



1300 S. Evergreen Park D
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 050379	111-0268-207-02 550	Receipt ID MC 891829	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 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

BUSINESS INFORMATION

Legal Name: Making Moves LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 5911 Upland Terrace So. Seattle 98118

Mailing Address Same as above

Telephone Number 206 384 5073 Fax Number () N/A

Leipski, Tina (UTC)

From: Leipski, Tina (UTC)
Sent: Thursday, August 14, 2014 8:24 AM
To: 'makingmovesseattle@gmail.com'
Subject: CARGO INSURANCE AND USDOT NUMBER

Hi there,

I received your cargo filing yesterday but it's in the name of "Making Moves **Seattle** LLC"? I'm not sure where Seattle came from because it's not in your legal name. Please have your insurance company correct and resend directly to me.

Also, the USDOT has been updated but it's also still in the wrong name. The **legal name** must show **Making Moves LLC** since this is how you have registered to do business.

Please let me know when these are corrected so I can continue processing your application.

Sincerely,

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Making Moves LLC
5911 Upland Terrace So.
Seattle WA 98118

August 11, 2014

Notice of Deficient Application – TV-143076

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Your USDOT number is still showing incorrect names (see attached). You can go online at www.fmcsa.dot.gov to make the change or you can contact (360)596-3810 for assistance.
- X We received your liability insurance now we are waiting on your cargo filing.

Once I receive this information, I will be able to issue your provisional household goods authority. If you have any questions, you can contact me at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely,

Tina Leipski
Licensing Services



TV-143076-CT

1300 S. Evergreen Park D
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 8/7/14	DOL/SOS: a/a	ID: 16582	Docket #- TV-143076
Staff Assigned	Insurance	Inspection	Permit Issued THG- 65557
Reception #	111-0268-207-02	Receipt ID 891829	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
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- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

BUSINESS INFORMATION

Legal Name: Making Moves LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 5911 Upland Terrace So. Seattle 98118

Mailing Address Same as above

Telephone Number (206) 384 5073 Fax Number () N/A

Posted
 RMS
 8/3

BUSINESS INFORMATION - continued

UBI #: 603 367 707 Email: Making Moves Seattle@gmail.com

USDOT #: 2477988 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # N/A (no employees)

Employment Security Department registration number? ESD # N/A (no employees)

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>GRANT GASCA</u>	<u>owner/operator</u>	<u>50%</u>
<u>Robert VARGAS</u>	<u>owner/operator</u>	<u>50%</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: We want to provide quality service to those that do not have large amounts of funds. We want to focus on helping apartment dwellers move at an affordable price without sacrificing great service.

Briefly describe your experience in the transportation/household goods moving industry: we worked for multiple moving companies for multiple years. we have done every job including crew lead, packing/loading trucks, driving trucks. There was no job we couldn't take care of

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? _____

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 explain: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 2000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 2240
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 1000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 3000	TOTAL LIABILITIES	\$ 2240
Land and Buildings	\$ 0	NET WORTH	10,460
Trucks and Trailers	\$ 8000	Preferred Stock	\$ 0
Office Furniture	\$ 1200	Common Stock	\$ 0
Other Equipment	\$ 500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 12,700	TOTAL LIABILITIES & NET WORTH	\$ 12,700

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
1991	CHEVY VAN	B01754N	2G8HG31K5M413439	7760
1992	GMC Van/duca	A31213W	2G0DJ431K9N452707	6700

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.**

MP

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: GRANT GASCA

Position: Owner/Operator

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>GRANT GASLA</u>	Position: <u>Owner/Operator</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>ROBERT VARGAS</u>	Position: <u>Owner/Operator</u>
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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 480-15-330 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 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>GRANT GASLA</u>	<u>grant gasla</u>	<u>8-5-14</u>
<u>Robert Vargas</u>	<u>[Signature]</u>	<u>8-5-14</u>
Print name of applicant	Signature of Applicant	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: MAKING MOVES LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nadine Agner

Address (include street address, mailing address, city, state, zip, and county):
4814 S Holly St B Seattle WA 98118

Phone Number: (206) 419-7501

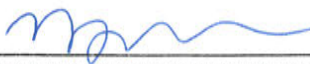
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: I will be moving from my current townhouse into a condo in the next month.

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: It will benefit me because it is a trustworthy, local company that I can rely on to safely move my belongings.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company has been timely and professional in all of our communications, and will benefit the needs of our community.

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: 8.6.14 Seattle, WA



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Making Moves LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John Horton

Address (include street address, mailing address, city, state, zip, and county):
5008 46th ave S.
 Seattle, WA 98148

Phone Number: 206-335-1125

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:
will be moving next month.
 My company will be moving in 2-3 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:
I know they are reliable, and I've had a bad experience with another moving company in the past.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? These guys are reliable, polite, and I truly believe a positive addition to the industry.

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

John Horton
 Signature of Person Completing Form

8/6/14 Seattle
 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: ~~Phil Creek~~ **MAKING MOVES LLC**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 phil creek, owner, Global technology Exports

Address (include street address, mailing address, city, state, zip, and county):
 523 Broadway E, Seattle, WA 98102

Phone Number:
 (206) 304-3492

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 I rent a condo in Kirkland and need to move to an apartment in Seattle.

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 rent, therefore the services will be needed again once my lease is up.

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 don't have a big truck or the man power to move myself, I need to hire a moving company that's affordable and doesn't have 4 hour minimums on moves.


Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 This company is good for people like myself that live in a one bedroom condo and only need these services for about two hours, which is there minimum

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

Paul Craig
 Signature of Person Completing Form

8-3-2014 Seattle
 Date and Location


WA USA **WASHINGTON** DRIVER LICENSE



4d LIC# (4b) DONOR ♥
 1 GASCA
 2 GRANT FREDERICK
 3 DOB (4b)
 4a Iss 05-28-2013
 8 (4b)
 15 Sex M 16 Hgt 5-07
 17 Wgt 158 18 Eyes BRN
 9 Class 9a End NONE
 4b Exp 12-18-2015
 12 Restrictions NONE
 5 DD (4b) Rev 05-16-2010

Grant Gasca

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC# (4b) DONOR ♥
 1 VARGAS
 2 ROBERTO ARIAS
 3 DOB (4b)
 4a Iss 05-21-2011
 8 (4b)
 15 Sex M 16 Hgt 5-05
 17 Wgt 145 18 Eyes GRN
 9 Class 9a End NONE
 4b Exp 02-16-2017
 12 Restrictions NONE
 5 DD (4b) Rev 05-16-2010

Roberto Vargas

Employee drug free work place
Education.

provided by the office of the Assistant
Secretary for policy.

U.S. Department of Labor



FILED
SECRETARY OF STATE
APRIL 02, 2014
STATE OF WASHINGTON

This Box For Office Use Only

04/02/14 2629976-001
\$30.00 K
td: 2733350

Limited Liability Company
See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

UBI Number: 603367707

AMENDED CERTIFICATE OF FORMATION/REGISTRATION
Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY (LLC): (as currently recorded with the Office of the Secretary of State)
emerald city movers llc

SECTION 2

AMENDMENTS TO CERTIFICATE: (if necessary, attach additional information. If changing the name it must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

* making moves llc

SECTION 3

EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: (please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: _____ (Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)

SECTION 4

MEMBER OR MANAGER SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X.		03/26/2014	(206)384-5073
Signature	Printed Name/Title	Date	Phone

71

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

EMERALD CITY MOVERS LLC

changed name

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 2/3/2014

UBI Number: 603-367-707




Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 2/11/2014

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

Date of this notice: 02-24-2014

Employer Identification Number:
46-4904332

Form: SS-4

Number of this notice: CP 575 B

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

EMERALD CITY MOVERS
GRANT F. GASCA MBR
5911 UPLAND TER S
SEATTLE, WA 98118

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 EIN 46-4904332. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

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. 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.

Download Certificate or Print View

CERTIFICATE OF COMPLETION

Supervisor Compliance
Training Department
Supervisor Course

**REASONABLE SUSPICION:
Drug & Alcohol Awareness Training**

Robert Vargas

has completed the Mandatory 2-Hour Training

on

60 Minutes Alcohol Awareness

60 Minutes Drug Education

Test Score: 100%

Graduation Date: 04/24/2014

Satisfies the Department of Transportation

49 CFR PART 382.603 for Mandatory Supervisor Training



Supervisor Compliance Training Department
1201 N. Orange St. Suite 7138
Wilmington, De 19801

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
46 X27147-01

COMPANY CODE
0000-BLBK-WA

NAMED INSURED MAKING MOVES LLC
MAILING ADDRESS 5911 UPLAND TER S
SEATTLE WA 98118-2925

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$2,000,000
EACH OCCURRENCE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$10,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
5911 UPLAND TER S
SEATTLE KING COUNTY WA 98118-2925

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
99793	TRUCKERS PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	35,600 (004)	16.581 (B)		\$590.00	
	B=EACH ONE THOUSAND			004=PAYROLL		
				TOTAL ADVANCE PREMIUM	\$590.00	

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 06 08	CG 03 00 01 96	IL 01 98 07 02	CG 00 01 12 07	CG 01 81 07 98
CG 01 97 12 07	IL 01 46 09 07	IL 75 02 06 99	CG 21 60 09 98	CG 21 96 03 05
CG 26 77 12 04	CG 77 14 01 06	IL 09 85 01 08	CG 77 04 07 10	CG 32 20 01 07
IL 09 99 01 07				

46X27147010000000000000040210163

AGENT 016-352
MARIA GONZALES
2232 NW MARKET ST STE 203
SEATTLE WA 98107-4041
CG AF 01 07 98

PAGE 01
BRANCH SJG 01-12
ENTRY DATE 06/30/2014

INSURED

Stock No. 05981

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
46 X27147-01

COMPANY CODE
0000-BLBK-WA

AUTHORIZED
REPRESENTATIVE

David R. Schultz
President

John F. Eck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 016-352
MARIA GONZALES
2232 NW MARKET ST STE 203
SEATTLE WA 98107-4041

CG AF 01 07 98

INSURED

PAGE 02
BRANCH SJG
ENTRY DATE 06/30/2014

01-12

Stock No. 05981

46X2714701000000000000050210163

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESS AUTOMOBILE INSURANCE POLICY

POLICY NUMBER
46X2714703

DECLARATIONS

CUSTOMER BILLING ACCOUNT
019-769-280 23

ITEM ONE

NAMED MAKING MOVES LLC
INSURED

MAILING 5911 UPLAND TERRANCE S
ADDRESS SEATTLE, WA 98118

POLICY PERIOD . . . FROM . . . 06-27-2014 . . . TO . . . 06-27-2015
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS LIMITED LIABILITY COMPANY

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

TOTAL ADVANCE PREMIUM \$1,246.00
(THIS POLICY MAY BE SUBJECT TO FINAL AUDIT)

You may be charged a fee when: (a) you pay less than the full amount due; (b) your payment is late; and/or (c) when your bank does not honor your check or electronic payment. Refer to your Billing Notice for fee amounts.

Forms and endorsements applying to and made part of this policy at time of issue:

BA 00 00 01 99

CA 76 13 09 08

IL 00 17 11 98

AUTHORIZED REPRESENTATIVE

David P. Schultz
President

Feck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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AGENT 016-352
MARIA GONZALES
2232 NW MARKET ST STE 203
SEATTLE, WA 98107-4041

PHONE
206-838-1266

PAGE 0001
BRANCH KRE004 NEWB
ENTRY DATE 07-31-2014

CA AF 01 07 06

INSURED

Stock No. 14986

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESS AUTOMOBILE INSURANCE POLICY

POLICY NUMBER
46X2714703

DECLARATIONS

CUSTOMER BILLING ACCOUNT
019-769-280 23

ITEM FIVE - SCHEDULE FOR EMPLOYERS NON-OWNERSHIP LIABILITY
NO COVERAGE

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PAGE 0004
BRANCH KRE004 NEWB
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NEW
RENEWAL OF NUMBER

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
CARGO COVERAGE DECLARATIONS

Cross Reference Number
70 MTS 012334
ITEM ONE

NAMED INSURED & ADDRESS
MAKING MOVES SEATTLE LLC
5911 UPLAND TERRAS S
SEATTLE, WA 98118

Producer
DEFRANCO INSURANCE
PO BOX 18227
SEATTLE, WA 98118

POLICY PERIOD: Policy covers FROM **06/30/2014 2:26 PM** TO **06/30/2015** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

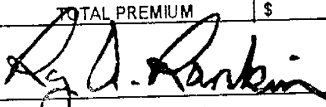
Form of Named Insured's Business: **LLC**
Business of the Named Insured is: **MOVING OPERATION**

ITEM TWO

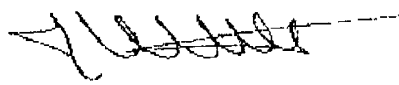
NAMED PERILS ONLY: Section II, paragraph A.2. applies.
HOUSEHOLD GOODS MOVING
CARGO principally consists of:

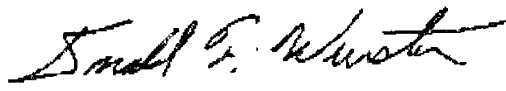
ITEM THREE					SCHEDULE OF COVERAGE	
SPECIFICALLY DESCRIBED AUTOS					CARGO LIMIT OF INSURANCE	PREMIUM
Auto No	Year Model	Trade Name	Type of Body	VIN		
1	See M-5159 (04/2004)					
2						
3						
HIRED AUTOS						
ANY AUTOS						
CATASTROPHE LIMIT (\$1,000,000 if left blank)						
DEDUCTIBLE FOR EACH COVERED "AUTO"					1,000	
COVERAGE EXTENSIONS						
Debris Removal & Loss Mitigation Limit			5,000			Incl.
Earned Freight Charges Limit \$			N/A			N/A
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION						
See M-4572 (12/1994)						
MINIMUM EARNED PREMIUM \$					0	
					TOTAL PREMIUM	\$ 640

COUNTERSIGNED: **Superior Underwriters**
Bellevue, WA

By 
Authorized Representative

In Witness Whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Secretary


President

SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY # 70 MTS 012334

INSURED MAKING MOVES SEATTLE LLC

EFFECTIVE 06/30/2014 2:26 PM

N 5603	01/2011	Commercial Policy Jacket
M 5607	05/2012	Cargo Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 5159	04/2004	Schedule of Covered Autos - Cargo
IL 0146	08/2010	Washington Common Policy Conditions
M 5655	05/2012	Cargo Coverage Form
M 5694	03/2012	Refrigeration Breakdown Coverage Endorsement
M 4207	03/2012	Washington Changes
M 5150b	12/2007	Terrorism Risk Insurance Endorsement

Form Version C41001

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SCHEDULE OF COVERED AUTOS - CARGO

POLICY # **70 MTS 012334**

EFFECTIVE DATE **06/30/2014 2:26 PM**

INSURED - **MAKING MOVES SEATTLE LLC**

Veh #	Year	Make	Id (I) No. Serial (S) No. Motor (M) No	Gar Terr	Radius	Limit of Insurance	Rate	Premium
		Model						
1	1991	CHEVY CARGO VAN	2GBHG31K5M4134399	1	N/A	10,000	N/A	320
2	1992	GMC CARGO VAN	2GDJG31K9N4524707	1	N/A	10,000	N/A	320

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