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1-20-2001	269:10,12	227:14	183:9,13	284:20
234:6	272:19	229:25	191:19	313:6
1:00 118:19	292:10,12	230:4 292:9	215:10	20th 68:2,4
1072:8 92:10	292:14	292:16,19	313:5	80:16 85:17
98:17,19,20	293:6	293:1,3	196 312:5	20,000 151:1
98:21 99:14	295:17	298:6,11,15	1978 5:2 8:22	151:2
109:22,24	301:5	298:17	1982 5:2 8:22	200 131:5
116:24	306:23	312:23	8:24 9:2	299:9
194:24	12th 63:14	150 307:11	1986 144:23	200,000 81:12
210:9	80:15	1627:2	1987 142:7	88:5 240:8
224:25	291:20	167:13,15	1992 16:17	2000 63:14
234:24	12-volt 292:4	167:16,17	23:17,25	251:11
236:19	12.1 293:6	167:22,25	89:4 234:2	291:20
245:5	12.2 293:6	168:10	234:3,21	297:10
269:24	12:15 118:18	169:8	237:16	308:13
270:1	1200 188:21	172:16,20	238:13,17	2001 80:15
312:19	189:15	172:24	243:7	279:23
100 44:1,3,5	191:23	173:1,2,3	244:15,18	301:21
44:8 131:5	235:9	173:22,23	244:20	2002 2:1
149:20	1201 311:4,18	184:7 185:6	261:2	10:10,15,21
202:11	121 224:25	186:2,15	284:15	212:22
100,000 81:9	1230 310:17	312:24	297:7,8	310:21
238:15	1250 265:13	163 312:22	1993 23:18,25	314:17
1000 311:11	13110:19,24	165 312:23	98:13	21116:9
311:14	112:3	1650 265:13	238:13,17	218:11
101 131:9	118:20,24	167 312:24	287:7	225:14
102 312:18	121:5 226:6	168 312:25	1994 207:8	245:22
103 130:9,13	233:19	17167:15,19	208:3	246:9
109 312:19	256:20	167:20,25	1995 275:7,8	250:24
11109:17,19	291:6	167:25	1997 18:24	21-23 218:8
	312:21	168:7 172:8		313:7
	1428:25 49:8	173:7,7,17	2	216 313:6

ROUGH & ASSOCIATES, INC.
(206) 682-1427

22 218:11,20	299:10	285:11	60 312:13	149:20
222:10,21	285 313:11	312:14	600 139:4	91 297:15
246:7,9	29 234:25	40 195:25	61 312:14	92 65:5 67:7
249:9		40-hour 11:21	650 268:11	238:5
250:24	3	400 131:5		93 16:17 65:5
22nd 10:20	32:1 60:19	41 202:20,21	7	67:7 197:1
23 215:16,22	60:21 61:20	212:10	7 27:4 92:12	297:7
218:20	90:14	216:24	92:21 93:5	94 16:17
222:10,21	130:21	42 18 65:1	93:17,18	23:18
246:7	239:23	45 21:15	94:11 95:8	95 64:16
312:12	249:21	139:14	98:25 99:1	149:20
230,000 82:15	250:2	303:17	99:3 163:18	312:15
85:10	310:21	47 19:6	164:3	96 64:11
24 14:22	312:13	296:19,20	167:17	142:7,9
215:16,21	3A 62:6	4794 206:8	168:10,16	97 64:3,13
216:7	3B 62:14	48 17:12	169:8,8	312:16
249:18,20	3C 62:25	18:19	172:3	98 101 311:5
250:6,17	3D 67:22	211:23	174:16,17	311:19
284:20	3E 88:21	283:1,2	189:12	98 104 311:12
313:8	30 47:22	285:3,12,13	312:17	99 229:20
24-month	114:13	285:22	7-17 203:9,12	312:17
140:10	195:23	48304 311:8	7-18 203:12	
249 313:8	245:22		7-30 35:25	
25 224:1,10	246:13	5	7-30-2002	
274:13,15	30th 30:25	5 95:5,6	11:3	
274:16,18	31:3 63:2	96:23 97:24	70 123:15,16	
274:19,23	68:13 69:1	163:4 181:8	194:3	
313:9	175:1,17,21	245:2	7298469 244:9	
26 234:24	30,000 82:8	248:22	77002 311:15	
237:6,9	300 23:20	312:15		
244:3	131:5	5,000 143:2	8	
279:17,20	3000 311:11	241:16,17	8 92:12 98:7	
280:21	307 312:6	5-16-00 224:5	98:8 102:6	
282:18	308 312:7	5-22 10:20	102:24	
313:10	3090 311:18	5-3-99 67:4	8-9 102:4	
26th 68:5,7,7	31 116:24,24	50 55:9	312:18	
27 68:17 69:1	33 235:22	139:14	8:15 195:8	
285:19,21	34 235:22	200:10	80,000 84:23	
289:10	35980 311:7	50,000 82:16	84 139:10	
313:11	36 236:2	83:16	85 139:10	
274 313:9	36,000 240:20	5100 311:14	87 142:9	
279 313:10	37 115:22	52nd 161:14		
280,000 80:10	37 13 64:25	5200 310:17	9	
80:11,21	37 135898 66:3	311:4	9 92:10 98:15	
81:5 87:22			98:19,23	
88:2 150:20	4	6	115:1 245:5	
150:23	4 61:8,11,12	6 90:19 97:19	248:22	
151:19	61:13,20	97:21 98:19	249:6	
234:10,19	81:13 92:5	100:2 236:2	9F924 66:8	
239:19	92:12	245:2	67:2	
240:13,22	202:14	312:16	9:00 2:2	
241:10	223:8 250:3	6:20 309:13	90 76:9	

ROUGH & ASSOCIATES, INC.
(206) 682-1427

ER82-025-A 0227

- **Plaintiffs' FRCP 26(a) Initial Disclosures**
- **Plaintiffs' Supplemental FRCP 26(a) Initial Disclosures**
- **Plaintiffs' Disclosure of Expert Witnesses**
- **Deposition of Richard Clark**
- **Ford's Initial Disclosures**
- **Defendant Ford Motor Company's Expert Witness Disclosure**

THE HONORABLE ROBERT S. LASNIK

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

ALLSTATE INSURANCE COMPANY, an
Illinois corporation, and NORTHLAND
INSURANCE COMPANY, a Minnesota
corporation,

Plaintiffs,

v.

FORD MOTOR COMPANY, a Delaware
corporation, and TEXAS INSTRUMENTS, INC.,
a Delaware corporation,

Defendants.

Cause No: CDL-1416L

PLAINTIFFS' FRCP 26(a) INITIAL
DISCLOSURES

Pursuant to FRCP 26(a) and the Court's Order Regarding Initial Disclosures, Joint Status Report, and Early Settlement lodged on November 2, 2001, plaintiffs Allstate Insurance Company and Northland Insurance Company hereby provide their initial disclosures. Plaintiffs make this disclosure without waiving any objections to the admissibility at trial of some or all the evidence which might be gathered from the witnesses and/or documents identified herein.

I. INDIVIDUALS LIKELY TO HAVE DISCOVERABLE INFORMATION

1. [REDACTED]

Federal Way, WA [REDACTED]

[REDACTED] is one of the owners of the residence and automobile that caught on fire. [REDACTED] has information regarding the purchase of the home and the damages that occurred as a result of the fire.

PLAINTIFFS' FRCP 26(a) INITIAL DISCLOSURES - 1

TRUE COPY

LAW OFFICES OF
CORNEL O'CONNOR
A PROFESSIONAL CORPORATION
SUITE 800
WASHINGTON METROPOLITAN TOWER
1901 THIRD AVENUE
SEATTLE, WASHINGTON 98101-3000
206 465-1000

1 2.

2 Federal Way, WA

3 3.

4 Federal Way, WA

5 is one of the owners of the residence and automobile that caught on fire.

6 has information regarding the purchase of the home and the damages that occurred as a
7 result of the fire.

8 3.

9 Federal Way, WA

10 is the son of the and is
11 father, and they reside at the residence.

12 4.

13 Federal Way, WA

14 is one of the owners of the residence located next door to the
15 residence. has information regarding damages that occurred to her property as a result
16 of the fire.17 5. Shawn Minnaugh
18 Allstate Insurance Company
19 18911 North Creek Parkway, #107
20 Bothell, WA 98011
21 (800) 597-900122 Allstate Insurance Company insured the and homes and is a plaintiff.
23 Mr. Minnaugh is an employee of Allstate Insurance Company. Mr. Minnaugh is involved in the
24 adjustment of the loss and is familiar with payments made by Allstate for the damages that occurred
25 as a result of the fire.26 6. Francesca Mocer
Allstate Insurance Company

1 18911 North Creek Parkway, #107
2 Bothell, WA 98011
3 (425) 489-5827

4 Ms. Mocerri is an employee of Allstate Insurance Company. Ms. Mocerri is involved in the
5 adjustment of the loss and is familiar with payments made by Allstate for the damages that occurred
6 as a result of the fire.

7 7. James Lawson
8 Allstate Insurance Company
9 18911 North Creek Parkway, #107
10 Bothell, WA 98011
11 (888) 769-1850

12 Mr. Lawson is an employee of Allstate Insurance Company. Mr. Lawson is involved in the
13 adjustment of the loss and is familiar with payments made by Allstate for the damages that occurred
14 as a result of the fire.

15 8. Charles Upchurch
16 Allstate Insurance Company
17 18911 North Creek Parkway, #107
18 Bothell, WA 98011
19 (800) 597-9001

20 Mr. Upchurch is an employee of Allstate Insurance Company. Mr. Upchurch is involved in
21 the adjustment of the loss and is familiar with payments made by Allstate for the damages that
22 occurred as a result of the fire.

23 9. Tony Ball
24 Northland Insurance Company
25 1295 Northland Drive
26 St. Paul, MN 55120-1146
(800) 328-5972

Northland Insurance Company insured the [REDACTED] 1993 Lincoln Towncar and is a
plaintiff. Mr. Ball is an employee of Northland Insurance Company. Mr. Ball is involved in the
adjustment of the loss and is familiar with payments made by Northland for the damages that
occurred as a result of the fire.

10. Texas Instruments

1 Texas Instruments is a defendant. An unnamed employee or employees of Texas Instruments
2 has/have information regarding Texas Instrument's investigation of the fire at the Majlunian
3 residence, as well as information regarding the design and manufacture of the speed control
4 deactivation switch.

5 11. Ford Motor Company

6 Ford Motor Company is a defendant. An unnamed employee or employees of Ford Motor
7 Company has/have information regarding Ford's investigation of the fire at the [REDACTED] residence,
8 as well as information regarding the design and manufacture of the Lincoln Towncar.

9 12. Alan Topinka
10 Schaefer Engineering
11 14712 Bothell Way N.E., Suite 2A
12 Seattle, WA 98155
13 (206) 361-5579

14 Alan Topinka is a consultant who investigated the fire on behalf of plaintiffs.

15 13. Kelly Wilson
16 Newell Investigative Services
17 (770) 297-7138

18 Kelly Wilson is a consultant who investigated the fire on behalf of defendant Ford Motor
19 Company.

20 14. Mark E. Hoffman
21 Design Analysis Engineer
22 Ford Motor Company
23 528 Parklane Towers West
24 Three Parklane Boulevard
25 Dearborn, MI 48126
26 (313) 323-7450

Mark Hoffman is an engineer/consultant for Ford Motor Company who investigated the fire
on behalf of defendant Ford Motor Company.

15. R.P. Hamilton, III, Ph.D., P.E.
R.P. Hamilton and Associates, Inc.
1406 Three Points Road
Building A, Suite 100
Pflugerville, TX 78660

R.P. Hamilton is consultant who investigated the fire on behalf of Texas Instruments.

16. Bryan S. Peterson
Mike Knorr
Federal Way Fire Department
31617 - 1st Avenue South
Federal Way, WA 98003
(253) 839-6234

Bryan Peterson and Mike Knorr responded to and investigated the fire on behalf of the Federal Way Fire Department.

II. DOCUMENTS

Plaintiffs identify the following documents that have information relevant to the facts pertaining to their claims. Plaintiffs documents attached hereto are numbered PLTF 000001- PLTF 000276.

1. A copy of the Federal Way Fire Department report for Incident No. 01-00469 is attached.
2. A copy of the Grease Monkey vehicle service history report dated July 31, 2001 is attached.
3. Allstate damages documentation supporting the [REDACTED] dwelling and auto damages to date are attached.
4. Northland damages documentation supporting the [REDACTED] Lincoln Towncar damage are attached.
5. Allstate damages documentation supporting the [REDACTED] claim are attached.
6. Color laser copies of the Northland Insurance claim file photographs are attached.
7. Color laser copies of the Allstate claim file photographs regarding the [REDACTED] losses are attached.
8. Color laser copies of the Allstate claim file photographs regarding [REDACTED] losses are attached.

9. Photographs of the scene taken by Federal Way Fire Department are available from the Fire Department. If defendants want color laser copies, these can be provided upon request.

10. Photographs of the scene taken by plaintiffs' consulting expert at Schaefer Engineering have already been forwarded to counsel for defendants.

11. Photographs taken by plaintiffs' consulting expert at Schaefer Engineering during evidence examinations are available upon request.

III. DAMAGES

1. The [REDACTED] submitted claims to their insurance carriers, Allstate Insurance and Northland Insurance, after the January 20, 2001 fire. Thus far, Allstate has made payments totaling approximately \$350,000.00, and Northland has made payments totaling \$6,000.00, to the [REDACTED] for damages caused by the fire. The repairs of the [REDACTED] residence are not complete and the adjustment of the claim is still ongoing. Damage documentation obtained to date is attached.

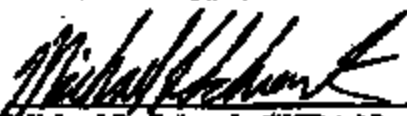
2. The [REDACTED] submitted a claim to their insurance carrier, Allstate Insurance, after the January 20, 2001 fire. Allstate made payments totaling \$3,725.31 to the [REDACTED] for damages caused by the fire. Damage documentation regarding the [REDACTED] claim is attached.

IV. INSURANCE AGREEMENT

The [REDACTED] and [REDACTED] insurance policies are available on request but their insurers would not be liable to satisfy part or all of a judgment which may be entered in this action.

DATED this 7th day of December, 2001.

COZEN O'CONNOR


Michael L. Schrenk, WSBA No. 25085
Attorneys for Plaintiffs

SEATTLE 11/16/01 11:06:10

PLAINTIFFS' EXPT 26(b) INITIAL DISCLOSURES - 1

LAW OFFICES OF
COZEN O'CONNOR
A PROFESSIONAL CORPORATION
SUITE 2000
WASHINGTON MUTUAL TOWER
1301 THIRD AVENUE
SEATTLE, WASHINGTON 98101-3038
206 464-1000

EX-102-025-A 9225

Plaintiffs' Supplemental
FRCP 26(a) Initial Disclosures

PM2-020-A 0238

FILE
COPY

THE HONORABLE ROBERT S. LASNIK

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

ALLSTATE INSURANCE COMPANY, an
Illinois corporation, and NORTHLAND
INSURANCE COMPANY, a Minnesota
corporation,

Plaintiffs,

v.

FORD MOTOR COMPANY, a Delaware
corporation, and TEXAS INSTRUMENTS, INC.,
a Delaware corporation,

Defendants.

Cause No: C01-1416L

PLAINTIFFS' SUPPLEMENTAL FRCP
26(a) INITIAL DISCLOSURES

Pursuant to FRCP 26(a) and the Court's Order Regarding Initial Disclosures, Joint Status Report, and Early Settlement lodged on November 2, 2001, plaintiffs Allstate Insurance Company and Northland Insurance Company hereby provide their supplemental initial disclosures. Plaintiffs make this disclosure without waiving any objections to the admissibility at trial of some or all the evidence which might be gathered from the witnesses and/or documents identified herein.

I. INSURANCE AGREEMENTS

Plaintiffs identify the following insurance agreements pertaining to these claims. Plaintiffs documents attached hereto are numbered PLTF 000277 - PLTF 000336.

1. A copy of the Northland Insurance Company insurance policy is attached.
2. A copy of the Allstate Deluxe Plus insurance policy is attached.

PLAINTIFFS' SUPPLEMENTAL FRCP 26(a) INITIAL DISCLOSURES

COPY

RECEIVED

LAW OFFICES OF
CAREN O'CONNOR
A PROFESSIONAL CORPORATION
SUITE 2200
WASHINGTON MUTUAL TOWER
2201 THIRD AVENUE
SEATTLE, WASHINGTON 98102
PHONE 360-455-0000

ER02-025-R 9237

1 DATED this 10th day of May, 2002.

2 COZEN O'CONNOR

3 

4 Michael L. Schrenk, WSBA No. 25085
5 Attorneys for Plaintiffs

6 SEATTLE\1352891\1 110501600



Northland
Insurance Companies

**PUBLIC AUTO POLICY
DECLARATIONS**

☐ Check here if PART 2 is attached

Coverage is provided by company checked
NORTHLAND INSURANCE COMPANY
NORTHLAND CASUALTY COMPANY
NORTHFIELD INSURANCE COMPANY

St. Paul, MN 55120-1138

STOCK COMPANIES

ITEM ONE - NAMED INSURED AND ADDRESS

██████████
Federal Way WA ██████████

Policy Period
From 05/05/00
to 05/05/2001

12:01 A.M. Standard Time
as Named "Insured's"
Residing address

Business of Named "Insured":

██████████

☒ Individual
☐ Partnership
☐ Corporation
☐ Joint Venture
☐ Other

POICY NO. 2nd yr

PREVIOUS POLICY NO.

AGENCY NO.
372000

BRANCH SOURCE # YRS.
1377

Gauging address if different:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as Covered "Autos." "Autos" are shown as Covered "Autos" for a particular coverage by the entry of one or more of the Symbols listed in Section 1 of the Business Auto Coverage Form.

COVERAGE	COVERED "AUTOS"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
7		(1) BODILY INJURY - BI	\$ each person \$ each "accident"	\$
7		(2) PROPERTY DAMAGE - PD	\$ each "accident"	\$
7		COMBINED (1) AND (2) - CBL	\$ 1,050,000 each "accident"	\$ 2,347.00
7		PERSONAL INJURY PROTECTION - PIP (for equivalent No-Fault coverage)	Separately Stated in each PIP endorsement	\$ 334.00
7		ADDED PIP (for equivalent No-Fault coverage)	Separately Stated in each added PIP endorsement	\$
7		PROPERTY PROTECTION - PPI (Michigan Only)	Separately Stated in PPI endorsement	\$
7		"AUTO" MEDICAL PAYMENTS	\$	\$
7		UNINSURED MOTORISTS - UM	\$ each person \$ each "accident"	\$
7		☒ Includes Underinsured Motorists - UIM	PD \$ each "accident"	\$
7			CBL \$ 1,050,000 each "accident"	\$
7		UNDERINSURED MOTORISTS - UIM	\$ each person \$ each "accident"	\$
7			PD \$ each "accident"	\$
7			CBL \$ 1,050,000 each "accident"	\$ 61.00
7		CARGO	\$ each accident less the deductible	\$
7		COMPREHENSIVE	Stated Amount, Actual Cash Value or Cost of Repairs, whichever is less minus the deductible.	\$ 225.00
7		SPECIFIED PERILS		\$
7		COLLISION		\$ 337.00

ADDITIONAL PREMIUM PER ENDORSEMENTS:

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

ESTIMATED TOTAL PREMIUM

\$ 3,304.00

Per Schedule of Forms and Endorsements N-2500 (4/94)

ITEM THREE - SCHEDULE OF COVERED AUTOS

Year, Model, Trade Name, Body Type	Identification Number	Loan Payer
1 1993 LINCOLN TOWN CAR	1LNLMH1W0PY677138	KEY BANK
2		
3		
4		

LIABILITY PREMIUMS							PHYSICAL DAMAGE PREMIUMS				STATED AMOUNT	CARGO		
BI/CBL	PD	PIP	PPI	UM	OTHER	STATED AMOUNT	Comp. & P.	DED.	COLL.	DED.		DED.	RATE	PREM.
1 2,347	932	334		61		6,000	225	500	337	100				
2														
3														
4														

O.O.B.	U/W IND.	BUREAU	USER CLASS	O.O.B.	U/W IND.	BUREAU	USER CLASS

KEP

05/19/2000

NF.25 } All
RN:05

KAL

MAY 26 2000

PLTF 000277

**Schedule of Forms
and Endorsements**Policy No. **TF212225**

Issued to

[REDACTED] Vice

The below listed forms and endorsements are contained in this policy at its inception:

IL0021 (11/85), IL0146 (11/98), TJ03 (11/90), CA0001 (07/97), T184 (12/90),
CA0135 (03/00), CA2134 (03/00), CA2257 (03/00), CA2402 (12/93), CA9950 (9/94),
T004 (9/90), T006 (9/90), T186 (4/90), TP029 (RS/91), TP268 (8/95), TP269 (5/97)



**CERTIFICATE OF INSURANCE
LOSS PAYEE**

This is to certify that you (certified holder) are a loss payee under Policy No. [REDACTED] issued to [REDACTED] for the policy period from 05/05/00 to 05/05/2001. This policy provides the coverages indicated for the following auto(s):

YEAR	TRADE NAME	SERIAL NUMBER	STATED AMOUNT	Coverage Provided if Deductible Shown		
				Comprehensive	Specified Perils	Collision
1993	LINCOLN	11ALMB1W0PY677138	\$ 6,000	500		500
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

This certificate is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the policy.

If we cancel the policy during the policy period, we will mail the "Insured" and you the same advance notice.

If we make any payment to you, we will obtain your rights against any other party.

NAME AND ADDRESS OF CERTIFICATE HOLDER

KEY BANK
PO BOX 5518
CLEVELAND, OH 44101

DATE ISSUED 05/19/00

Authorized Representative
Pacific International Underwriters



RADIUS RESTRICTION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy effective on the inception date of the policy unless a different date is indicated below.

(The following need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on **05/05/00**

at **12:01 A.M.** standard time, forms a part of

Policy Number **[REDACTED]** issued to **[REDACTED]**

05/19/00

Date

Authorized Representative

Pacific International Underwriters

The premium for this policy is based on your telling us that certain "autos" will not be used for regular and frequent trips outside a 75 mile radius of the address stated in Item One of the DECLARATIONS.

☒ LIABILITY COVERAGE

☒ PHYSICAL DAMAGE COVERAGE

is changed by adding the following exclusion:

The following "autos" are not covered if used for regular and frequent trips outside the radius described above:

ALL SCHEDULED UNITS AND/OR THEIR REPLACEMENTS

THIS ENDORSEMENT DOES NOT APPLY TO REQUIRED OR MANDATORY COVERAGES UNDER ANY STATE NO-FAULT OR MOTOR VEHICLE REPARATIONS ACT.

POLICY NUMBER: TP212225

COMMERCIAL AUTO
CA 21 34 03 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WASHINGTON UNDERINSURED MOTORISTS
COVERAGE**

For a covered "auto" licensed or principally garaged in, or for "garage operations" conducted in, Washington, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Endorsement Effective: 05/05/00	Countersigned By:
Named Insured:	(Authorized Representative)
Pacific International Underwriters	

SCHEDULE

"Bodily Injury" and "Property Damage"	\$ 60,000	Each "Accident"
"Bodily Injury"	\$	Each "Accident"

This endorsement provides "bodily injury" and "property damage" "underinsured motorists coverage" unless an "X" is entered below:

☐ If an "X" is entered in this box, this endorsement provides "bodily injury" underinsured motorists coverage only for the following "autos":

Description of "autos":

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "underinsured motor vehicle." The damages must result from "bodily injury" or "property damage" sustained by the "insured" caused by an "accident." The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "underinsured motor vehicle."

B. Who Is An Insured

1. You
2. If you are an individual, any "family member."

PLTF 000281

ER62-625-A 9243

- (2) On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

2. Duties In The Event Of Accident, Claim, Suit Or Loss is changed by adding the following:

- a. A person seeking Underinsured Motorists Coverage must also promptly notify us, in writing, of a tentative settlement between the "insured" and the insurer of an "underinsured motor vehicle," and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle." However, this provision does not apply if failure to notify us does not prejudice our right to recover payment from the person legally responsible for the "accident."

3. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid. We shall be entitled to recovery only after the "insured" has been fully compensated for damages.

Our rights do not apply under this provision with respect to damages caused by an "accident" with an "underinsured motor vehicle" if we:

- Have been given prompt notice of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle," and
- Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- (1) That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Underinsured Motorists Coverage, and
- (2) We also have a right to recover the advanced payment.

4. The following condition is added:

ARBITRATION

- If we and an "insured" disagree whether the "insured" is legally entitled to recover damages from the owner or driver of an "underinsured motor vehicle" or do not agree as to the amount of damages that are recoverable by that "insured," then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Either party may make a written demand for arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. We will pay all arbitration expenses. Arbitration expenses will not include the "insured's" attorney's fees or any expenses incurred in producing evidence or witnesses.
- Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

F. Additional Definitions

As used in this endorsement:

1. "Property damage" means injury to or destruction of the property of an "insured."
2. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
3. "Occupying" means in, upon, getting in, on, out of or off.
4. "Suit" means a civil proceeding in which:
 - a. Damages because of "bodily injury" or "property damage"; or
 - b. A "covered pollution cost or expense" to which this insurance applies, are alleged.

"Suit" includes:

- (1) An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed; or
- (2) Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed.

POLICY NUMBER: TP21221

COMMERCIAL AUTO
CA 22 57 03 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WASHINGTON PERSONAL INJURY PROTECTION -
NAMED INDIVIDUALS**

If you are an individual and your covered "auto" is licensed or principally garaged in, or "garage operations" are conducted in, Washington, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

Endorsement Effective 05/05/00	Countersigned By (Authorized Representative)
Named Insured 	

Fio International Underwriters

We agree with the "named insured," subject to all of the provisions of this endorsement and to all of the provisions of the Coverage Form, except as modified herein, as follows:

SCHEDULE

The following benefits apply unless otherwise indicated below or in the Declarations:	
☒ Basic Personal Injury Protection Benefits	
Benefits	Limits Per Person
Medical and Hospital Expenses	\$10,000
Funeral Expenses	\$ 2,000
Work Loss	\$10,000 subject to a maximum of \$200 per week
Essential Services	\$ 5,000, subject to \$40 per day not to exceed \$200 per week
☐ Increased Limits Personal Injury Protection Benefits	
If indicated as applicable above or in the Declarations, the following increased limits personal injury protection benefits apply, instead of the corresponding basic limits personal injury protection benefits.	
Benefits	Limits Per Person
Medical and Hospital Expenses	\$35,000
Funeral Expenses	\$ 2,000
Work Loss	\$35,000 subject to a maximum of \$700 per week
Essential Services	\$40 per day

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

E. Changes In Conditions

The conditions are changed for Washington Personal Injury Protection - Named Individuals as follows:

1. The following is added to Duties In The Event Of Accident, Claim, Suit Or Loss:

The "insured" or someone on his or her behalf must promptly:

- a. Give us written proof of claim, under oath if required, and any such other information that will help us determine the amount due and payable.
- b. Execute authorization to enable us to obtain information with respect to loss of income.

2. Transfer Of Rights Of Recovery Against Others To Us is changed by adding the following:

- a. If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid. We shall be entitled to recovery only after the "insured" has been fully compensated for damages.
- b. Where either we and/or an "insured" have incurred legal expenses in recovering payments that benefit both, whether incurred in an action for damages or otherwise, there will be an equitable apportionment of such expenses.

The following conditions are added for Washington Personal Injury Protection - Named Individuals:

1. Arbitration

- a. If we and an "insured" disagree whether the "insured" is entitled to recover damages or do not agree as to the amount of damages, then by mutual written agreement the matter will be decided by arbitration. However, disputes concerning coverage under this endorsement may not be arbitrated. If both parties agree in writing, then the matter will be decided by a single arbitrator selected by the parties. If they cannot agree, then each party will, upon written demand of the other, select an arbitrator. The two arbitrators will select a third. Each party will bear the expenses it incurs and bear the expenses of the third arbitrator equally.
- b. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives or the county in which the "insured" resided at the time of the accident. Local rules as to arbitration procedure and evidence will apply. A decision agreed to by the arbitrator or arbitrators will be binding.

2. Coordination And Non-Duplication

- a. No "insured" may recover duplicate payments for the same elements of "loss" under this or any other insurance.
- b. If an "insured" is entitled to medical payments coverage or Washington Personal Injury Protection benefits under more than one Coverage Form or policy, our share is the proportion that our Limit of Insurance bears to the total of all applicable limits covering on the same basis.
- c. With respect to losses sustained by an "insured" resulting from an "accident" while "occupying" or as a "pedestrian" through being struck by a temporary substitute "auto" or a non-owned "auto," this coverage will apply as excess over any other valid and collectible medical payments coverage or Washington Personal Injury Protection benefits.

F. Additional Definitions

1. As used in this endorsement, the definition of "auto" in the Definitions Section is replaced by the following:

"Auto" means any self-propelled land motor vehicle or trailer, other than a:

- a. Farm type tractor or other self-propelled equipment designed for use principally off public roads, while not on public roads.
- b. Vehicle operated on rails or crawler-treads.
- c. Vehicle located for use as a residence or premises.
- d. Motor home.
- e. Moped.
- f. Motorcycle.

2. As used in this endorsement, the following are added to the Definitions Section:

- a. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the "named insured's" household.
- b. "Named insured" means the person named in the Declarations of this Coverage Form or policy and his or her spouse if a resident of the same household.
- c. "Occupying" means in or upon or entering into or alighting from.
- d. "Pedestrian" means a person not "occupying" an "auto."

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
☐ 05/19/00

CHOICE FINANCIAL SERVICES
 1715 MARKET ST., #100

KIRKLAND WA 98033

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
 CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
 DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
 POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Northland Insurance Company

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Federal Way WA

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one place) \$ MED. EXPENSE (Any one person) \$
AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ ALL OWNED AUTOS ☐ NON-OWNED AUTOS ☐ GARAGE LIABILITY		05/05/00	05/05/01	COMBINED SINGLE LIMIT \$1,050,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per household) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
OTHER				

DESCRIPTION OF OPERATION, LOCATION, VEHICLE(S) SPECIAL ITEMS

1993 LINCOLN TOWNCAR S#1LNLM81WOP

PLT

CERTIFICATE HOLDER

PORT OF SEATTLE
 ATTN: GROUND TRANSPORTATION
 PO BOX 68728
 SEATTLE, WA 98168

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
 MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
 LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
 LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

EP82-025-A 8247

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
05/19/00

CHOICE FINANCIAL SERVICES
1715 MARKET ST., #100

KIRKLAND WA 98033

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Northland Insurance Company

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COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Federal Way WA

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNERS & CONTRACTORS' PROV.				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & AD&V. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one Act) MED. EXPENSE (Any one person)
AUTOMOBILE LIABILITY ☐ ANY AUTO ☒ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ GARAGE LIABILITY		05/05/00	05/05/01	COMBINED SINGLE LIMIT \$1,050,000 BODILY INJURY (Per person) BODILY INJURY (Per household) PROPERTY DAMAGE
UMBRELLA LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE STATUTORY LIMITS
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
OTHER				

DESCRIPTION OF OPERATIONAL/BOATING/VEHICLE/SPECIAL ITEMS

1993 LINCOLN TOWNCAR S#1LNLM81W0PY677138

PLTF 000289

CERTIFICATE HOLDER

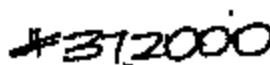
DEPARTMENT OF LICENSING
ATTN: FOR KIRK DEBK
PO BOX 9034
OLYMPIA, WA 98507

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ED02-025-A 0248



BUSINESS AUTO

Effective 01/26/01 (12:01 A.M. Std. Time)

Artist Process Detail:

For Upstate/Inland CA Only

DROP FILE

- FILE
- (1) Named Insured is changed.
- (2) Named Insured's ☐ mailing address, ☐ garaging address is changed.
- (3) The indicated symbol(s) is (are) ☐ added, ☐ deleted, ☐ changed for the coverage(s) shown.
- (4) Coverage(s) ☐ added, ☐ deleted.
- (5) Limit(s) of Liability changed as indicated for the coverage(s) shown.
- (6) Endorsement(s) added to the policy.
- (7) Endorsement(s) deleted from the policy.
- (8) Loss Payee ☐ added, ☐ deleted for the indicated unit.
- (9) Named lessee(s) ☐ added to, ☐ deleted from ITEM SEVEN of the Declarations.
- (10) Indicated symbol is added to Section I - Covered Autos, Paragraph A of the Business Auto Coverage Form.
- X (11) Other Changes.
- (12)
- K.A.L.

K_{A1}

FEB 09 2001

C/S PROCESSING

The following "autos" are added* or deleted as indicated:

AUTO NO.	A = Added D = Deleted	YEAR, MODEL, TRADE NAME, BODY TYPE	LD. NUMBER	LOSS PAYEE
2	A	1988 LINCOLN TOWNCAR	11A88WZ2C41	FORD MOTOR CREDIT CO.
3	D	1983 LINCOLN TOWNCAR	11A83WZ1M07	KEY BANK

*Additional Drivers: ☐ Yes ☒ No. If Yes, show names and birthdates.

	AUTO NOL	LIABILITY PREMIUMS						STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS				CARGO		
		B/CBL	PD	PIP	PPF	LIM	OTHER		EXP	COMP S.P.	DOD.	COLL.	DOD.	DOD.	RATE
New Annual Premium		8,222		225		01		25,100	139	899	636	899			
Old Annual Premium		8,222		225		01		6,100	232	899	765	899			
Additional	NFY								04		03				

Publication Information

All other terms and conditions of this policy remain unchanged.

BILL IN FULL

ENDORSEMENT NO.	PRO RATE FACTOR	TOTAL ADDITIONAL/ TERMINAL PREMIUM
002	271	139

Insured's Signature (when required) _____ Date _____

By _____ Authorized Agent

Pacific International Underwriters

T-169 6/10/00

PLTF 000290

FOI2-025-A 9245


**CERTIFICATE OF INSURANCE
LOSS PAYEE**

This is to certify that you (certified holder) are a loss payee under Policy No. [REDACTED] issued to

[REDACTED] for the policy period

from 01/26/01 to 05/05/2001. This policy provides the coverages indicated for the following auto(s):

YEAR	TRADE NAME	SERIAL NUMBER	STATED AMOUNT	Coverage Provided If Deductible Shown		
				Comprehensive	Specified Perils	Collision
1998	LINCOLN TOWNCAR	1LNTH82W300000000	\$ 25,000	500		500
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

This certificate is issued as a matter of information only and does not amend, extend, or alter the coverage provided by the policy.

If we cancel the policy during the policy period, we will mail the "Insured" and you the same advance notice.

If we make any payment to you, we will obtain your rights against any other party.

NAME AND ADDRESS OF CERTIFICATE HOLDER

FORD MOTOR CREDIT COMPANY
P.O. BOX 5245
SPRINGFIELD, OH 45501

DATE ISSUED 01/30/2001

Authorized Representative
Pacific International Underwriters

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
01/30/01

INSURED

CHOICE FINANCIAL SERVICES
1715 MARKET ST., #100

KIRKLAND WA 98033

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Northland Insurance Company

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Federal Way WA

COVERAGES

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TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIM MADE ☐ OCCUR ☐ OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one loss) MED. EXPENSE (Any one person)
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☐ HYBRID AUTOS ☐ NONOWNED AUTOS ☐ DAMAGE LIABILITY		05/05/00	05/05/01	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE
WORKERS' COMPENSATION UNDERLIE FORM OTHER THAN UNDERLIE FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
OTHER				

DESCRIPTION OF OPERATION/LOCATION/VEHICLE/SPECIAL ITEMS

1998 LINCOLN TOWN CAR S#1LNFM82W3S7614237

(ADDED EFF 1/26/2001)

PLTF 000292

CERTIFICATE HOLDER

RT OF SEATTLE
ATTN: GROUND TRANSPORTATION
P.O. BOX 68728
SEATTLE, WA 98168

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Pacific International Underwriters

EM2-025-R 9251

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
☐ 01/30/01

CHOICE FINANCIAL SERVICES
 1715 MARKET ST., #100

KIRKLAND WA 98033

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Northland Insurance Company

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COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Federal Way WA

COVERAGE

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CL. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP ABIL. \$
	CLAIMS MADE ☐ OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					PRE DAMAGE (Any one fire) \$
					MED. EXPENSES (Any one person) \$
	AUTOMOBILE LIABILITY		05/05/00	05/05/01	COMBINED SINGLE LIMIT \$1,050,000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$
	NON-OWNED AUTOS				AGGREGATE \$
	BARNAME LIABILITY				
	UMBRELLA FORM				STATUTORY LIMITS \$
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATION/LOCATION/VEHICLE/SPECIAL ITEMS

1998 LINCOLN TOWN CAR 881LNFM82W3

(ADDED EFF 1/26/2001)

PLTP 000293

CERTIFICATE HOLDER

DEPARTMENT OF LICENSING
 ATTN: FOR HIRE DESK
 P.O. BOX 9034
 OLYMPIA, WA 98507

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**NORTHLAND
INSURANCE
COMPANY**

PUBLIC AUTO WORKSHEET

Pacific Int'l Underwriters
627 Dayton Street
Edmonds, WA
98020-0907 8372000

Date: 4/26/2000
Program Version: 1.30

Quote From: [REDACTED]

REF: 5/5/2000

(NLT)

Name & Address 32802 47TH AVE. S.W. FEDERAL WAY, WA [REDACTED]						Date 1/30/2001 11:41:48			
Garaging WA -									
☐ New Vehicle		☒ Renewal Credit		Years Verifiable Prior Insurance		5		POLICY NUMBER: [REDACTED]	
NAME	LICENSE NUMBER	DRIVER AGE	CURR # VIOLATIONS EMPL MIN/MAX (3 Yrs)	# ACC	Liab	CR / DS	Cargo	Risk	Other
[REDACTED]	[REDACTED]	34	0 / 0	1 (100)	0	0	0	0	0
AVERAGE DEBIT OR CREDIT [Total DBS/CBS and divide by # of Drivers.]									
0 0 0 0 0 0 0 0 0 0									
POLICY PREMIUM				PRICING		REASON FOR CR/DB			
Auto Liability	2,223	Cargo	0 (Min)	LIABILITY	25	Auto Liab	Physical Damage	Cargo	
UM/DM	61/0	Non Owned Liab	0	PHYSICAL	25	Drivers	0 1 0 0 0 0		
Med Pay/PIP	0/316	Liab/Lessor	0			Equipment	0 1 0 0 0 0		
Open Perils	0	Hired Rly Dag	0	CARGO	25	Management	0 1 0 0 0 0		
Comprehensive	410	Other	0			Safety Program	0 1 0 0 0 0		
Collision	626	Addl Coverage	0			Loss Experience	0 1 0 0 0 0		
Hired Liab	0	Total Prem	3,644						
CONNECTION DUE TO FILLED RATES - L/P RENEWAL CREDIT -- NONE									

VEHICLES

Limits: Auto Liability: 1,000,000 UM: 50,000 w MD UIM: 50,000 w SD	Liability for Lessor: No Non-Owned Liability (\$ Empl): 0 Hir Auto MD (Cost/Mile): 0 Max Value of Vehicle:	Hir Auto Liab (Cost/Mile): 0 Primary/Excess: Primary 5 Perils Ded: Collision Ded:
--	---	--

UNIT # 2 Limousine-Sedan 1998 LINCOLN FORMER 67118 LIMITS: MED PAY: N/A PIP/Addl: Basic DEDUCTIBLES: Comp Ded: 500 Collision Ded: 500	Terr 23 Seating Capacity: 6 Stretch: 0 Stated Amt: 25,000 Rating State WA Radius 0 - 75	CM/UM PREM: 61 # OF UNITS: 1 TOTAL VEHICLE PREM: 3,644
--	--	--

COV	Rate	ILF	Base	Rate	Code	Class	Age	Handl	Prior	New	Other	Driv	Rate	
LIAB	972	2.12	1976	0	1	1	1	1	1	1	1	1	1.25	2,223
UM/DM	0	0	0	0	0	0	0	0	0	0	0	0	1.25	0
PIP	251	0.9	1	1	1	1	1	1	1	1	1	1	1.25	316
Comp	250	2.39	320	0.25	1	1	1	1	1	1	1	1	1.25	410
Coll	250	2.39	320	0.25	1	1	1	1	1	1	1	1	1.25	626

ADDITIONAL COVERAGE									
CARGO	LIMIT X	RATE	BASE	FACT X	L/REAL X	NEW VEN X	OTHER X	PRICE	RENT
	1000	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25

UN/PROCESSOR NLT WESTENHOFER / NLT WESTENHOFER

ENDS # 2

S.F.F. 1/26/01

P/R - 271

$$418 - 213 = 205$$

$$626 - 319 = 307$$

$$X . 271 = 50$$

$$X . 271 = 83$$

$$+ 1307 A/P$$

ES02-025-A 0253

PLTF 000204



#372000

BUSINESS AUTO
GENERAL CHANGE ENDORSEMENT

This endorsement changes policy number

Effective 05/05/00 (12:01 A.M. Std. Time)

Issued to:

Agent/Process Date:

For Installment Bill Only

DROP FILE

For ☐ an additional premium, ☒ a return premium, ☐ no change in premium, the items checked are changed as indicated in (12).

- (1) Named insured is changed.
(2) Named insured's ☐ mailing address, ☐ garaging address is changed.
(3) The indicated symbol(s) is (are) ☐ added, ☐ deleted, ☐ changed for the coverage(s) shown.
(4) Coverage(s) ☐ added, ☐ deleted.
(5) Limit(s) of Liability changed as indicated for the coverage(s) shown.
(6) Endorsement(s) added to the policy.
(7) Endorsement(s) deleted from the policy.
(8) Loss Payee ☐ added, ☐ deleted for the indicated unit.
(9) Named lessee(s) ☐ added to, ☐ deleted from ITEM SEVEN of the Declarations.
(10) Indicated symbol is added to Section I - Covered Autos, Paragraph A of the Business Auto Coverage Form.
(11) Other Changes.

X (12) IN CONSIDERATION OF A RETURN PREMIUM OF \$172.00, IT IS UNDERSTOOD AND AGREED THE ANNUAL PREMIUM FOR UNIT #1 - 1993 LINCOLN TOWNCAR #123456789 IS HEREBY CORRECTED AS SHOWN BELOW DUE TO A CORRECTION OF FILED RATES.

The following "autos" are added* or deleted as indicated:

AUTO NO.	A = Added D = Deleted	YEAR, MODEL, TRADE NAME, BODY TYPE	LD. NUMBER	LOSS PAYEE

Additional Drivers: ☐ Yes ☐ No. If Yes, show names and birthdates:

CAL.

SEP 18 2000

OCT 02 2000

C/S PRUCEDONE

AUTO NO.	LIABILITY PREMIUMS						STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS				CARGO		
	B/CBL	PD	PIP	PH	UM	OTHER		COMP	S.P.	DED	COLL	DED	DED	RATE
1	3,223		315		91		1,000	212	212	212	212	212		
2	3,317		314		91		1,000	228	228	228	228	228		
3	3,317		314		91		1,000	228	228	228	228	228		
4	3,317		314		91		1,000	228	228	228	228	228		
5	3,317		314		91		1,000	228	228	228	228	228		
6	3,317		314		91		1,000	228	228	228	228	228		
7	3,317		314		91		1,000	228	228	228	228	228		
8	3,317		314		91		1,000	228	228	228	228	228		
9	3,317		314		91		1,000	228	228	228	228	228		
10	3,317		314		91		1,000	228	228	228	228	228		
11	3,317		314		91		1,000	228	228	228	228	228		
12	3,317		314		91		1,000	228	228	228	228	228		
13	3,317		314		91		1,000	228	228	228	228	228		
14	3,317		314		91		1,000	228	228	228	228	228		
15	3,317		314		91		1,000	228	228	228	228	228		
16	3,317		314		91		1,000	228	228	228	228	228		
17	3,317		314		91		1,000	228	228	228	228	228		
18	3,317		314		91		1,000	228	228	228	228	228		
19	3,317		314		91		1,000	228	228	228	228	228		
20	3,317		314		91		1,000	228	228	228	228	228		
21	3,317		314		91		1,000	228	228	228	228	228		
22	3,317		314		91		1,000	228	228	228	228	228		
23	3,317		314		91		1,000	228	228	228	228	228		
24	3,317		314		91		1,000	228	228	228	228	228		
25	3,317		314		91		1,000	228	228	228	228	228		
26	3,317		314		91		1,000	228	228	228	228	228		
27	3,317		314		91		1,000	228	228	228	228	228		
28	3,317		314		91		1,000	228	228	228	228	228		
29	3,317		314		91		1,000	228	228	228	228	228		
30	3,317		314		91		1,000	228	228	228	228	228		
31	3,317		314		91		1,000	228	228	228	228	228		
32	3,317		314		91		1,000	228	228	228	228	228		
33	3,317		314		91		1,000	228	228	228	228	228		
34	3,317		314		91		1,000	228	228	228	228	228		
35	3,317		314		91		1,000	228	228	228	228	228		
36	3,317		314		91		1,000	228	228	228	228	228		
37	3,317		314		91		1,000	228	228	228	228	228		
38	3,317		314		91		1,000	228	228	228	228	228		
39	3,317		314		91		1,000	228	228	228	228	228		
40	3,317		314		91		1,000	228	228	228	228	228		
41	3,317		314		91		1,000	228	228	228	228	228		
42	3,317		314		91		1,000	228	228	228	228	228		
43	3,317		314		91		1,000	228	228	228	228	228		
44	3,317		314		91		1,000	228	228	228	228	228		
45	3,317		314		91		1,000	228	228	228	228	228		
46	3,317		314		91		1,000	228	228	228	228	228		
47	3,317		314		91		1,000	228	228	228	228	228		
48	3,317		314		91		1,000	228	228	228	228	228		
49	3,317		314		91		1,000	228	228	228	228	228		
50	3,317		314		91		1,000	228	228	228	228	228		
51	3,317		314		91		1,000	228	228	228	228	228		
52	3,317		314		91		1,000	228	228	228	228	228		
53	3,317		314		91		1,000	228	228	228	228	228		
54	3,317		314		91		1,000	228	228	228	228	228		
55	3,317		314		91		1,000	228	228	228	228	228		
56	3,317		314		91		1,000	228	228	228	228	228		
57	3,317		314		91		1,000	228	228	228	228	228		
58	3,317		314		91		1,000	228	228	228	228	228		
59	3,317		314		91		1,000	228	228	228	228	228		
60	3,317		314		91		1,000	228	228	228	228	228		
61	3,317		314		91		1,000	228	228	228	228	228		
62	3,317		314		91		1,000	228	228	228	228	228		
63	3,317		314		91		1,000	228	228	228	228	228		
64	3,317		314		91		1,000	228	228	228	228	228		
65	3,317		314		91		1,000	228	228	228	228	228		
66	3,317		314		91		1,000	228	228	228	228	228		
67	3,317		314		91		1,000	228	228	228	228	228		
68	3,317		314		91		1,000	228	228	228	228	228		
69	3,317		314		91		1,000	228	228	228	228	228		
70	3,317		314		91		1,000	228	228	228	228	228		
71	3,317		314		91		1,000	228	228	228	228	228		
72	3,317		314		91		1,000	228	228	228	228	228		
73	3,317		314		91		1,000	228	228	228	228	228		
74	3,317		314		91		1,000	228	228	228	228	228		
75	3,317		314		91		1,000	228	228	228	228	228		
76	3,317		314		91		1,000	228	228	228	228	228		
77	3,317		314		91		1,000	228	228	228	228	228		
78	3,317		314		91		1,000	228	228	228	228	228		
79	3,317		314		91		1,000	228	228	228	228	228		
80	3,317		314		91		1,000	228	228	228	228	228		
81	3,317		314		91		1,000	228	228	228	228	228		
82	3,317		314		91		1,000	228	228	228	228	228		
83	3,317		314		91		1,000	228	228	228	228	228		
84	3,317		314		91		1,000	228	228	228	228	228		
85	3,317		314		91		1,000	228	228	228	228	228		
86	3,317		314		91		1,000	228	228	228	228	228		
87	3,317		314		91		1,000	228	228	228	228	228		
88	3,317		314		91		1,000	228	228	228	228	228		
89	3,317		314		91		1,000	228	228	228	228	228		
90	3,317		314		91		1,000	228	228	228	228	228		
91	3,317		314		91		1,000	228	228	228	228	228		
92	3,317		314		91		1,000	228	228	228	228	228		
93	3,317		314		91		1,000	228	228	228	228	228		
94	3,317		314		91		1,000	228	228	228	228	228		
95	3,317		314		91		1,000	228	228	228	228	228		
96	3,317		314		91		1,000	228	228	228	228	228		
97	3,317		314		91		1,000	228	228	228	228	228		
98	3,317		314		91		1,000	228	228	228	228	228		
99	3,317		314		91		1,000	228	228	228	228	228		
100	3,317		314		91		1,000	228	228	228	228	228		

All other terms and conditions of this policy remain unchanged.

ENDORSEMENT NO.

PRO RATE FACTOR

TOTAL RETURN PREMIUM

001

1

172

Ins

**NORTHLAND
INSURANCE
COMPANY**

PUBLIC AUTO WORKSHEET

Pacific Int'l Underwriters
637 Dayton Street
Edmonds, WA
80020-0907 8372000

Date: 4/24/2000
Program Version: 1.3

Quote Made

EFF: 5/5/2000

(MTC)

Name & Address 32902 47TH AVE. S.W. FEDERAL WAY, WA							Date 5/11/2000 16:40:25			
☐ New Venture ☒ Renewal Credit Years Verifiable Prior Insurance 6							POLICY NUMBER			
NAME	LICENSE NUMBER	DRIVER AGE	CURR ENPL	# VIOLATIONS MAY/MAY (3 Yrs)	# ACC	Lien	CR / DR	Days	Risk	
CHRISTOPHER M. LINDA	03-10-45	34	5	0 / 0	1 (N 100)	0	0	0	1	
AVERAGE DEBIT OR CREDIT (Total Debit/Credit and divide by # of drivers.)										
POLICY ENDORSEMENTS				EXCLUSIONS		REASON FOR CR/DR				
Auto Liability	2,223	Cargo	0 (DIA)	LIABILITY		Auto	Lib	Regul	Cargo	
UM	0/0	Non-Owned Lib	0	25		Driver	0	0	0	
Med Pay/PID	0/316	Lib/Lessee	0	PHYSICAL		Equipment	0	0	0	
Spec Perils	0	Hired Phy Day	0	25		Management	0	0	0	
Comprehensive	213	Other	0	CARGO		Safety Program	0	0	0	
Collision	319	Addl Coverage	0	25		Loss Experience	0	0	0	
Hired Lib	0	Total Prem	3,132							
REMARKS CORRECTION DUE TO FILED RATES - L/I RENEWAL CREDIT -- BOTH										

VEHICLES

LIMITS: Auto Liability: 1,000,000		Liability for Lessee: No		Hir Auto Lib (Cost/Hire): 0	
UM: 00,000 w 20		Non-Owned Liability (5 Exp): 0		Primary/Excess: Primary	
UM: 00,000 w 20		Hir Auto PD (Cost/Hire): 0		5 Perils Ded:	
		Max Value of Vehicle:		Collision Ded:	
UNIT # 1 Lincoln-Edison		Type 25		Stated Amt 5,000	
1993 LINCOLN TOWNCAR		Seating Capacity: 4		Struck: 0	
LIMITS: MED PAY: N/A		PIS/Addl: Basic		UN/UM PRM: 01	
DEDUCTIBLES: Comp Ded: 500		Collision Ded: 500		# OF UNITS: 1	
				TOTAL VEHICLE PREM: 3,132	
COV	Rate	Rate	Rate	Rate	Rate
LIAB	2.12	1976	0.3	1	1
PHD PAYO	0	0	0	0	0
PID	301	0.9	1	1	1
Comp	2.39	330	413	1	1
COLL	2.39	330	413	1	1
NATIONAL COVERAGE					
CARGO					
MISC LIMIT X BASE RATE X					

UN/PROCESSOR BOTH WESTERNHOFER / BOTH WESTERNHOFER

ENDS 4#1

EFF 5/5/00

124
18
17

PLTF 000296

ERS2-020-A 0205

DESK: LBI *** COVERAGE DISPLAY - HOMEOWNER *** 11/27/01 14:25:40
CLMNUM: [REDACTED] OCT CO: 010 ALLSTATE CASUALTY
POLNUM: [REDACTED] EFFDT: 08/31 LOSSDT: 01/20/01 LINE: 70 ORG YEAR: 99
INSP: [REDACTED]
ADDR: [REDACTED] CITY: FEDERAL WAY ST: WA ZIP: [REDACTED]
MORTGAGEE: COUNTRYWIDE HOME LOANS INS DEPT AND/OR ITS ASSIGNS ATMA
ADDR: P O BOX 10212 SV-22 CITY: VAN NUYS ST: CA ZIP: 914100212
AGENT NAME: BILL OWEN INS AGCY AGENT NUM: 0071194 PHONE: 425-823-1326
POLICY TYPE: 28 DELUXE PLUS - PRIMARY RESIDENCE TOWN CLASS:
OPENABLE: AA 221,000 BB 22,100 BC 22,100 CC 163,800 CD 1,000 DD FF 500
XX 300,000 YY 1,000 NON-OPENABLE: CB 2002,000 CG 3,000 CJ 1,000/2,500
CP 5,000 CR CS 1,500 LD 10,000 LR 500 ML 5,000 MM 200 MN 1,000 RC RD 3
RT 2,500/10,000 SS 1,000 TD 250/1,000 TR 1,000 TS 11,050 VE VP 2,000 WT 2,000
-D 500

POLICY S-CODES:

LEGAL DES:

ENTER ACTIVITY: 1-PRINT SCREEN 12-ADL POL-S 14-ADL FORMS 17-ADL MORTGEE

FORM/ENDORSEMENTS	DESCRIPTION
AP463	DELUXE PLUS HOMEOWNERS POLICY
AP382	ADDITIONAL INSURED TRUSTEE ENDORSEMENT
AP1012	WASHINGTON AMENDATORY ENDORSEMENT
AP495	AMENDMENT OF POLICY PROVISIONS
AU319	LENDER'S LOSS PAYABLE CLAUSE