

TV-072319

January 27, 2008

To Whom It May Concern:

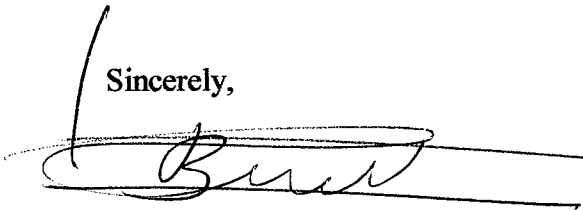
I am writing to request a change to the vehicles listed on my business license.

When I originally filed my application for a business license I listed a 1989 26 foot box truck as well as a 1990 Ford F250 as the vehicles owned by my business. However, both vehicles have since developed mechanical difficulties and are no longer running. I would like to ask that you replace them with a 1994 Ford Econo 35C, license plate B31032F, VIN 1FDKE37M9RHA79554.

You will find enclosed a copy of the commercial insurance policy for above named vehicle.

Thank you for your patience in this matter and please call me if there are any questions or concerns.

Sincerely,



Boubacar Zida
Zida Labor
3200 NE 140th St #9
Seattle, WA 98125
(206) 355-2199

RECEIVED
FEB 01 2008
WASH. UT. & TP. COMM

P.S. I SPOKE TO A LADY IN YOUR OFFICE
REGARDING THE SCOPE OF MY BUSINESS.
I WOULD LIKE TO HAVE A STATE-WIDE
LICENSE AS OPPOSED TO ONLY OPERATING
IN CERTAIN COUNTIES.

UNITRIN

Specialty Lines Insurance

Alpha Property & Casualty
P.O. Box 223687, Dallas, TX 75222-3687

WASHINGTON COMMERCIAL VEHICLE INSURANCE APPLICATION

Binder Number: 00198748A23S1755

Policy Period: 6 Months 12 Months Effective Date: 01/23/2008 at AM PM Expiration Date: 01/23/2009 at 12:01 AM

Policy #: C Agency Code: 0019874 Agency Name: EK INSURANCE CORP - SIAA

Agency Address: 13201 AURORA AVE N SEATTLE WA 98133

Agency Phone #: 2063643867 Agency Fax: 2063643875 Agency E-mail Address: _____

Persistency Discount: No Persistency Discount Persistency Discount Level 1 Persistency Discount Level 2 Persistency Discount Level 3

Payment Options: Prepaid (6 months) - discount applies Prepaid (12 months) - discount applies
 Semi-annual Monthly pay (33.33% down & 4 installments) Annual Monthly pay (20% down & 10 installments)

Filings, Premium Summary & Payment Information:

SR-22 YES NO
DOC YES NO
UTC/PUC Filing YES NO
WAIVER OF SUBROGATION YES NO # Entities: _____
"No Personal Use" Discount YES NO

Total Premium - All Vehicles \$ 1,848.00
Policy Fee \$ 25.00
Filing and Waiver of Sub Fees \$ 0.00
Total Policy Premium \$ 1,873.00
Minimum Down Payment Amount \$ 394.60
Installment Amount \$ 153.84

Pd down by C.C. le

APPLICANT INFORMATION

(Please print or type)

Last Name: Zida First Name: Boubacar M.I.: _____

DBA: Zida Labor

Street Address 1: 3200 NE 140th St #9 City & State: Seattle WA Zip Code: 98125

Street Address 2: _____ Business Phone: 2063552199

COVERAGES

Bodily Injury	Property Damage	CSL	Med. Payments	UIM (BI)	UIM (PD)	UIMCSL	PIP
<input type="checkbox"/> 25/50	<input type="checkbox"/> 10,000	<input type="checkbox"/> 300,000	<input type="checkbox"/> 1,000	<input checked="" type="checkbox"/> 25/50	<input type="checkbox"/> 10,000	<input type="checkbox"/> 300,000	<input checked="" type="checkbox"/> 10,000
<input type="checkbox"/> 50/100	<input type="checkbox"/> 25,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 50/100	<input checked="" type="checkbox"/> 25,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 35,000
<input type="checkbox"/> 100/300	<input type="checkbox"/> 50,000	<input checked="" type="checkbox"/> 750,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 100/300	<input type="checkbox"/> 50,000	<input type="checkbox"/> 750,000	
<input type="checkbox"/> 250/500	<input type="checkbox"/> 100,000	<input type="checkbox"/> 1,000,000		<input type="checkbox"/> 250/500	<input type="checkbox"/> 100,000	<input type="checkbox"/> 1,000,000	

Employers Non-ownership Liability YES NO If YES, choose one of the following. 1-4 Employees 5-10 Employees
 11-25 Employees 25+ Refer to Company

Hired Car Coverage YES NO Annual Cost \$ _____

If applicant desires Liability Coverage, Uninsured Motorist Coverage must be included unless waivers are signed. Failure to sign waivers will result in a premium charge.

Loan Balance Coverage YES NO

VEHICLE INFORMATION

Veh.#	Year	Make / Model	VIN	ACV	GVW / GCW
1	1994	Ford Econoline	1FDKE37M9RHA79554	4,000	All

Garaging Street Address	Garaging City & State	Garaging Zip	Garaging County	Lay Up Period
3200 NE 140th St	SEATTLE WA	98125	KING	None

OTC Ded	Collision Ded	Lmtd Spec Causes Ded	Class Code	"No Personal Use" Discount	PUC Filing?	PUC Number
\$ 500	\$ 500	\$	C01A1	No	No	

Radius of Operation (from the garaging location)? Local (0-50 miles) Intermediate (51-200 miles) Long (201-300 miles) Within State

VEHICLE CONDITION

INSPECT VEHICLE(S) BEFORE BINDING PHYSICAL DAMAGE COVERAGE

Is the vehicle damaged or have broken glass? YES NO If YES, explain: _____

Is vehicle and equipment regularly inspected and serviced? YES NO If YES, by whom? mechanic

Are there additional equipment or modifications to be insured? YES NO Unless permanently installed by the original manufacturer or the selling automobile dealer at the time of the original purchase, additional equipment or modifications must be declared below to be covered. Please describe in full, including make, model, identification number, and value of the item(s). Include in current value shown above. Physical Damage deductibles apply to the additional equipment and modifications covered.

List All Special Equipment (Including Serial Numbers) To Be Covered On Each Vehicle and the Value of Special Equipment

LOSS PAYEE - ADDITIONAL INSURED - CERTIFICATE HOLDER - MUST BE COMPLETE

LP/CH/AI	Name	Street Address	City & State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VEHICLE INFORMATION

Veh.#	Year	Make / Model	VIN	ACV	GVW / GCW
_____	_____	_____	_____	_____	_____

Garaging Street Address	Garaging City & State	Garaging Zip	Garaging County	Lay Up Period
_____	_____	_____	_____	_____

OTC Ded	Collision Ded	Lmtd Spec Causes Ded	Class Code	"No Personal Use" Discount	PUC Filing?	PUC Number
\$ _____	\$ _____	\$ _____	_____	_____	_____	_____

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LP/CH/AI	Name	Street Address	City & State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUPPLEMENTAL UNDERWRITING INFORMATION

EXPLAIN ALL "YES" ANSWERS

HAS ANY DRIVER:

- 1. Ever been treated for epilepsy, diabetes, heart condition, or mental impairment? (If yes, call for company approval) YES NO
- 2. Had any physical impairment or deformity? (If loss of hand, foot or eye, call for company approval) YES NO
- 3. Had any history of fainting, loss of consciousness, blackouts, seizures or convulsions? (If yes, call for company approval) YES NO
- 4. Ever been convicted of a felony offense involving a vehicle? YES NO
- 5. Had a driver's license suspended or revoked in the past 12 months? YES NO
- 6. Had a restricted or expired driver's license? YES NO
- 7. Had any bankruptcy or tax lien in the past 3 years? YES NO
- 8. Over age 70? (If yes, must have a medical statement by a physician submitted with application) YES NO
- 9. Does any of insured vehicles require a Hazardous Materials filing? (If yes, then risk is unacceptable) YES NO

Explain any YES answers:


REMARKS

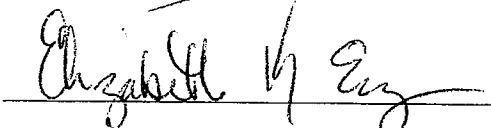
NOTICE TO APPLICANT

Careful completion of the application will ensure proper rating and prompt delivery of your policy. Any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of you will result in rescission of your coverage.

By my signature, I hereby warrant that I have read this application and that all the information is true and correct to the best of my knowledge. I agree that such policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors.

I also fully understand and agree that any remittance by me, or on my behalf (except by the agent or broker) is not honored by the payor (Bank), coverage will be rescinded; and no coverage or consideration will have been afforded under this application or any subsequent binder, policy or renewal.

Signature of Applicant  Date 1-23-08 Time 5:15 AM/PM

Signature of Producer  Date 1/23/08 Time 5:15 AM/PM