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APR 22 2019
WASH. UT. & TP. COMM

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
 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, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Rye T Lin Kingdom Mover LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: _____

Physical Address: 100 melrose ave E. APT. 804 Seattle, WA 98102

Mailing Address: same as above

Telephone Number (206) 930-9478 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 604-387-066 Email: peter@kingdommover.com

USDOT #: 3251897 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 681,425-00

Employment Security Department registration number 000-797734-00-7

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

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Stock Distribution or % of Shares
<u>PYE Lin</u>	<u>owner</u>	<u>100%</u>

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

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I want to represent a professional company. One that maintain quality service consistantly. Customers can feel confident about hiring us.
- Briefly describe your experience in the transportation/household goods moving industry: I been a mover for 7+ years. About 90% of the moves I've been on has gone well. Is the 10% that goes wrong that I will be facussins on to make my company stand out.
- 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 _____
- 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 _____
- Do you currently operate interstate? No Yes If yes, please indicate your MC# _____
- 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
The last time I got into trouble was about		9 years ago.
I can explain further if necessary.		

*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
2002	Isuzu		4GTJ7C1392J701111	26,000

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>Pye T. Lin</u>	Position: <u>Owner</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: <u>Pye T. Lin</u>	Position: <u>owner</u>
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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>Pye T. Lin</u>	Position: <u>owner</u>
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If you would like to receive information about new household goods carriers, check here

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Pye T. Lin
Print name of applicant

Pye Lin
Signature of Applicant

4-15-2019
Date and Location

WA WASHINGTON

DRIVER LICENSE



PK W

4d LIC

1 LIN

2 PYE THU

3 DOB

9 CLASS

DONOR

4a ISS 05/15/2018

15 SEX M

16 HGT 5'-08"

12 RESTRICTIONS
NONE

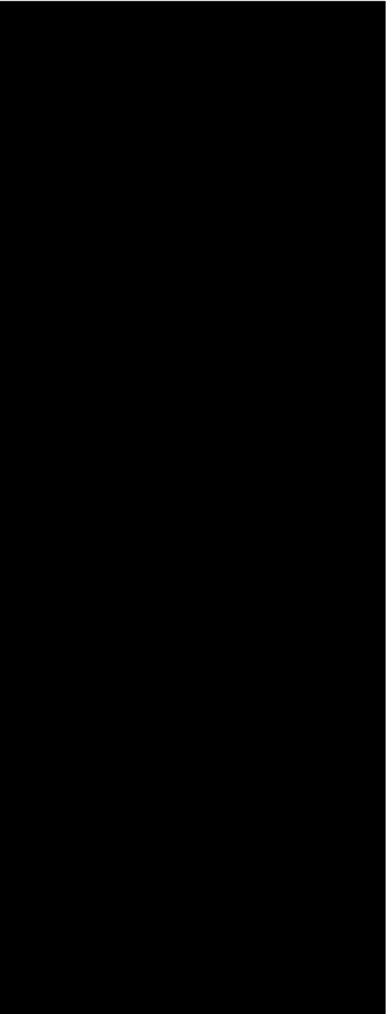
18 EYES BRO

17 WGT 140 LB

9a END NONE
4b EXP 03/11/2020



REV 01/08/2012



CLASS
ENDORSEMENTS:
NONE

RESTRICTIONS:
NONE

03/11/1982

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: Rye Lin

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Sok Cheng owner SC Squared Properties
Address (include street address, mailing address, city, state, zip, and county):	21608 37 th Pl W Brier, WA 98036
Phone Number:	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	I have clients that need to move. I'm also a licensed Real Estate Broker with Century 21
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 have clients that may need to 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 would benefit me b/c I can refer my clients & also he can help with dump runs for my remodels.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	I know Rye for 20+ years he's always been an honest, hardworking & a good friend.
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
Sok Cheng	4/10/19 Everett, WA

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Applicant Name: Rye Lin

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Socheat Kent Khnor, Real Estate Broker. Century 21 - WP & Associates
Address (include street address, mailing address, city, state, zip, and county): 2700 Richards Rd, Bell Suite 204 Bellevue, WA 98005
Phone Number: (206) 715-9826
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: We help customers buy/sell homes. Every transact most transaction will require the help of a moving company esp a good & reliable one.
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: We have with lots of people that either sold or bought a home. Many need to hire a moving company. Having a good & reliable company will help our clients tremendously.
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: We are always looking for good, reliable, company at fair price to help our clients. Many times our client ended up using unlicensed or unprofessional companies. Having more licensed professional will protect us and our clients.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known Rye Lin for many years. I know he will provide great, reliable, honest service at a fair price. With him being honest & bonded I confidently refer him to our clients. Our industry needs more companies like his.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Person Completing Form </div> <div style="width: 45%; text-align: right;"> 4/15/19 Kent, WA _____ Date and/Location </div> </div>



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: Pye Lin

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Phillip Le

Address (include street address, mailing address, city, state, zip, and county):
25422 137th ave SE, Kent WA 98042

Phone Number: 253-282-9935

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

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
I need help packing loading and unloading my stuff.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: I can feel confident about not having my stuff stolen or destroyed during the move.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I think Kingdom Mover will be great for the moving industry because I know Pye holds high standards for his work.

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

Phillip Le 4/10/19 Kent, WA
 Signature of Person Completing Form Date and Location

BUSINESS PLAN

Kingdom Mover, LLC

pye lin, Owner

Created on January 31, 2019

1. EXECUTIVE SUMMARY

1.1 Product

We are a full-service moving company. Services include: moving, packing, estimates, and consultation.

1.2 Customers

1. New home owners.
2. Professional stagers.
3. Home/apartment renters
4. People that are moving

1.3 What Drives Us

1. to have 100% customer satisfaction
2. to provide long term employment
3. to employ 6 full-time team members a year from start up.

2. COMPANY DESCRIPTION

2.1 Mission Statement

Our mission at Kingdom Mover, LLC is to provide our customers with a top-rate moving service.

2.2 Principal Members

My duties as acting owner/operator include: marketing, giving estimate, booking jobs, payroll, and acting lead on job site.

I will hire two experienced movers as full-time employees who will help me execute moves.

I will use my contacts to establish personal on standby. They will be helping on big moves.

2.3 Legal Structure

Kingdom Mover is a LLC with myself as the sole owner.

3. MARKET RESEARCH

3.1 Industry

About half of the moving industry consist of small companies with no more than 5 employees. The larger companies with 100 or more employees represent 18% of the industry. Storage and out of state long distance moves are offered by mostly larger companies. Apart from that the moving industry offer all the same services such as moving and packing.

3.2 Customers

1. Our customers buy or sell real estate.
2. Our customers know how to use online reviews and rating systems to shop.
3. Our customers earn at least \$60k annually.

3.3 Competitors

Some of the companies closer to home include: Adam's Moving Services, Seattle Movers, Hansen Bros. Moving and Storage, and Can't Stop Moving. They charge around \$120 to \$130 per hour for 2men and a truck. They all advertise on platforms such as: Yelp, google Ads, or face book. They pay their employees between \$15-\$20.

3.4 Competitive Advantage

I'm an owner/ operator which means I will be going out on jobs. This means I can pay strict attention to quality control which relates to the crew's efficiency, execution, and customer service on each job. Long term employment is a another area I plan to address by making Kingdom Mover, LLC a great place to work. In order to exceed the needs of the customer. First, we need to have employees that are willing to perform beyond their duties. That means as a owner, I need to be sincere and care about my employees. And as a leader, I need to groom, and guide people for success.

3.5 Regulations

The UTC regulates all moving companies in Washington State.

4. PRODUCT/SERVICE LINE

4.1 Product or Service

Services include: pack jobs, and full service moves for residential, commercials, apartments, retirement homes, and storage.

4.2 Pricing Structure

2men and a truck \$120hr

3men and a truck \$160hr

4men two truck \$220hr

labor only starts at \$100 for 2men and additional \$40 per each person

Material price includes:

small box \$3

medium box \$4

Large box \$5

dish pack box \$10

wardrobe box \$15

tape \$5

packing paper \$1 per lbs.

bubble wrap \$0.50 per ft.

4.3 Product/Service Life Cycle

All services will be offered as soon as marketing begin.

4.4 Intellectual Property Rights

none

4.5 Research & Development

None

5. MARKETING & SALES

5.1 Growth Strategy

I plan to grow Kingdom Mover, LLC through reputation specifically by gaining hundreds of positive reviews on Yelp, Facebook, and Google. And also through referrals.

And also by retaining experience leaders and grooming each new hire to be a leader.

5.2 Communication

I will utilize pay per click Ads through Yelp, Facebook, and Google Ads.

Also by obtaining an MLS list of homes in the pending stage. I can reach people before they move via post card card.

5.3 Prospects

I will take estimates by phone, and onsite survey. The final booking will be done via email.

6. FINANCIAL PROJECTIONS

6.1 PROFIT & LOSS

	Year 1	Year 2	Year 3
Sales	\$201,600	\$302,400	\$403,200
Costs/Goods Sold	\$67,200	\$100,800	\$134,400
GROSS PROFIT	\$134,400	\$201,600	\$268,800

OPERATING EXPENSES

Salary (Office & Overhead)			
Payroll (taxes, etc.)	\$4,032	\$18,144	\$24,192
Outside Services			
Supplies (office & operation)	\$1,000	\$1,000	\$0
Repairs & Maintenance	\$1,000	\$2,000	\$2,000
Advertising	\$12,000	\$24,000	\$36,000
Car, delivery & travel			
Accounting & legal	\$500	\$500	\$500
Rent	\$3,000	\$6,000	\$6,000
Telephone	\$540	\$540	\$540
Utilities			
Insurance	\$6,000	\$12,000	\$12,000
Taxes (real estate, etc.)			
Interest	\$3,000	\$3,000	\$3,000
Depreciation			
Other expenses	\$10,000	\$20,000	\$30,000
TOTAL EXPENSES	\$41,072	\$87,184	\$114,232
NET PROFIT (before taxes)	\$93,328	\$114,416	\$154,568
Income Taxes	\$19,025	\$23,243	\$29,473
NET PROFIT (after tax)	\$74,303	\$91,173	\$125,095
Owner Draw/Dividends			

ADJUSTED TO RETAINED

\$74,303

\$91,173

\$125,095

6.2 CASH FLOW (03/01/2019 to 03/01/2020)

	Pre Startup EST	Year 1	Year 2	Year 3	Total Item EST
Cash on hand		\$1,605	\$58,045	\$139,925	\$199,575
CASH RECEIPTS					
Cash Sales		\$201,600	\$302,400	\$403,200	\$907,200
Collections from CR Accounts					\$0
Loan/Cash Injection	\$10,000				\$10,000
TOTAL CASH RECEIPTS	\$10,000	\$201,600	\$302,400	\$403,200	\$917,200
TOTAL CASH AVAILABLE (before cash out)	\$10,000	\$203,205	\$360,445	\$543,125	\$1,116,775
CASH PAID OUT					
Purchases	\$5,000				\$5,000
Gross Wages		\$67,200	\$100,800	\$134,400	\$302,400
Outside Services					\$0
Supplies					\$0
Repairs & Maintenance					\$0
Advertising	\$1,000	\$12,000	\$24,000	\$36,000	\$73,000
Car, delivery & travel					\$0
Accounting & legal	\$500	\$500	\$500	\$500	\$2,000
Rent	\$250	\$3,000	\$6,000	\$6,000	\$15,250
Telephone	\$45	\$540	\$540	\$540	\$1,665
Utilities					\$0
Insurance	\$1,000	\$6,000	\$12,000	\$12,000	\$31,000
Taxes (real estate, etc.)		\$40,320	\$60,480	\$80,640	\$181,440
Interest		\$3,000	\$3,000	\$3,000	\$9,000
Other expenses					\$0
SUBTOTAL	\$7,795	\$132,560	\$207,320	\$273,080	\$620,755
Loan principal payment	\$600	\$600	\$1,200	\$1,200	\$3,600
Capital purchase					\$0
Other startup costs					\$0
Reserve and/or Escrow					\$0
Others withdrawal		\$12,000	\$12,000	\$12,000	\$36,000
TOTAL CASH PAID OUT	\$8,395	\$145,160	\$220,520	\$286,280	\$660,355

CASH POSITION	\$1,605	\$58,045	\$139,925	\$256,845	\$456,420
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6.3 BALANCE SHEET

Assets

Start Date:03/01/2019 End Date:03/01/2020

CURRENT ASSETS		
Cash in bank		
Accounts Receivable	\$0	
Inventory	\$0	
Prepaid Expenses		
Deposits		
Other current Assets		
TOTAL CURRENT ASSETS	\$0	\$0

FIXED ASSETS		
Machinery & Equipment		
Furniture & Fixtures		
Leaseholder improvements		
Land & Buildings		
Other fixed assets		
TOTAL FIXED ASSETS (net of depreciation)	\$0	\$0

OTHER ASSETS		
Intangibles		
Other		

6.5 FINANCIAL ASSUMPTIONS

6.5.1 Assumptions for Profit and Loss Projections

From the total revenue:

About 1/3 in labor or employees

About 1/3 in expense

About 1/3 for profit

6.5.2 Assumptions for Cash Flow Analysis

About \$20k will go towards truck. Another \$5k for equipments and decal. The \$5k that's left over will be used for advertisement and other start up cost.

Monthly expense include: \$500 for truck payment, \$500 for insurance, \$250 for parking space, and \$1000 on advertisements. Total of \$2250.

6.5.3 Assumptions for Balance Sheet

Assets include: \$20k truck and \$5 in equipment.

Liabilities include: \$20 in truck loan and \$10k in cash loan

6.5.4 Assumptions for Break Even Analysis

If I can launch the business in March I should be able to pay back the \$10k cash loan and the \$20k for the truck at the end of September.

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 05 COMPANY
Continental Divide Insurance Company

POLICY NUMBER 05 TRM 033943 - 01 EFFECTIVE DATE 04/11/2019 6:10 PM EXPIRATION DATE 04/11/2020 12:01 AM

YEAR 2002 MAKE/MODEL ISUZU FTR VEHICLE IDENTIFICATION NUMBER 4GTJ7C1392J701111

AGENCY/COMPANY ISSUING CARD
Key Harbor Insurance Group, Inc
12811 8th Ave W A201
Everett, WA 98204

INSURED
KINGDOM MOVER LLC
100 MELROSE AVE E APT 804
SEATTLE, WA 98102

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**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhclaim@bhhc.com

M-4566a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

CUT ALONG THIS LINE

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 05 COMPANY
Continental Divide Insurance Company

POLICY NUMBER 05 TRM 033943 - 01 EFFECTIVE DATE 04/11/2019 6:10 PM EXPIRATION DATE 04/11/2020 12:01 AM

YEAR 2002 MAKE/MODEL ISUZU FTR VEHICLE IDENTIFICATION NUMBER 4GTJ7C1392J701111

AGENCY/COMPANY ISSUING CARD
Key Harbor Insurance Group, Inc
12811 8th Ave W A201
Everett, WA 98204

INSURED
KINGDOM MOVER LLC
100 MELROSE AVE E APT 804
SEATTLE, WA 98102

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhclaim@bhhc.com

M-4566a (11/1999)

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CUT ALONG THIS LINE

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