street address, mailing address, city, state, zip, and county):

32200 Military Rd S Federal Way, WA 98001

Phone Number: 253 833-4888

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Not at this time but we may in the near future.

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:

We always are asked for referrals for reputable moving companies in our area. Would love to refer them.

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's hard to find a quality mover who is reasonably priced. I know this business would be both.

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

They are a company who cares for the community that they live + work in. We need more businesses like this!

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

Emily Foster
Signature of Person Completing Form

10/5/18, Federal Way, WA
Date and Location



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2018

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 1300 South Main Street Tulsa OK 74119		CONTACT NAME: Susan Kamburoff PHONE (A/C No., Ext.): 918-584-1433 E-MAIL ADDRESS: FAX (A/C No.): 918-582-1329	
INSURED BHARE PAC, LLC dba College Hunks Hauling Junk & Mo 9820 57th Ave Ct. E Puyallup WA 98373		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company NAIC #: 24082 INSURER B: Progressive Insurance Group INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1522461631 **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.

PER LTR	TYPE OF INSURANCE	ADDL SUBR (A/C No., Ext.)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SUBJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		EL558727022	4/5/2018	4/5/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOR ACC \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER		T5560770	4/24/2018	4/24/2019	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OR FELLOW MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 103, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is loss payee and additional insured on:
 VIN 54DC4W1B9HSB10016, 2017 Isuzu NPR, Reg State WA
 VIN 54DC4W1B8JS802542, 2018 Isuzu NPR, Reg State WA
 VIN 54DC4W1B2JS805147, 2018 Isuzu NPR, Reg State WA
 Comprehensive and Collision Deductible \$1,000

CERTIFICATE HOLDER BMO Harris Bank NA PO BOX 35707 Billings MT 59107	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Direct Bill New Client Registration



Welcome to Millennium Health. We value your business.
Please complete this form and fax to 858.227.9766.

CogenDx Client Services
(877) 866-0603
Monday-Friday 9:00AM-5:00PM PT
clientservices@cogendx.com

Millennium Health Client Services
(RADAR® / MAPP Hotline)
(866) 866-0605
Monday-Friday 9:00AM-9:00PM PT
Saturday 7:00AM-12:00PM PT
clientservice@millenniumhealth.com

Date of Registration: 10/8/18
Territory Manager: Mackenzie Richardson
Account Manager: Kendel Davis

UDT OFT PGT DxSurgical DxWound

Account Information

Account Name: College books hauling junk and moving
Is this a Current Account? Yes No If Yes, List MLIS #: _____
Address: [REDACTED] City: Payallup State: Wa Zip Code: 98373
Phone Number: [REDACTED] Fax Number: _____
Primary Specialty: Moving Secondary Specialty: Hoisting CLIA Number: _____
Primary Contact (First and Last): Austin Christian Title: Owner Email: [REDACTED]
Online User: Yes No Permissions: Online Test Ordering Online Reports Only Issue Resolution and Ordering Issue Resolution Only Contact Only
Check One (Optional): Veteran's Administration (VA) Indian Health Service (IHS) Department of Defense (DOD) Drug Court (DC)
Check One: Hospital Non-Hospital If Non-Hospital, List applicable program(s): Non-medical
Multiple Locations: Yes No Will this account be 100% Direct Bill (every specimen the account sends will be billed to client)? Yes No
Will this account be Partial Direct Bill (some specimens will be billed to insurance)? Yes No
Proposed Pricing: UDT: \$75 OFT: _____ PGT: _____ DxSurgical: _____ DxWound: _____

Additional Locations: (If the account has multiple locations that will be eligible for the pricing and services under the agreement, list all complete address locations):

Billing Information

Please check one of the following:
 Combine all location invoices and send to following contact

Invoice attention to: <u>Austin Christian</u>	Title: _____
Invoice Address: <u>Same as above</u>	City: _____ State: _____ Zipcode: _____
E-mail Address: <u>Same as above</u>	

Send Separate Invoices for each location

Location Legal Name: _____	Invoice Attention to: _____	Title: _____
Invoice Address: _____	City: _____	State: _____ Zipcode: _____
E-mail Address: _____		
Location Legal Name: _____	Invoice Attention to: _____	Title: _____
Invoice Address: _____	City: _____	State: _____ Zipcode: _____
E-mail Address: _____		
Location Legal Name: _____	Invoice Attention to: _____	Title: _____
Invoice Address: _____	City: _____	State: _____ Zipcode: _____
E-mail Address: _____		
Location Legal Name: _____	Invoice Attention to: _____	Title: _____
Invoice Address: _____	City: _____	State: _____ Zipcode: _____
E-mail Address: _____		

Continued on next page.



Authorized Health Care Provider Information

Provider Name: _____ NPI Number: _____ MD DO PA NP Other _____

Provider Name: _____ NPI Number: _____ MD DO PA NP Other _____

Provider Name: _____ NPI Number: _____ MD DO PA NP Other _____

Provider Name: _____ NPI Number: _____ MD DO PA NP Other _____

By selecting "Online Test Ordering", you are authorizing your employees to (i) receive specimen/paperwork orders, (ii) make changes to practice information on your behalf, and (iii) access to review patient test result reports.

By selecting "Online Reports Only", you are authorizing your employees to (i) receive specimen/paperwork orders, (ii) make changes to practice information on your behalf, and (iii) access to review patient test result reports.

By selecting "Test Result and Ordering", you are authorizing your employees to (i) receive specimen/paperwork orders, (ii) make changes to practice information on your behalf, (iii) access to review patient test result reports and (iv) receive billing status.

By selecting "Test Result Only", you are authorizing your employees to (i) receive specimen/paperwork orders and (ii) make changes to practice information on your behalf, and (iii) receive billing status.

By selecting "Contact Only", you are authorizing your employees to (i) receive specimen/paperwork orders and (ii) make changes to practice information on your behalf.

You are further authorizing "Online Test Ordering" and/or "Test Result and Ordering" users to create, edit, and submit online registrations, including referring or additional clinical testing of patient specimens. Orders submitted by authorized persons must be under your direction and medical judgement. Electronic orders submitted by such authorized persons will be treated as submitted on your behalf and your electronic signature will be inserted on each individual registration form. It is your responsibility to closely supervise the submission of each test registration on your behalf and to review all resulting laboratory reports to confirm that each test was authorized. You must immediately notify the laboratory if any test reports are inconsistent with your authorization.

Test Results Delivery Options: Fax: _____ Email Notification: _____

Acknowledgement

I hereby acknowledge that Millennium Health (MH) will perform testing for my practice as directed by individual Test Registration forms. I acknowledge that the authorized practitioners in my practice are responsible for selecting the individual test to be performed on each patient. I agree to only order the required individual tests that are medically necessary for the diagnosis and treatment of my patients. I further acknowledge that neither I nor my immediate family members have any financial relationship with MH nor expressly permitted by the "Stark" physician self-referral law and regulations, nor have I been offered or provided anything of value in exchange for referral of testing to MH.

Authorized Representative: A Autumn Christian

Signature: [Signature] Date: 10/8/18



RLI Marine

16052 Swingley Ridge Road Suite 104 | Chesterfield, MO 63017

Susan Kamburoff
 Arthur J Gallagher Risk Mgmt
 1300 South Main
 P.O. Box 3142
 Tulsa, OK 74101
 Susan_Kamburoff@ajg.com

Date: October 15, 2018

Re: BHARE PAC, LLC dba College Hunks Hauling Junk & Moving

Policy #: ILM0302197

Dear Susan:

Thank you for the bind request on the above account. This has been bound in the issuing company listed below. The summary of coverage is shown below.

Issuing Company: RLI Insurance Company, A+ Admitted

Effective Date: 10/15/2018

Expiration Date: 10/15/2019

Coverage(s)	Commission	Premium
Motor Truck Cargo	19%	\$ 1,800.00
Premium, Taxes, Fees, and Surcharges:		
Main Coverage(s)		\$ 1,800.00
Terrorism		\$ N/A
Total		\$ 1,800.00

Special Conditions:

\$1,000 of Deposit Premium is minimum and fully earned.

See attached worksheet for details of limits and coverages

Payment Option:

Annual (Pay In Full)

Direct Bill

Coverage Forms:

Coverage is subject to RLI Marine and AAIS policy forms including, but not limited to, any form(s) that may be listed below.



RLI Marine

Inland Marine

Virus or Bacteria Exclusion

Motor Truck Cargo Legal Liability Coverage

We trust you will find this binder in order; however, should you have any questions, please do not hesitate to contact us.

Best Regards,

A handwritten signature in cursive script that reads 'Drew McKeown'.

Drew McKeown

Underwriter

Andrew.McKeown@rlicorp.com



RLI Marine

PREMIUM & DETAIL SUMMARY
MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE
 BHARE PAC, LLC dba College Hunks Hauling Junk & Moving

Description of Covered Property

Junk, Household goods

Commodity exclusion to apply to:

livestock or poultry, liquor, tobacco products, furs or fur trimmed garments, eggs, beer, wine, autos, consumer electronics, pharmaceuticals

Coverage Limits

Property in Vehicles (any one vehicle)	Limit
Catastrophe (any one occurrence)	\$50,000
	\$100,000

Deductible: \$1,000

Coverage Extensions

	Limit	Deductible	Premium
Debris Removal Expense, 25% of loss +	\$10,000		
Defense Costs (no deductible applies)	Per Policy		
Freight Charges	\$2,500		
Newly Acquired Terminals	\$50,000		
Pollutant Cleanup and Removal	\$10,000		

Refrigeration Breakdown

Not Covered

Contingency Coverage

Not Covered

Terminals

Not Covered

Optional Extensions

	Limit	Deductible	Premium
Limited Fungus	\$15,000		
Off-Board Electronics	Not Covered		
On-Board Electronics	Not Covered		
Electronic Equipment Deductible			
Trailer Bailee Coverage	Not Covered		
Trailer Interchange Coverage	Not Covered		
Trailer Catastrophe Limit	Not Covered		
Trailer Deductible			

Total Premium

\$1,800.00

WASHINGTON DRIVER LICENSE

44 LIC [REDACTED] DONOR

1 EVANS
2 HEATHER KIMBERLY M

37-04-2014 4a Exp: 01-08-2014

10 Sex F 10 Hgt 5-02
11 Wgt 118 10 Eyes BRN
9 Class 4a End NONE
12 Restrictions NONE 4b Exp: 01-03-2019

WA USA [REDACTED] 01/08/2014

WASHINGTON DRIVER LICENSE

WA USA [REDACTED] DONOR

1 CHRISTIAN
2 BRANDON SCOTT

37-03-2014 4a Exp: 09-01-2016

10 Sex M 10 Hgt 5-09
11 Wgt 198 10 Eyes BRN
9 Class 4a End NONE
12 Restrictions NONE 4b Exp: 05-31-2019

WA USA [REDACTED] 01/08/2014

WASHINGTON DRIVER LICENSE

WA USA [REDACTED] CLASS

1 EVANS
2 RYAN KEITH

37-03-2014 4a Exp: 08/01/2017

10 SEX M 10 EYES BLU
11 HGT 5'-00" 11 WGT 170 LB
12 RESTRICTIONS NONE 4a END NONE
4b EXP 06/03/2023

WA USA [REDACTED] 01/08/2014

WASHINGTON DRIVER LICENSE

WA USA [REDACTED] DONOR

1 CHRISTIAN
2 AUTUMN LYN

37-04-2014 4a Exp: 03-05-2014

10 Sex F 10 Hgt 5-06
11 Wgt 145 10 Eyes GRN
9 Class 4a End NONE
12 Restrictions NONE 4b Exp: 12-18-2018

WA USA [REDACTED] 01/08/2014