

Account Summary For PNW MOVING & DELIVERY LLC

**BHHC**  
**Quick**

Quote #: 15054041  
Status: Approved  
Policy Type: TR

Originally Quoted: 1/24/2024 9:01 PM  
Quote Printed: 3/29/2024 3:41 PM EDT  
Proposed Effective: 4/01/2024 12:00 AM  
Proposed Expiration: 4/01/2025 12:00 AM

Commission: 12.50

Quoted By: Nick Gilbert  
Berkshire Hathaway Homestate  
1314 Douglas St  
Omaha, NE 68102

NGilbert@bhhomestate.com  
Producer: Anchor Insurance & Surety, Inc.  
1 Centerpointe Dr Ste 190  
Lake Oswego, OR 97035  
Phone - (503) 224-2500  
Fax - (541) 344-5731

DOT #: 2919585  
MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
46	Liability	1,000,000 CSL	36,519
51	UM - BIPD	Included in UIM	Included
51	UIM - BIPD	1,000,000 CSL BI & PD	832
	Medical Payments	5,000	1,053
46	Physical Damage Total Ins Value	See Specific Unit 233,700	6,339
	Cargo		2,079
<b>Total</b>			<b>\$46,822.00</b>

Revision: 2WA2024R01

Vehicle Information

BHHC-Rate Version: 8.7.5993.938

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2022 FREIGHTLINER M2 106 (F1335)	12,173	Incl.	N/A	351	2,113	693	N/A	15,330
<b>Comp/Coll:</b>	\$77,900	<b>Deductible:</b>		5,000/5,000				
<b>Radius:</b>	Up to 300 Miles							
<b>Cargo Limit:</b>	\$20,000	<b>Cargo Deductible:</b>		2,500				



<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>AI/Lessor</u>	<u>Unit Sub Total</u>
2 2016 FREIGHTLINER M2 106 (B5346)	12,173	Incl.	N/A	351	2,113	693	N/A	15,330
<b>Comp/Coll:</b> \$77,900	<b>Deductible:</b> 5,000/5,000							
<b>Radius:</b> Up to 300 Miles								
<b>Cargo Limit:</b> \$20,000	<b>Cargo Deductible:</b> 2,500							
3 2019 FREIGHTLINER M2 106 (R0213)	12,173	Incl.	N/A	351	2,113	693	N/A	15,330
<b>Comp/Coll:</b> \$77,900	<b>Deductible:</b> 5,000/5,000							
<b>Radius:</b> Up to 300 Miles								
<b>Cargo Limit:</b> \$20,000	<b>Cargo Deductible:</b> 2,500							



**Berkshire Hathaway**  
HOMESTATE COMPANIES

### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- All New Drivers must meet driver guidelines.
- Commission is 12.5%
- Compliance with UM/UIM Limit Requirements.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Prompt reporting of all new drivers.
- Subject to no filings or MCS-90.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.
- Radius: 100% of operations within 300 miles; inform if different

Quote is valid through: 04/28/2024

**Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.**

**This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.**

## Schedule of Forms & Endorsements

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CA 0012 (03/2006) Truckers Coverage Form  
CA 0135 (01/2008) Washington Changes  
CA 2134 (01/2008) Washington Underinsured Motorists Coverage  
IL 0123 (11/2013) Washington Changes - Defense Costs  
IL 0146 (08/2010) Washington Common Policy Conditions  
IL 0198 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
M 3795 (03/1987) Punitive Damage Exclusion Duty to Defend Amendment  
M 3831c (12/2001) Stated Amount Insurance  
M 4094a (10/1991) Supplemental Declarations - Cargo Coverage  
M 4117 (03/1991) Cargo Coverage Loading and Unloading Coverage Endorsement  
M 4118a (04/2008) Cargo Coverage Refrigeration Breakdown Coverage Endorsement  
M 4207 (08/1991) Washington Changes  
M 4427a (04/2008) Cargo Coverage Form Broad Form  
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 4643 (06/1996) Cargo Coverage Debris Removal Coverage Extension Endorsement  
M 5171 (06/2004) Schedule of Covered Autos  
M 5479 (04/2010) Towing and Storing Costs  
M 5603 (01/2011) Commercial Policy Jacket  
M 5606 (02/2011) Truckers Coverage Declarations  
M 5623 (04/2011) Application of Policy - Financial Responsibility  
M 5824 (01/2015) Terrorism Risk Insurance Endorsement  
M 5982 (06/2021) Communicable Disease Exclusion



1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

03/29/2024  
PNW MOVING & DELIVERY LLC  
2112 109TH ST S SUITE 203  
TACOMA, WA 98444

Billing services:  
1-877-680-2442  
Monday - Friday  
7:00 AM - 7:00 PM Central Time

Claim reporting:  
1-800-356-5750  
24 hours a day  
7 days a week

RE: Insurance Quote: 15054041  
Proposed Term: 4/1/2024 - 4/1/2025  
Writing Company: Berkshire Hathaway Homestate  
Insurance Company

To PNW MOVING & DELIVERY LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.<sup>1</sup>

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: Dmitriy Satir  
Address: 2112 109TH ST S SUITE  
TACOMA, WA 98444

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center  
P.O. Box 105108 1-800-456-6004  
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

<sup>1</sup> Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

# Driver Information for PNW MOVING & DELIVERY LLC

BHHC-Rate for Washington

Berkshire Hathaway Homestate Insurance Company

Quote #: 15054041

Revision: 2WA2024R01

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>
1 Dmitriy Satir	2/6/1995	
2 Marcus McClain	7/7/1996	
3 Roman Satir	12/26/1996	
4 Brian Johnson	8/13/1997	

Insured Name: PNW MOVING & DELIVERY LLC

Berkshire Hathaway Homestate Insurance Company

Policy Number:

Quote Number: 15054041

M-5503 (01/2017)

## WASHINGTON SELECTION OF UNDERINSURED MOTORIST COVERAGE

This selection form provides a brief explanation of your options as to Underinsured Motorist Coverage in Washington. Underinsured Motorist Coverage is subject to certain terms, exclusions, limitations and conditions which are not fully described herein. This form is for informational purposes only and does not become a part or condition of the policy.

If you have any questions regarding these coverages or wish to change your policy, please contact your agent. Your agent must notify us of any changes in order for such changes to be effective .

**UNDERINSURED MOTORIST COVERAGE (UIM)** provides protection for persons insured under the policy, who are legally entitled to recover damages from the owner or operator of a vehicle which was uninsured or was insured but whose policy provides limits of liability less than the applicable damages that the insured person is legally entitled to collect. Coverage is also provided for damages that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured Motorist Property Damage Coverage (UIM PD) is subject to a \$300 per occurrence deductible, when the damage is caused by a hit-and-run or phantom vehicle and is subject to a \$100 per occurrence deductible in all other instances.

Washington Statutes require that Underinsured Motorist Coverage be included on every auto policy with limits equal to the policy liability limits (which are                     **\$1,000,000**                     ) unless you select lower limits or reject UIM coverage entirely. You may reject Underinsured Motorist Property Damage Coverage but retain Underinsured Motorist Bodily Injury Coverage.

You have indicated that you want Underinsured Motorist Coverage at limits less than your liability limits or that you wish to reject Underinsured Motorist Coverage entirely. The option you chose is shown below. This option determined your policy premium. You may change this option by contacting your agent, although changing this option may result in changes to your premium. Please confirm your selection below, or contact your agent if you wish to make changes.

**If you do not return this signed form, your policy will be modified to provide Underinsured Motorist Coverage with limits equal to the policy's liability limits; this may result in an increase in premium owed.**

**REJECTION OF UNDERINSURED MOTORIST COVERAGE**

The undersigned (representing all insureds under the policy) hereby rejects Bodily Injury and Property Damage Underinsured Motorist Coverage and waives any protection afforded by the Washington Statutes in that respect.

**REJECTION OF PROPERTY DAMAGE UNDERINSURED MOTORIST COVERAGE**

The undersigned (representing all insureds under the policy) hereby rejects Property Damage Underinsured Motorist Coverage, but elects to purchase Bodily Injury Underinsured Motorist Coverage at limits equal to the Bodily Injury Liability Limits of the policy.

Insured Name: PNW MOVING & DELIVERY LLC

Berkshire Hathaway Homestate Insurance Company

Policy Number:

Quote Number: 15054041

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

\$   1,000,000   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





PO Box 31145 • Omaha, NE 68131  
bhhc.com

## Direct Bill Payment Plan Options

Date: 03/29/2024

Billing Services:  
1-877-680-2442

Applicant Name: **PNW MOVING & DELIVERY LLC**

7:00 AM-7:00 PM Central Time, Mon-Fri

Quote Number: 15054041

billing@bhhomestate.com

**Indicated Premium: \$ 46,822.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment</b>					
Due at Binding	\$9,365.00	\$9,365.00	\$11,706.00	\$23,411.00	\$46,822.00
<b>Installments *</b>					
Month 1	\$3,745.16	\$7,490.92			
Month 2	\$3,745.76		\$11,705.00		
Month 3	\$3,745.76	\$7,491.52			
Month 4	\$3,745.76				
Month 5	\$3,745.76	\$7,491.52	\$11,705.50	\$23,411.00	
Month 6	\$3,745.76				
Month 7	\$3,745.76	\$7,491.52			
Month 8	\$3,745.76		\$11,705.50		
Month 9	\$3,745.76	\$7,491.52			
Month 10	\$3,745.76				

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

### Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.



P.O. Box 31145 • Omaha, NE 68131  
bhhc.com

### Recurring Payments Authorization Form

**Billing Services:**  
1-877-680-2442  
7:00 AM - 7:00 PM Central Time, Mon - Fri  
billing@bhhomestate.com

Insured Name: **PNW MOVING & DELIVERY LLC**  
Quote Number: **15054041**  
Agency Name: **Berkshire Hathaway Homestate Companies**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

**Select a Request Type:**      Enroll in Recurring Payments       Change Recurring Payments Account       Stop Recurring Payments   
*(only signature and date required)*

Name on Account: \_\_\_\_\_ Account Holder Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ E-mail Address for Receipts: \_\_\_\_\_

**Enroll using a Checking/Savings Account**      Account Type:    Checking Account     Savings Account

Bank Name: \_\_\_\_\_

Routing Number\*: \_\_\_\_\_      Account Number: \_\_\_\_\_  
*\*Please note that a routing number has exactly nine digits.*

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**Enroll using a Credit/Debit Card\***      Card Type:    Visa     Mastercard     Discover     American Express

Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
*\*A nominal transaction and reversal may appear on your statement due to our validation process.*

**Please submit this completed form via one of the following methods:**

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- \*\*E-MAIL WILL NOT BE ACCEPTED\*\*

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

*\*\*\* I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.\*\*\**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_



# Berkshire Hathaway HOMESTATE COMPANIES

## Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

**\*\*New Direct Bill Option - Auto, Cargo, or Garage Only\*\***

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

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### To bind coverage:

You will receive a link from [noreply@bhhomestate.com](mailto:noreply@bhhomestate.com). Follow the link in the email to our online binding mechanism. You will then have two options:

#### 1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

#### 2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

#### Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

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**Questions? Contact P&C Client Services at (877) 680-2442**

\* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.  
Berkshire Hathaway Homestate Insurance Company • BHHC Special Risks Insurance Company • Continental Divide Insurance Company • Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company