

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

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket # <u>190352</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <u>067852</u>	<u>111-0268-207-02</u> <u>SSD</u>	<u>111-0268-013-20</u>	<u># 196639</u>

**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: A1 Hauling LLC  
(must be individual, partners of a partnership or corporation)

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

Physical Address 31 Denver Lane, Washougal, WA 98671

Mailing Address 31 Denver Lane, Washougal, WA 98671

Telephone Number (360)980-6585 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604382070 Email: Nancymcguire72@gmail.com

USDOT #: 3271535 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # N/A

Employment Security Department registration number N/A

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 WA

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
Ian McGuire	LLC Member	50%
Nancy McGuire	LLC Member	50%

**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: Will provide services to be a household goods mover and will also transport garbage/junk to local waste management sites. Services offer more convenience for customers.

2. Briefly describe your experience in the transportation/household goods moving industry: Experience with household goods and moving has been from personal experience helping friends and family with their moving arrangements/ needs.

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

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

<b>EQUIPMENT LIST</b>				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
<b>Year</b>	<b>Make</b>	<b>License Number</b>	<b>Vehicle ID Number</b>	<b>Gross Vehicle Weight</b>
2007	Chevrolet	C31758A	1GCHK29K37E508117	15,500

<b>SAFETY AND OPERATIONS</b>	
<p><b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (<a href="#">Title 49, Code of Federal Regulations Part 382 and Part 40</a>). 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. <b>Please attach evidence of your enrollment in a drug and alcohol testing program.</b></p>	
<b>SAFETY RESPONSIBILITIES</b>	
<p><b>List the person and position responsible for understanding and complying with the <a href="#">Federal Motor Carrier Safety Regulations (FMCSR)</a> 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</b></p> <p>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (<a href="#">Title 49, Code of Federal Regulations Part 383</a>). If you operate commercial motor vehicles, your drivers must have a valid CDL.</p> <p>DRIVER QUALIFICATION REQUIREMENTS: (<a href="#">Title 49, Code of Federal Regulations Part 391</a>). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.</p> <p>DRIVERS HOURS OF SERVICE (<a href="#">Title 49, Code of Federal Regulations Part 395</a>). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (<a href="#">Title 49, Code of Federal Regulations Part 396</a>). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (<a href="#">Title 49, Code of Federal Regulations Part 393</a>). You must maintain parts and accessories in a safe condition.</p> <p>LIABILITY INSURANCE REQUIREMENTS (<a href="#">WAC 480-15-530</a>). 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)</p> <p>CARGO INSURANCE REQUIREMENTS (<a href="#">WAC 480-15-550</a>). 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).</p>	
<p><b>Name:</b> Nancy McGuire</p>	<p><b>Position:</b> LLC Member</p>

**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: Ian McGuire

Position: LLC Member

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: Nancy McGuire

Position: LLC Member

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.

Ian McGuire

Print name of applicant

[Signature]

Signature of Applicant

7-10-19 / Vancouver

Date and Location

Wash

WA USA WASHINGTON

DRIVER LICENSE  
FEDERAL LIMITS APPLY

4d LI [REDACTED] 9 CLASS DONOR

1 MCGUIRE  
2 IAN THOMAS

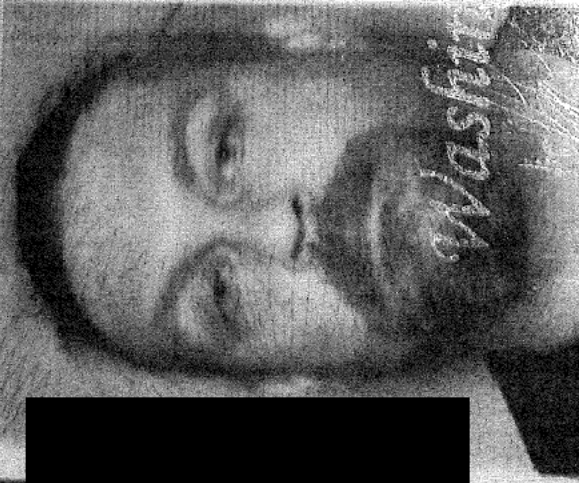
3 DOB [REDACTED] 4a ISS 10/02/2018



15 SEX M 18 EYES BLU  
16 HGT 6'-00" 17 WGT 235 lb  
12 RESTRICTIONS 9a END NONE  
NONE 4b EXP 04/01/2024



REV 09/04/2018





CLASS  
ENDORSEMENTS:  
NONE

RESTRICTIONS:  
NONE

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

04/11/1975

WA  
USA

WASHINGTON

COMMERCIAL  
DRIVER LICENSE

DONOR

3D1533565C1209

4d LIC#

1 MCGUIRE  
2 NANCY ANN

4a ISS 12-22-2015



4b EXP 12-29-2021



Nancy McGuire

15 Sex F 16 Hgt 5-05  
17 Wgt 150 18 Eyes HAZ  
9 Class B 9a End P1S  
12 Restrictions NONE

Rev 09-16-2009



[REDACTED]

**ENDORSEMENTS:**  
P1-Any Passenger Vehicle (except School Bus)  
S-Any School Bus

**RESTRICTIONS:**  
NONE

[REDACTED]

Prepared April 8, 2019  
 Projected profit/loss 2019

**A1 Hauling LLC**

	May	June	July	August	Sept
Service Labor	\$ 250.00	\$ 400.00	\$ 300.00	\$ 400.00	\$ 150.00
Fuel -0.89 per mile one way	\$ 89.00	\$ 133.50	\$ 90.00	\$ 90.00	\$ 25.00
Service Labor	\$ 200.00	\$ 275.00	\$ 600.00	\$ 725.00	\$ 500.00
Fuel -0.89 per mile one way	\$ 40.00	\$ 80.00	\$ 150.00	\$ 120.00	\$ 150.00
Service Labor			\$ 250.00	\$ 300.00	\$ 800.00
Fuel -0.89 per mile one way			\$ 25.00	\$ 50.00	\$ 200.00
<b>Gross Sales</b>	<b>\$ 579.00</b>	<b>\$ 888.50</b>	<b>\$ 1,415.00</b>	<b>\$ 1,685.00</b>	<b>\$ 1,825.00</b>
Referral incentive	\$ 25.00		\$ 25.00		\$ 25.00
Referral incentive			\$ 25.00		\$ 25.00
Referral incentive					
Incentive expense	\$ 25.00	\$ -	\$ 50.00	\$ -	\$ 50.00
<b>Net Sales</b>	<b>\$ 554.00</b>	<b>\$ 888.50</b>	<b>\$ 1,365.00</b>	<b>\$ 1,685.00</b>	<b>\$ 1,775.00</b>
Fuel .89 per mile one way	\$ 129.00	\$ 213.50	\$ 265.00	\$ 260.00	\$ 375.00
Maintenance expense	\$ -		\$ 150.00	\$ -	\$ 150.00
Business cards/Marketing	\$ 19.00		\$ -	\$ -	\$ 20.00
Insurance	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00
Legal/Accounting					
Office Supplies	\$ 20.00				
misc expenses	\$ -		\$ -	\$ -	\$ 30.00
<b>expenses</b>	<b>\$ 368.00</b>	<b>\$ 413.50</b>	<b>\$ 615.00</b>	<b>\$ 460.00</b>	<b>\$ 775.00</b>
<b>Net Income before taxes</b>	<b>\$186.00</b>	<b>\$475.00</b>	<b>\$750.00</b>	<b>\$1,225.00</b>	<b>\$1,000.00</b>
Income Tax Expense 6.25%	\$ 11.63	\$ 29.69	\$ 46.88	\$ 76.56	\$ 62.50
<b>Net income</b>	<b>\$ 174.38</b>	<b>\$ 445.31</b>	<b>\$ 703.13</b>	<b>\$ 1,148.44</b>	<b>\$ 937.50</b>

October	Nov	December	YTD
\$ 200.00	\$ 250.00	\$ 200.00	
\$ 75.00	\$ 25.00	\$ 50.00	
\$ 100.00	\$ 500.00	\$ 300.00	
\$ 25.00	\$ 100.00	\$ 75.00	
\$ 400.00			
\$ 100.00			
\$ 900.00	\$ 875.00	\$ 625.00	
\$ -	\$ -	\$ -	
\$ 900.00	\$ 875.00	\$ 625.00	
\$ 200.00	\$ 125.00	\$ 125.00	
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	
\$ 200.00	\$ 200.00	\$ 200.00	
\$ -	\$ -	\$ -	
\$ 400.00	\$ 325.00	\$ 325.00	
\$500.00	\$550.00	\$300.00	\$4,986.00
\$ 31.25	\$ 34.38	\$ 18.75	
\$ 468.75	\$ 515.63	\$ 281.25	\$4,674.38



**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:** A-1 Hauling LLC

The following must be completed by the Supporter of the applicant
<p>Name, Title, and Business Name: Nicole Brewer, officer, Nicole Sells Homes LLC</p>
<p>Address (include street address, mailing address, city, state, zip, and county): 2509 NE 170th Ct Vancouver, WA 98684</p>
<p>Phone Number: (360) 601-2588</p>
<p>Do you currently need the services of a residential household goods moving company? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your current moving needs: I have real estate clients who are in need of moving services quite often.</p>
<p>Do you anticipate a future need for the services of a residential household goods moving company? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs: Future real estate clients.</p>
<p>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 will give me another company to refer my clients to.</p>
<p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No</p>

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

A handwritten signature in cursive script, appearing to read "J. L. B.", written over a horizontal line.

Signature of Person Completing Form


4/9/19 Vancouver, WA

Date and Location

**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:**

 <p>WASHINGTON <b>UTC</b> UTILITIES AND TRANSPORTATION COMMISSION</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><b>ATTACHMENT A</b></p> </div>
<p><b>The following must be completed by the Supporter of the applicant</b></p>	
<p>Name, Title, and Business Name:  <b>Bonnie Woodring Real Estate Broker Premiere Property Group, LLC</b></p>	
<p>Address (include street address, mailing address, city, state, zip, and county):                  19820 NE 11th St                  Camas, WA 98607</p>	
<p>Phone Number:                  (360) 607-3053</p>	
<p>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:                  No</p>	
<p>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:  <b>Yes, as a realtor, I constantly come into contact with people looking to move their household.</b></p>	
<p>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:  <b>Having a reliable, dependable and trustworthy moving company to refer our clients to when they are making a substantial financial decision assists in easing the many worries they are facing.</b></p>	
<p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  <b>I have known the McGuires for several years and know them to be upstanding, honest and hardworking people.</b></p>	

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

4/8/19 Camas, 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:** *A1 Hauling LLC*

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<i>Jolie Hooper / Realtor @ Coldwell Banker</i>
Address (include street address, mailing address, city, state, zip, and county):	<i>2105 NE 129th St. #105 Vancouver, Wa. 98686</i>
Phone Number:	<i>360-574-5060</i>
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>I have many clients who need movers.</i>
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>I frequently deal with clients who are looking for affordable and reliable movers! I anticipate using A1 Haulers</i>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<i>There is a huge need</i>
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	<i>4/9/19 Vancouver, Wa.</i> _____ Date and Location



# INDIVIDUAL DRIVER QUESTIONNAIRE

800.562.8095 Phone . 425.453.8696 Fax  
PO Box 3867 . Bellevue, WA 98009

WWW.GOGUS.COM  
Bellevue. Portland. Spokane.



Name of insured: AL HAULING LLL

Policy number: TB11

### DRIVER INFORMATION

Name: Ian McGuire DOB: 4-11-1975

Address: 31 Denver Ln Washougal wa 98071

List all licenses issued in the past three years:

<u>Wash</u>	<u>WDL3TNZ6D93B</u>	<u>04-11-2024</u>	<u>9</u>
Issuing state	Number	Expiration date	Class
_____	_____	_____	_____
Issuing state	Number	Expiration date	Class

### DRIVER EXPERIENCE

Employer	Duties	Type of vehicle driven	Length of employment	Reason for leaving
<u>Bag Craft</u>	<u>shift lead</u>		<u>10 yrs</u>	<u>Personal Reasons</u>

### DRIVING RECORD

Has your driver's license ever been suspended or revoked?  
If yes provide details (date, reason and how long):  No  Yes

Have you ever been convicted of any traffic violations?  
If yes, complete the following for each:  No  Yes

Date	Type of violation or conviction	Plea or penalty
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved in any accidents?  
If yes complete the following for each?  No  Yes

Date	Brief description of accident	Amount paid by whom
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: 4-25-19

Driver signature: Ian McGuire

HEADQUARTERS:  
 PO Box 3867  
 Bellevue, WA 98009  
 P: 800.562.8095  
 F: 425.453.8696  
 WWW.GOGUS.COM



**CHECKLIST FOR BINDING**

Binding requirements are dependent upon the market/carrier that the policy is written through, the type of risk, and the amount of information that was included in the original application.

The following must be received by Griffin prior to binding:

- Signed and fully completed application and supplements listed below or renewal letter (Please note, all sections must be completed and all questions must be answered. Incomplete application will delay binding):
- 3 year currently valued loss runs or if risk is a new venture fully complete driver questionnaire documenting 3 year employment/driving history
- Satisfactory MVRs for each employee/driver.
- Signed PIP form
- Signed UIM/UM form
- TRIA selection/rejection form
- Completed, signed and dated Diligent Search Letter. *NA*
- Full Payment or a down payment. If premium financing is desired, please return 27.5% of the premium, plus 100% of the taxes and fees.

The following items are required to complete our underwriting file and must be received by Griffin within **15 days of binding**:

- Med DOT card / Acord Medical Statement for drivers 65 years old or older
- Vehicle inspection on all units over 25 years old to be completed by an impartial certified mechanic

**PAYMENT INSTRUCTIONS**

Please note that you, as the producer, are responsible for any and all earned premium and fees incurred by the binding of the insurance policy/policies.

- Mail in payment: Please make checks payable to Griffin Underwriting Services and mail to: Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009.
- Pay Online: Use our website at [www.gogus.com](http://www.gogus.com)>Policy Service>Pay Online. There are third-party fees to pay online; 3.2% of the amount being paid, when using a credit card, or a flat \$2.50 charge, when using an E-check.
- If financing is desired, please return payment, in the amount equal to or greater than 30% of the total premium, and 100% of any taxes, fees and fully-earned endorsements. We will then prepare a premium finance agreement, which will be e-mailed to the agent, in order to collect signatures to finance the balance of the premium.
- Please note, we do not accept payments over the phone.

*Thank you for your business!*

HEADQUARTERS:  
PO Box 3567  
Bellevue, WA 98009  
P: 800.562.8095  
F: 425.453.8696

WWW.GOGUS.COM

**GRIFFIN**   
**UNDERWRITING SERVICES**

In CA, DBA: Griffin Insurance Services, CA License #0G66558

## Quick Quote

**Producer:** AGT2281  
Evergreen Insurance, Inc  
12503 SE Mill Plain Blvd, Suite 130  
Vancouver, WA 98684

**Attn:** Keith Christensen  
**Fax #:** (360) 254-7113

**Quote Number:** 19033859A  
**Quoted By:** Transportation Underwriter  
info@gogus.com

**Insured:**  
A1 Hauling LLC  
31 Denver Ln  
Washougal, WA 98671  
**Description of Risk:** Mover

**Quoted On:** April 19, 2019  
**Quote is valid for 30 days**

**LOCATION OF RISK:** 31 Denver Ln, Washougal, WA 98671  
**PROPOSED PERIOD:** 4/19/2019 to 4/19/2020 12:01AM  
**TERM:** 365 days

The following quotation is based on information that was provided for a quotation. Coverage may not be as requested in your application/request for quotation. **CHECK CAREFULLY.** Coverage cannot be bound until a written order based on this quotation has been received in our office.

**Insurer:** National Fire & Marine Insurance Co. [72]

**Coverage:** AUTO LIABILITY

**Limits:** Per the attached

**Deductible:** Per the attached

**Exposures:** 1 truck / 1 trailer / 100 mile radius / household goods mover

**Terms/Conditions:** (a) 25% minimum earned premium at inception.  
Fully earned policy fee and applicable taxes.  
No Additional Insureds are included in this quote unless specifically listed.  
Premium for Additional Insureds (if applicable) is 100% earned upon inception.

(b) **Endorsements / Notable Exclusions:**  
Schedule auto coverage

(c) **Binding Requirements / Subject To:**

Quote subject to revision upon receipt of application.  
Coverage can be bound no earlier than the postmark date of the signed, completed application and an Agency check for the Down Payment.  
No flat cancellations.  
Fully complete signed and dated applicatoim  
Acceptable mvr  
NO federal filings  
Not an agent for another entity  
Intrastate ops only

A1 HAULING LLC

Quote #: 9350869

## Schedule of Forms & Endorsements

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- CA 0001 (03/2010) Business Auto Coverage Form
- CA 0135 (01/2008) Washington Changes
- CA 2134 (01/2008) Washington Underinsured Motorists Coverage
- CA 2320 (03/2010) Truckers Endorsement
- IL 0123 (11/2013) Washington Changes - Defense Costs
- IL 0198 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)
- M 3795 (03/1987) Punitive Damage Exclusion Duty to Defend Amendment
- M 3831o (12/2001) Stated Amount Insurance
- M 4207 (03/2012) Washington Changes
- M 4487 (04/1994) Auto Medical Payments Coverage
- M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card
- M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
- M 5171 (06/2004) Schedule of Covered Autos
- M 5214 (06/2005) Surplus Lines Broker Statement Summary
- M 5377 (10/2015) Notice of Service of Suit
- M 5479 (04/2010) Towing and Storing Costs
- M 5603 (01/2011) Commercial Policy Jacket
- M 5605 (02/2011) Business Auto Coverage Declarations
- M 5625 (05/2011) Washington Changes - Surplus Lines Cancellation
- M 5655 (05/2012) Cargo Coverage Form
- M 5694 (03/2012) Refrigeration Breakdown Coverage Endorsement
- M 5701 (05/2012) Supplemental Declarations - Cargo Coverage
- M 5824 (01/2015) Terrorism Risk Insurance Endorsement

NICO-Rate for Washington

National Fire & Marine Insurance Company

**Account Summary For A1 HAULING LLC**

Quote #: 9350869  
 Status: Copy  
 Policy Type: TR

Originally Quoted: 4/16/2019 1:25 PM MDT  
 Quote Printed: 4/19/2019 5:19 PM EDT  
 Proposed Effective: 4/16/2019 12:00 AM MDT  
 Proposed Expiration: 4/16/2020 12:00 AM MDT

Quoted By: Raquelle Manzanares  
 Griffin Underwriting Services  
 2375 130th Ave NE, Suite 200  
 Bellevue, WA 98005  
 Phone - (425) 453-8599  
 Fax - (425) 453-8696  
 rmanzanares@gogus.com

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	750,000 CSL	2,045
10	UM - BIPD	Included in UIM	Included
10	UIM - BIPD	750,000 CSL BI & PD	318
7	Medical Payments	5,000	281
7	Physical Damage	See Specific Unit	889
	Total Ins Value	20,000	
	Cargo		1,556
<b>Total</b>			<b>\$5,089.00</b>

DOT #: 3271535  
 MC #: Unknown

Revision: 72WA2019R01

Vehicle Information

NICO-Rate Version: 8.5.1.73

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2007 CHEVROLET 2500 NEW (08117)	1,929	Incl.	N/A	281	623	1,556	N/A	4,389
<b>Comp/Coll:</b>	\$15,000	<b>Deductible:</b>		1,000/1,000				
<b>Radius:</b>	Up to 100 Miles							
<b>Cargo Limit:</b>	\$50,000	<b>Cargo Deductible:</b>		1,000				



<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>Al/Lessor</u>	<u>Unit Sub Total</u>
2 2006 MIRE Comp/Coll: \$5,000 Radius: Up to 100 Miles	116	Incl.	N/A	N/A	266	N/A	N/A	382
	<b>Deductible:</b> 1,000/1,000							



(d) All other terms and conditions apply per form.

Agent Commission: 10%  
 Premium: \$5,089.00  
 Fees: Broker Fee \$300.00  
 Taxes: \$113.17

**Total Due: \$5,502.17**

**Premium Finance Information:**

This premium can be financed with IFC\*. The down payment is \$1,812.65 with 9 payments of \$444.87 per month. The amount financed is \$3,689.52. A check or online payment is required for the down payment.

\*Financing is only available for premiums over \$750. Financing is not available on short term or fully earned premiums.  
 \*\*Financing terms do NOT include TRIA premium + taxes, if applicable.

**Agency Response:**

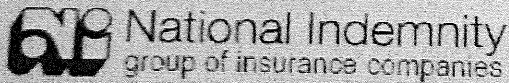
- Please issue per the attached application and all required forms. A check or online payment for \$1,812.65 is required to bind coverage.
- Please re-quote per attached application.
- Please finance this policy. Attached is a check or proof of online payment for the down payment, along with all required forms.

Credit card payments or e-checks are accepted at [www.goGUS.com](http://www.goGUS.com) > Policy Service > Pay Online. There is an additional fee charged for this convenience.

***Coverage is bound on the postmark date of the signed and completed application and all required forms, after the quote has been given.***

The terms and conditions of this quotation may not comply with the specifications submitted for consideration. Please read this quote carefully and compare it against your specifications.

Reference #: 19033859A



Columbia Insurance Company National Indemnity Company  
National Fire & Marine Insurance Company National Indemnity Company of the South  
National Liability & Fire Insurance Company National Indemnity Company of Mid-America

### Truck Application

Review the application for accuracy. \* denotes information that needs to be completed.

- 1 Policy Term 04/16/2019 - 04/16/2020
- 2 Named Insured A1 HAULING LLC
- \* 3 DBA \_\_\_\_\_
- 4 Entity Type  Individual  Partnership  Corporation  Other \_\_\_\_\_
- \* 5 Business Phone Number \_\_\_\_\_ Email Address nancy@ajune12@gmail.com
- \* 6 Mailing Address 31 HENDER LANE Website \_\_\_\_\_
- 7 City Washougal State WA Zip 98671
- \* 8 Premises Address SAME
- \* 9 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- \* 10  Yes  No Have you ever had insurance with one of the companies listed above?

Coverages	
Liability	\$750,000 Combined Single Limit
Uninsured Motorist	\$750,000 Combined Single Limit
Personal Injury Protection	
Medical Payments	\$5,000

### Operations

- \* 11. Business Description LOCAL MOVING -
- \* 12. Vehicle Usage BU + PERSONAL
- \* 13.  Yes  No New Venture? Years experience \_\_\_\_\_
- \* 14.  Yes  No Is this your primary business? If no, explain \_\_\_\_\_
- \* 15.  Yes  No Do you haul for hire?
- \* 16.  Yes  No Do you haul your own cargo exclusively? If not, who owns it? \_\_\_\_\_
- \* 17. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
- 18.  Yes  No Do you operate in more than one state? If yes, list states \_\_\_\_\_
- \* 19. What is the largest city entered? Vancouver
- 20.  Yes  No Do you do repossessions?
- \* 21.  Yes  No Do you operate over a regular route? If yes, show towns operated between \_\_\_\_\_
- \* 22.  Yes  No Are you a common carrier?
- \* 23.  Yes  No Are you a contract hauler? If yes, for whom? \_\_\_\_\_
- \* 24. Types of cargo hauled House hold goods / any
- \* 25.  Yes  No Do you haul hazardous materials? If yes, list \_\_\_\_\_
- 26.  Yes  No Do you pull double trailers?
- \* 27.  Yes  No Do you pull triple trailers?
- \* 28.  Yes  No Do you rent or lease your vehicle to others?
- \* 29.  Yes  No Do you hire any vehicles?

### Loss Experience

- \* 30.  Yes  No Have you ever been declined, canceled or non-renewed for this kind of insurance?  
If yes, explain \_\_\_\_\_
- \* 31.  Yes  No Have you previously had commercial auto insurance?  
If yes, name of prior insurance company \_\_\_\_\_
- \* Number of accidents in the past 3 years \_\_\_\_\_
- \* Include loss runs or provide details of losses \_\_\_\_\_



Drivers

Name	Date of Birth	License			Experience	
		State	Number	Type	Type of Unit	# of Years
* 1 IAN MCQUIRE MCQUIRE	04/11/1975					
2						
3						
4						
5						

Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
	# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
* 1 IAN MCQUIRE MCQUIRE						
2						
3						
4						
5						

\* 32  Yes  No Are drivers covered by workers compensation?

Vehicles

Year, Make, Model VIN	Body Style (Pickup, Wrecker, Rollback, Dump, etc.)	Gross Vehicle Weight (GVW)	Garaging Address	Radius	Annual Mileage	# of Rear Axles	On- Board Safety Devices*
* 12007 CHEVROLET 2500 NEW 1GCHK29K37E508117		10000		100			
* 22006 OTHER - MIRE		10000		100			
3							
4							
5							
6							

\*On-Board Safety Devices: Lane Departure Warning (LDW), Collision Warning (CW), Electronic Stability Control (ESC), or Side Object Detection (SOD) where not required by law

Veh. #	Physical Damage				In-Tow (T) or Cargo (G)			Loss Payee (L) or Additional Insured- Lessor (A) and provide name and address
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	T G	Limit	Deductible	
1	15,000	C	1,000	1,000	G	50,000	1,000	
2	5,000	C	1,000	1,000		0	0	
3								
4								
5								
6								

\*\*Include the value of A/V equipment permanently installed in the vehicle

Insured Name: A1 HAULING LLC  
Policy Number:  
Quote Number: 9350869

National Fire & Marine Insurance Company

M-5503 (01/2017)

**SELECTION OF UNDERINSURED MOTORIST COVERAGE LESS THAN LIABILITY**  
**WAIVE UIM PROPERTY DAMAGE:** The undersigned (representing all insureds under the policy) elects to purchase Underinsured Motorist Bodily Injury Coverage at the limits listed below. The undersigned rejects Underinsured Motorist Property Damage Coverage.

Split Limits (Bodily Injury only):

Combined Single Limit (Bodily Injury only):

\$     N/A     Bodily Injury per person

\$     N/A     Bodily Injury per accident

\$     N/A     Bodily Injury per accident

**SELECTION OF UNDERINSURED MOTORIST COVERAGE LESS THAN LIABILITY**  
**RETAIN UIM PROPERTY DAMAGE:** The undersigned (representing all insureds under the policy) elects to purchase Underinsured Motorist Coverage for Bodily Injury and Property Damage at the limits listed below.

Split Limits (Bodily Injury & Property Damage):

Combined Single Limit (Bodily Injury & Property Damage):

\$     N/A     Bodily Injury per person

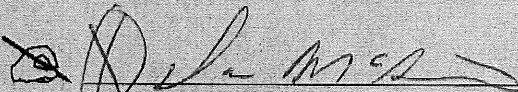
\$     750,000     per accident

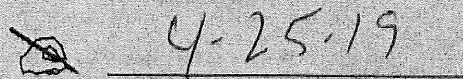
\$     N/A     Bodily Injury per accident

\$     N/A     Property Damage per accident

**IN ORDER TO PROVIDE FOR AN INFORMED DECISION OF THE POTENTIAL CONSEQUENCES OF REJECTING UNDERINSURED MOTORIST COVERAGE; THE UNDERSIGNED ACKNOWLEDGES THAT BY REJECTING UNDERINSURED MOTORIST COVERAGE THERE IS EXPOSURE TO THE RISK OF NOT BEING SUFFICIENTLY INSURED FOR INJURY AND/OR DAMAGES WHEN INVOLVED IN AN ACCIDENT WITH A DRIVER OF AN UNDERINSURED VEHICLE.**

I understand and agree that, until I advise the company otherwise in writing, my selection will continue regardless of any addition or change in auto coverage on my policy or addition of any scheduled autos and will be carried forward on all future renewal policies without additional notice.

  
Signature of Named Insured or Representative

  
Date

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Yes  No Will premium be financed? If yes, with whom THROUGH GRIFFIN

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

[Signature]  
Witness

[Signature]  
Applicant's Signature

4-25-19  
Date

**Insured Contact Information**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Yes  No Is this direct business to your office? If not, explain \_\_\_\_\_  
 Yes  No Is this new business to your office? If not, how long have you had the account? \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy  
 Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

EVERGREEN INSURANCE  
Applicant's Representative's Name and Address

360-254-7166  
Phone No.



# BUSINESS LICENSES, LLC

21 Robert Pitt Drive, Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.207.3610

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April 30, 2019

Washington Utilities and Transportation Commission  
P.O. Box 47250  
Olympia, WA 98504-7250

RECEIVED  
MAY 06 2019  
WASH. UT. & TP. COMM

To Whom It May Concern,

Attached is the Washington UTC Household Goods Moving Company application for A1 Hauling LLC. The required fee of \$550.00, as well as the multiple necessary attachments are also included.

If there are any issues with the application or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you,

Ashley Schramm  
Business Licenses, LLC  
21 Robert Pitt Drive, Suite 310  
Monsey, NY 10952  
(845) 356-8390 Ext. 142  
[schramma@businesslicenses.com](mailto:schramma@businesslicenses.com)