

(Washington)

KIND OF POLICY: Commercial Automobile		
POLICY/APPLICATION/BINDER NO.: 00807806-0 Typist: APH		
EFFECTIVE DATE OF NOTICE: 6/5/2025 12:01 AM (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)		
DATE OF MAILING: 4/17/2025		
NAME AND ADDRESS OF AGENT/BROKER: KEY INSURANCE 1042 W JAMES ST #103 KENT WA 98032		

Cancellation	<input checked="" type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy or binder, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above for the reason(s) stated in the "Important Notices" section. See the "Important Notices" section for other information that may apply.
Premium Adjustment	<input type="checkbox"/> Unearned premium will be refunded as soon as possible. If this notice applies to homeowners, dwelling fire or private passenger auto insurance, the premium adjustment will be made no later than 45 days after the date of this notice of cancellation. <input type="checkbox"/> Unearned premium will be refunded as soon as possible, but no later than 30 days after the date that this notice of cancellation was issued. <input type="checkbox"/> Enclosed is \$ _____, being the amount of return premium at pro rata for the unexpired term of this policy. <input type="checkbox"/> As the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course. <input type="checkbox"/> Other: _____
Nonrenewal	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed for the reason(s) stated in the "Important Notices" section. See the "Important Notices" section for other information that may apply.
Declination of Insurance	<input type="checkbox"/> Your application for the kind of insurance mentioned above has been declined. See the "Important Notices" section for other information that may apply.
Important Notices	<input checked="" type="checkbox"/> Actual reason(s) for cancellation, nonrenewal or declination of insurance (reasons stated only if this item is checked): Customer does not meet our acceptability criteria. Customer is unacceptable because: We require all commercially owned or operated vehicles, including trailers to be listed on the policy. _____ _____ _____ _____ _____
	<input checked="" type="checkbox"/> Right of Appeal to the Insurance Commissioner: If you have questions or concerns about the actions of your insurance company or agent, or would like information on your rights to file an appeal, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit www.insurance.wa.gov . The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry.
	<input checked="" type="checkbox"/> Automobile Insurance Plan Information (this information applies only with respect to the termination of automobile insurance): If this cancellation or nonrenewal pertains to an automobile insurance policy, other than one issued through the Washington Automobile Insurance Plan, you are possibly eligible for automobile insurance through another insurer or under the Washington Automobile Insurance Plan. Please contact your agent for more information.
	<input type="checkbox"/> Replacement of Property (Fire) Insurance: If this cancellation or nonrenewal pertains to a policy providing fire, extended coverage and vandalism and malicious mischief insurance and you wish to replace your insurance, you should make an effort to obtain insurance through another company in the voluntary market. If you have difficulty in procuring replacement coverage in the voluntary market, you possibly may obtain fire, extended coverage and vandalism and malicious mischief insurance through the Washington FAIR Plan. For further information, please contact your agent. You may contact the Office of the Insurance Commissioner's Consumer Protection Services for assistance with questions or complaints at Consumer Protection Services, Office of the Washington State Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255, Toll Free Telephone: (800) 562-6900, Website Address: www.insurance.wa.gov .
	<input type="checkbox"/> If you have any questions concerning this cancellation, please contact the following person:

(TEL. NO.)

NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION OF INSURANCE

(Washington)

NAME AND . UNITED FINANCIAL CASUALTY COMPANY
ADDRESS PO BOX 94739
OF INSURANCE
COMPANY CLEVELAND OH 44101

NAME AND . BRIGHT TRANS LLC
ADDRESS 25321 122ND PL SE
OF INSURED KENT WA 98030

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Important Notices, cont'd

- ☐ This notice of cancellation has been issued in compliance with Chapter 48.53 in the Washington Insurance Code which pertains to the matter of reducing the incidence of arson fraud. A copy of Chapter 48.53 is enclosed for your information.
- ☐ **Appeal to Automobile Insurance Plan Governing Committee:** As your policy was one obtained through the Washington Automobile Insurance Plan, you are hereby advised, regarding the above notification of cancellation, that you have the right to appeal to the Governing Committee of the Plan, Western Association of Automobile Insurance Plans, P.O. Box 6530, Providence, RI 02940-6530.
- ☐ **Consumer Report:** Please see the attached or enclosed notice regarding the use of a consumer report and a disclosure of your rights under the federal Fair Credit Reporting Act (FCRA).

AUTHORIZED REPRESENTATIVE