

1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 email: transportation@utc.wa.gov

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	111-0268-207-02	111-0268-013-20	

- | <u>Type of Household Goods Authority Requested – check one</u>  | <u>Fee Required</u> |
|---|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.   | \$ 550              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8 and Attachments B & C.   | \$ 250              |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.                           | \$ 250              |
| <input type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D.   | \$ 35               |

<b>BUSINESS INFORMATION</b>
-----------------------------

Legal Name: SORIN CAZACU dba COMFORTABLE MOVING

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

Physical Address 3305 Main street, suite 023, Vancouver WA 98663

Mailing Address 3305 Main street, suite 023, Vancouver WA 98663

Telephone Number (360) 624 0926 Email: comfortablemoving@gmail.com

Contact Name: SORIN CAZACU

**BUSINESS INFORMATION - continued**

USDOT #: 3236736 If you do not have a USDOT number, 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.

Is your business registered with the Department of Revenue?  No  Yes  
Business License/UBI #: 604055632 Department of Labor & Industries (L&I)  
Worker's Comp account # \_\_\_\_\_

Employment Security Department (ESD) registration # \_\_\_\_\_

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.

We plan to hire at least one more employee (mover/driver) by May 1st, 2019. An add was already placed on craigslist website. As soon as the employee is hired, we will file with DOL and obtain an Worker's comp account. We can provide UTC with this info as soon as becomes available.

**TYPE OF BUSINESS STRUCTURE**

Individual/SP  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	Title	Stock Distribution or % of Shares
<u>SORIN CAZACU</u>	<u>owner</u>	<u>100%</u>

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

- 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 provide household goods moving services for residential properties and commercial spaces in Vancouver - Portland area there is need for additional moving companies - plan to satisfy customer needs, accessible pricing, stress free move.
- Briefly describe your experience in the transportation/household goods moving industry: Worked in moving industry since October 2013; worked as a driver, mover, foreman; handled on-site estimates, invoices, payments.

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# 1015844

6. If you have interstate authority, have you registered for Unified Carrier Registration  No  Yes

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

8. 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

9. 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

10. 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

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

FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 1,900.00	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —	Accounts Payable	\$ \$639.00
Investments	\$ —	Notes Payable	\$ —
Other Current Assets	\$ —	Mortgages Payable	\$ —
Prepaid Expenses	\$ —	<b>TOTAL LIABILITIES</b>	\$ 639.00
Land and Buildings	\$ —	<b>NET WORTH</b>	\$ 16,261.00
Trucks and Trailers	\$ 15,000.00	Preferred Stock	\$ —
Office Furniture	\$ —	Common Stock	\$ —
Other Equipment	\$ —	Retained Earnings	\$ —
Other Assets	\$ —	Capital	\$ —
<b>TOTAL ASSETS</b>	\$ 16,900.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 16,261.00

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	GVW
2007	Freightliner	C 57039 P	1FVACWCT67DY649 21	25,999

**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: <i>SORIN CAZACU</i>	Position: <i>owner / driver</i>
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<b>OPERATIONAL RESPONSIBILITIES</b>		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.		
Name: <u>SORIN CAZACU</u>	Position: <u>owner / driver</u>	
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: <u>SORIN CAZACU</u>	Position: <u>owner / driver</u>	
If you would like to receive information about new household goods carriers, check here <input type="checkbox"/>		
<b>DECLARATION OF APPLICANT</b>		
I understand that filing this application <b>does not</b> 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.		
<u>SORIN CAZACU</u>	<u>cazacu</u>	<u>03/25/2019</u>
Print name of applicant	Signature of Applicant	Date


WA USA **WASHINGTON** DRIVER LICENSE

40 LIC# [REDACTED]  
 1 CAZACU  
 2 SOBIRIN

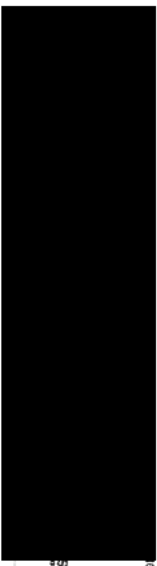
3 2182920125

4a Iss **09-06-2015**   
 4b Exp **04-03-2022**

5 Sex **M** 6 Hgt **5-11**  
 7 Wgt **176** 8 Eyes **BRN**  
 9 Class **9a End NONE**  
 12 Restrictions **NONE**

  
 CAZACU

Rev 03-16-2009



WASH STATE  
LICENS

CLASS: NONE  
ENDORSEMENTS:  
NONE

RESTRICTIONS:  
NONE



Please notify the Department of Licensing within 10 days of a change of address







**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:** Lilian Coscodan

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

Name, Title, and Business Name: Lilian Coscodan

Address (include street address, mailing address, city, state, zip, and county):  
13418 NE 96th street, Vancouver, WA 98682

Phone Number: (360) 612-2024

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I plan to move from my current rental house to a new house in the next month or so and I will need to hire a moving company to help.

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:  
A new company is usually providing with better pricing and care for my household stuff. We don't have so many moving companies in Vancouver, WA.

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

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

Coscodan \_\_\_\_\_ 03/24/2019 Vancouver, WA  
 Signature of Person Completing Form Date and Location 98682



**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:** IVAN MOISIUC

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

Name, Title, and Business Name: IVAN MOISIUC

Address (include street address, mailing address, city, state, zip, and county):  
11312 NE 116TH CT, VANCOUVER, WA. 98662

Phone Number: (224) 500-5551

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

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:  
I PLAN TO HIRE A MOVING COMPANY TO HELP WITH MY RESIDENTIAL 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:  
IT'S HARD TO FIND A GOOD MOVING COMPANY WHO CARES ABOUT YOUR STUFF.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
NO

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

IVAN MOISIUC 03-15-2019  
Signature of Person Completing Form Date and Location  
11312 NE 116TH CT  
VANCOUVER, WA. 98662



**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:** ALIONA CABAC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	ALIONA CABAC
Address (include street address, mailing address, city, state, zip, and county):	15206 NE 102 Way, Vancouver, WA 98682
Phone Number:	224 567 9290
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:	I will need to contact a moving company to move my mother in law from Happy Valley, OR to Vancouver, WA in the next few months
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:	Vancouver is expanding and a lot of people are moving from Portland area to Vancouver. The more companies, the better pricing.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
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

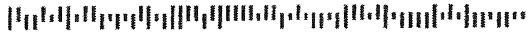
*liability*



CORNELIU ONUFREI INS  
14247 SE STARK ST 200  
PORTLAND, OR 97233

665592 35176 1 AB 0.412 PPACS01M 094 035176  
Named insured

SORIN CAZACU  
COMFORTABLE MOVING  
3305 MAIN ST STE 023  
VANCOUVER, WA 98663



**Policy number: 00343087-0**

Underwritten by:  
United Financial Casualty Company  
February 21, 2019  
Policy Period: Jan 23, 2019 - Jul 23, 2019  
Page 1 of 2

**progressiveagent.com**

**Online Service**

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

**1-503-262-5282**

**CORNELIU ONUFREI INS**

Contact your agent for personalized service.

**1-800-444-4487**

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

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

### Your policy information has changed

Your coverage began the later of January 23, 2019 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on July 23, 2019 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), MCS90 (01/17), Z311 (11/07), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

### Policy changes effective February 19, 2019

Premium change: \$424.00

The changes shown above will not be effective prior to the time the changes were requested.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,378
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$50,000 each person/\$100,000 each accident		25
Underinsured Motorist Property Damage	\$25,000 each accident	\$100	12
		\$300 hit & run	
Personal Injury Protection	\$10,000 each person		78
Comprehensive			70
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			413
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			50
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$3,026</b>
Fees			35
<b>Total 6 month policy premium and fees</b>			<b>\$3,061</b>

*liability*

Policy number: 00343087-0

SORIN CAZACU

Page 2 of 2

**Rated driver**

1. SORIN CAZACU

**Auto coverage schedule**

1. **2007 Frht 16M** Stated Amount: \*\$15,000 (including Permanently Attached Equip)  
 VIN: 1FVACWCT67DY64921 Garaging Zip Code: 98682 Radius: 500

<b>Liability Premium</b>	Liability \$2,378	UIM BI \$25	UIM PD \$12	PIP \$78	
<b>Physical Damage Premium</b>	Comp Deductible \$1,000	Comp Premium \$70	Collision Deductible \$1,000	Collision Premium \$413	
<b>Other Coverages Premium</b>	Rental Limit \$100 per day Max \$3000	Rental Premium \$50			<b>Auto Total \$3,026</b>

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

**Company officers**

*Patricia M. Conroy*

Secretary



*cargo*



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www.pmacompanies.com

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85 % through 2015; 84 % beginning on January 1, 2016; 83 % beginning on January 1, 2017; 82 % beginning on January 1, 2018; 81 % beginning on January 1, 2019 and 80 % beginning on January 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0 and does not include any charges for the portion of losses covered by the United States government under the Act.

PMAIC  
Name of Insurer  
  
811901-9797572Y  
Policy Number

Sorin Cazacu dba Comfortable Moving  
Name of Insured  
  
03/04/19  
Effective Date

*cargo*

### COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

Effective from 03/04/19 to 03/04/20  
BOTH DAYS AT 12:01 A.M. LOCAL STANDARD TIME

POLICY NO. 811901-9797572Y

<p>NAMED INSURED Sorin Cazacu dba Comfortable Moving</p>	<p>PRODUCER'S NAME USG</p>
<p>3305 Main St Ste 203 Vancouver, WA 98663</p>	

LOCATION OF ALL PREMISES: SEE DESIGNATION OF PREMISES SCHEDULE	
INSURANCE UNDER THIS COMMERCIAL INLAND COVERAGE PART APPLIES ONLY TO COVERAGES SHOWN IN THIS DECLARATION.	
<b>COVERAGE:</b>	<b>LIMITS OF LIABILITY</b>
Motor Truck Cargo	SEE FORM
FORMS AND ENDORSEMENTS:	
SEE ENDORSEMENT SCHEDULE (P9998)	

*cargo*

POLICY NUMBER: 811901-9797572Y  
 EFFECTIVE FROM 03/04/19 to 03/04/20  
 BOTH DAYS AT 12:01 A.M. LOCAL STANDARD TIME

COMMERCIAL INLAND MARINE  
 PIM 00 39 DEC 04 08

**MOTOR TRUCK CARGO CARRIERS DECLARATIONS  
 MOTOR TRUCK CARGO CARRIERS COVERAGE SCHEDULE**

This SCHEDULE forms a part of the TRANSPORTATION Policy. This Coverage applies only to the items for which a Limit of Insurance is specified. Coverage is subject all to terms and conditions of the policy.			
<b>I. LIMITS OF INSURANCE</b>			
Description of Goods Being Shipped: Mover - Household			
Radius of Operation: Within	300	miles from:	GARAGING LOCATION
<b>COVERAGE ITEM</b>		<b>LIMIT OF INSURANCE</b>	
A. VEHICLE LIMIT(s): (See Page 2 for Schedule of Covered Vehicles) Any One Automobile, Truck or Other Power Unit, Including Property In All Attached Trailers		\$ 20,000	
B. TERMINAL LIMIT(s): (See Page 2 for Schedule of Covered Terminals) Any One Location		\$	
C. CATASTROPHE LIMIT: Any One Occurrence		\$ 20,000	
<b>II. REPORTING RATES AND PREMIUMS</b>			
Reporting Frequency:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>
Adjustment Frequency:	Annually <input type="checkbox"/>	Other <input type="checkbox"/>	
Premium Reporting Basis:			REPORTING RATE:
<input type="checkbox"/>	Gross Revenues (Per \$100 of Gross Receipts)		\$
<input type="checkbox"/>	Mileage (Per Mile)		\$
<input type="checkbox"/>	Other		\$
Minimum Annual Premium:		+Company Fee \$75.00	\$
Deposit Premium:		Company Policy Fee \$75.00	\$
		Broker Fee \$137.00	
Flat Annual Premium: (Non-Reporting Basis Only)		Total \$1,412.00	\$ 1,125.00
25 % Minimum Earned Premium Shall Apply To This Policy			
<b>III. DEDUCTIBLE</b>			
A. Applicable to: Losses to Covered Property, except as shown below.		\$ 1,000	
B. Applicable to:		\$	
<b>IV. SPECIAL PROVISIONS (if any)</b>			
MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION INLAND MARINE AP 27			



*cargo*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOTOR TRUCK CARGO CARRIERS PREMIER COVERAGE

SCHEDULE:

The following COVERAGE EXTENSIONS apply only if checked (☒).


ITEM	OPTIONAL COVERAGE				
1.a.	<input type="checkbox"/>	Refrigeration Breakdown I:	Deductible: \$ NA		
1.b.	<input type="checkbox"/>	Refrigeration Breakdown II:	Deductible: \$ NA		
2.	<input type="checkbox"/>	Contingent Transit:	Limit: \$	Premium: \$	
3.	<input type="checkbox"/>	Absolute Attended Vehicle Provision			
4.	<input checked="" type="checkbox"/>	Earned Freight Charges:	Limit: \$ EXCLUDED		
5.	<input checked="" type="checkbox"/>	Debris Removal:	Limit: \$ 1,500		
6.	<input type="checkbox"/>	Special Commodity Inclusion:	(A) Commodity(s):	(B) Limit: \$	(C) Deductible: \$
7.	<input checked="" type="checkbox"/>	Scheduled Vehicles			
8.	<input type="checkbox"/>	Trailer Interchange:	(A) Trailer Limit: \$	(B) Loss Limit: \$	(C) Deductible: \$
9.	<input checked="" type="checkbox"/>	Striking of Load Exclusion			
10.	<input checked="" type="checkbox"/>	Office and Household Movers			
11.	<input type="checkbox"/>	Scheduled Shipper	Limit:		
		1) Named Shipper:	\$		
		2) Named Shipper:	\$		
12.	<input type="checkbox"/>	Auto Hauler:	Deductible: \$		

*cargo*

**MOTOR TRUCK CARGO CARRIERS DECLARATIONS (cont.)  
MOTOR TRUCK CARGO CARRIERS COVERAGE SCHEDULE**

Insured Name: Sorin Cazacu dba Comfortable Moving  
Policy Number: 811901-9797572Y  
Effective from 3/4/2019 to 3/4/2020

SCHEDULE OF COVERED VEHICLES				
ENDT	YEAR & MODEL	TRADE NAME	IDENTIFICATION NUMBER (VIN)	Limit
INC	2007	FL	464921	20,000

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 11-02-2016

EIN

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

SORIN CAZACU  
COMFORTABLE MOVING  
23240 89TH AVE S APT W204  
KENT, WA 98031

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CAZA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

November 8, 2016

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CAZACU SORIN  
COMFORTABLE MOVING  
23240 88TH AVE S APT W204  
KENT WA 98031-2711UBI Number: 604 055 632  
PAC Code: C840573A**IMPORTANT! Tax Registration Information**

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

**Filing Due Dates**

Your taxes must be filed **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you must still file a tax return.

Based on your business open date, the first return you must file is the Annual 2016 return and is due on January 31, 2017. We will mail your return to you.

**How to file your return**

- E-file on our website. Filing your state excise tax return electronically saves time and helps your business avoid penalties by calculating taxes due and flagging potential errors. To get started on E-file, go to [dor.wa.gov](http://dor.wa.gov). You will also need your Pre-assigned Access Code (PAC). This is printed below your UBI Number on the front page of this letter.
- Request a printed form. Call our Telephone Information Center at 1-800-647-7706 to request tax return forms using the automated system or speak to a tax representative.
- Download forms. Go to our website at [dor.wa.gov](http://dor.wa.gov).

(over)



STATE OF WASHINGTON  
**BUSINESS LICENSING SERVICE**

**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 Number:** 0-000-485-393

**Filing Date and Time:** 11/02/2016 04:22:06 PM

**Payment Method:** ACH Debit/E-Check

**Business Entity Information**

Entity Type: Sole Proprietorship  
 Name of Entity: SORIN CAZACU  
 UBI: Not Issued

To get your UBI number, search our website after 10 business days at [licenselookup.wa.gov](http://licenselookup.wa.gov)

**Business Location Information**

Firm Name: COMFORTABLE MOVING  
 Phone Number: (857) 234-7600  
 Fax Number: None  
 Location Address: 23240 88TH AVE S APT W204 KENT WA 98031-2711 USA  
 Mailing Address: 23240 88TH AVE S APT W204 KENT WA 98031-2711 USA

**Trade Names Added**

COMFORTABLE MOVING

Endorsement(s) Applied For	Commence	Cease	Count	Fee
Tax Registration	11/02/2016		1	\$0.00
				<b>\$0.00</b>

Fee Type	Commence	Cease	Count	Fee
BLS Processing Fee	11/02/2016		1	\$19.00
Trade Name Registration	11/02/2016		1	\$5.00
				<b>\$24.00</b>

**Grand Total: \$24.00**



STATE OF WASHINGTON

# BUSINESS LICENSE

Sole Proprietor

SORIN CAZACU  
COMFORTABLE MOVING  
3305 MAIN ST STE 035  
VANCOUVER, WA 98663-2234

TAX REGISTRATION - ACTIVE

Unified Business ID #: 604055632

Business ID #: 001

Location: 0001

Expires: Jan 31, 2020

CITY ENDORSEMENTS:

VANCOUVER FEE-EXEMPT BUSINESS - ACTIVE

REGISTERED TRADE NAMES:

COMFORTABLE MOVING

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

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 604055632 001 0001

SORIN CAZACU  
COMFORTABLE MOVING  
3305 MAIN ST STE 035  
VANCOUVER, WA 98663-2234

FOUR HERE

TAX REGISTRATION - ACTIVE  
VANCOUVER FEE-EXEMPT  
BUSINESS - ACTIVE

FOUR HERE

Expires: Jan 31, 2020