

**PART – A**

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

1300 S Evergreen Park Drive SW, PO Box 47250  
Olympia, WA 98504-7250  
Telephone (360) 664-1222 – Fax (360) 586-1181

**Private Nonprofit Transportation Provider  
Application Fee: \$50.00**

**APPLICATION FOR CERTIFICATE**

To provide transportation services for compensation solely to persons with special transportation needs

*(For Commission Use Only)*

Reception Number: <b>0010442</b>	Safety/Inspection: <i>CS</i>	Application D #: <b>79373</b>
111 0268 231 02 <b>50.00</b>	Insurance: <i>CS</i>	Carrier ID: <b>4714</b>
Date Filed: <b>5-18-05</b>	TN <b>050791</b>	Employee: <i>CS</i>

**TYPE OF APPLICATION (check one)**

New Certificate     Reinstate Certificate     Transfer Certificate (New Owner or New Name)

**APPLICANT IDENTIFICATION**

Attach a copy of approved articles of incorporation and proof of status as a registered non-profit corporation

C#: **914**  
~~2-945410-1~~    **WA UNIFIED BUSINESS IDENTIFIER (UBI)#:** 601-158-774

**APPLICANT NAME:** Paratransit Services    **PHONE #:** (360) 377-7176

**d/b/a:** (same as above)    **FAX #:** (360) 373-9094

**BUSINESS (MAILING) ADDRESS:**  
(street address, P.O. Box): 4810 Auto Center Way Suite Z  
(city, state, zip) Bremerton, WA 98312

**PHYSICAL ADDRESS:** (street address, if different)  
(same as above)

**PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation)**

David Baker, President/CEO	Corporate Office
Darlene Riley, EVP/CFO	(same as above)

## TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List name of current certificate holder and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE: \_\_\_\_\_ N/A \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one) (certificate will not be issued until acceptable insurance is received)

The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

### EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number (VIN#)
(see attached report)			

### CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Please describe the transportation service you will provide to persons with special transportation needs if a Private Nonprofit Transportation Provider certificate is granted. Be sure to describe the special transportation needs that exist and the source of your "compensation". (i.e. Private or Government grants or contracts, passenger fares, etc.)

Paratransit Services provides coordinated transportation for DSHS/Medicaid clients in the following counties: Snohomish, Pierce, Mason, Kitsap, Jefferson, Clallam, Thurston, Pacific, and Grays Harbor.

**As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.**

 PRESIDENT/CEO  
Signature / Title

5/17/05  
Date

## PART - B

### SAFETY FITNESS SURVEY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

#### Controlled Substances and Alcohol Testing (Part 382)

Name: Marcie Gallo Position: Corporate Trainer

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40)

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: Christie Scheffer Position: EVP/COO

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: Christie Scheffer Position: EVP/COO

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owner/operators that conduct any interstate operations must maintain a

**Drivers Hours of Service (Part 395)**

Name: Christie Scheffer Position: EVP/COO

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

Name: Christie Scheffer Position: EVP/COO

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- X Identification of the vehicle.
- X A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- X A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***My signature below certifies that I understand my responsibility as a motor carrier of passengers and I will comply with all the safety requirements which apply to my operations.***

  
Signature of applicant

5-17-05

Date

Please ask for technical assistance if you require information on any of these safety issues.

## Technical Assistance

As part of the application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission is to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
	Controlled Substances and Alcohol testing (Part 382)
	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Parts and Accessories Necessary for Safe Operation (Part 393)
	Hours of Service requirements (Part 395)
	Inspection, Repair, and Maintenance (Part 396)

Contact person: \_\_\_\_\_

Day telephone number: \_\_\_\_\_

Evening telephone number: \_\_\_\_\_

# NON PROFIT INSURANCE PROGRAM

## CERTIFICATE OF INSURANCE

REVISED

ISSUE DATE 9/30/2004

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.

<b>PRODUCER</b> WASHINGTON INSURANCE SERVICES, INC. 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874  PHONE (425) 482-6767    FAX (425) 482-2777	<b>COMPANIES AFFORDING COVERAGE</b>  GENERAL LIABILITY ACE AMERICAN  AUTOMOBILE LIABILITY ACE AMERICAN  PROPERTY ACE  CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND ZURICH
<b>INSURED</b> PARATRANSIT SERVICES  A MEMBER OF NON PROFIT INSURANCE PROGRAM 4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312	

**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 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	POLICY EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b>				
COMMERCIAL GENERAL LIABILITY OCCURANCE FORM INCLUDES STOP GAP	XSL G21976817	10/1/2004	8/20/2005	ANNUAL AGGREGATE \$2,000,000 EACH OCCURRENCE \$2,000,000
	X00 G2197383A			ANNUAL AGGREGATE \$3,000,000 EACH OCCURRENCE \$3,000,000
<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT \$5,000,000
<b>PROPERTY</b>				
	D3590424400	10/1/2004	8/20/2005	PROPERTY LIMIT \$25,000,000
<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>				
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS \$250,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**  
 CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED WITH RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. PROPERTY COVERAGE APPLIES TO AUTO PHYSICAL DAMAGE ONLY. DEDUCTIBLES: \$500 COMP/COLL -PRIVATE PASSENGER/PICKUPS/VANS, \$1000 COMP/COLL - ALL OTHER VEHICLES. SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS.

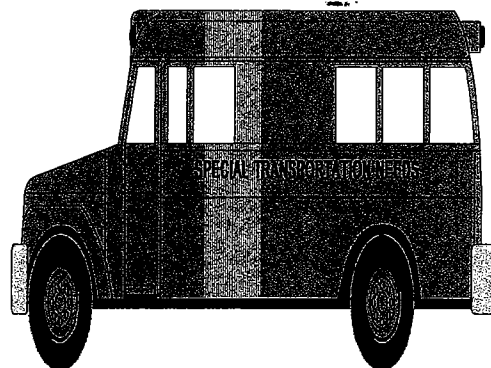
**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR OBLIGATION OF ANY KIND UPON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

<b>CERTIFICATE HOLDER</b> WASHINGTON STATE DEPARTMENT OF TRANSPORTATION 310 MAPLE PARK AVENUE SE, PO BOX 47387 OLYMPIA, WA 98504	<b>AUTHORIZED REPRESENTATIVE</b>  <p style="text-align: center;">Mandi Pratt</p>
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VEHICLE #	License Plate #	Year & Make	Seating Capacity	VIN #
219	RS03311	1999 Ford Star Trans	13	1FDXE40F2XHC31419
220	RS03312	1999 Ford Star Trans	9+2	1FDXE40F9XHC31420
256	RS01867	1997 Ford Star Tans	8+2	1FDKE30G0THB25364
258	RS01865	1997 Ford Star Tans	8+2	1FDKE30GXTHB33231
275	RS02260	1998 Ford Star Trans	9+2	1FDXE40F0WHA29175
9	540HFE	1995 Ford Windstar	6	2FMDA1544SBD18312
37	100KBR	1998 Ford Taurus	4	1FAFP52U1WG266054
65	RS708HCE	1995 Olds Ciera	4	1G3AJ55M8T6337995
205	RS02208	1998 Ford Phoenix	19+2	1FDXE40FXWHA46827
271	RS02263	1998 Ford Star Trans	7+2	1FDXE40F3WHA29171
272	RS02262	1998 Ford Star Trans	7+2	1FDXE40F5WHA29172
276	RS02259	1998 Ford Star Trans	9+2	1FDXE40F2WHA29176
291	RS03260	1999 Ford Star Trans	11+1	1FDXE40FXXHB63791
24	18925A	1989 Thomas	45	IT7C2J807K1928972
60	298GOW	1996 Olds Ciera	4	1G3AJ55M0T6325632
156	RS01245	1996 Ford Phoenix	16+2	1FDLE40F7THB39652
204	RS02205	1998 Ford Phoenix	20+2	1FDXE40FXWHA46826
274	RS02264	1198 Ford Star Trans	9+2	1FDXE40F9WHA29174

Washington Utilities and Transportation Commission (WUTC)  
1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181

**ORIGINAL**



## PRIVATE NON-PROFIT TRANSPORTATION PROVIDERS

### PART A

APPLICATION FOR CERTIFICATE

### PART B

SAFETY FITNESS SURVEY

### ADDITIONAL INFORMATION

- § WAC 480-31 Rules Relating to Private Non-Profit Transportation Providers
- § Your Guide to Achieving a Satisfactory Safety Record

RECEIVED  
OFFICE OF THE  
DIRECTOR  
OSMA 19 15:11:21

Private, nonprofit corporations providing transportation services for compensation solely to persons with special transportation needs must apply for and receive a certificate from the Washington Utilities and Transportation Commission.

Persons with special transportation needs means those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase appropriate transportation.

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY**



**INSTRUCTIONS**  
**APPLICATION FOR CERTIFICATE TO OPERATE AS A**  
Private Nonprofit Transportation Provider  
Application Fee: \$50.00

INCOMPLETE OR INCORRECT APPLICATIONS MAY DELAY ISSUANCE OF YOUR CERTIFICATE. APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE APPLICATION FEE.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
PO Box 47250  
Olympia, WA 98504-7250  
Phone: (360) 664-1222 Fax: (360) 586-1181

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**PART A - APPLICATION FOR CERTIFICATE**

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**TYPE OF APPLICATION:** Check the box for the type of application you are filing.

**New Certificate** - If you are applying for an original certificate.

**Reinstate Certificate** - If you are applying to reactivate a certificate which has been canceled.

**Transfer Certificate** - If you are applying to transfer an existing certificate to a new corporation or your certificate to a new corporation or a new corporate name. See section regarding "Transfer of Certificate".

**APPLICANT IDENTIFICATION:** Applicant must be a valid nonprofit corporation registered with the Secretary of State. Be sure to attach a copy of your approved articles of incorporation and proof of your status as a registered private nonprofit corporation. List your Washington Unified Business Identifier (UBI) number. All corporations registered with the Secretary of State are issued a UBI number. See list of other agencies and information if you have questions about UBI numbers or registering with the Secretary of State.

Applicant name, corporate name, and name on the insurance filing must match exactly.

Under "d/b/a" you may list other trade or business names, if different than the corporate name.

List a physical address, if it is different from the mailing address.

List names and addresses of at least two principal officers involved in this corporation.

**TRANSFER OF CERTIFICATE:** If you are transferring your certificate to a new corporation or you have changed your corporate name and need to transfer your certificate to the new name, you must complete this section. If this section is not complete, you will be assigned a new certificate number instead of having the existing certificate reissued.

**INSURANCE REQUIREMENTS:** Each applicant must check the appropriate box to indicate the level of insurance coverage required for their proposed operations. Applicants must file proof of liability and property damage insurance covering each vehicle used under the certificate. Proof of insurance shall be submitted on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E), or a written binder. If a binder is submitted, it shall be effective for not longer than 60 days, during which time the carrier must file the required Form E. **THE NAME ON THE INSURANCE FILING MUST MATCH THE APPLICANT NAME EXACTLY.**

Insurance Limits are: \$500,000 Combined Single Limit for vehicles with a passenger capacity of less than 16 passengers, including the driver.

\$1,000,000 Combined Single Limit for vehicles with a passenger capacity of 16 or more passengers, including the driver.

**EQUIPMENT:** List, or attach a list of all vehicles that will be used to provide transportation services, for compensation, to persons with special transportation needs.

**CONDITIONS - JUSTIFYING GRANT OF CERTIFICATE:** Describe the service you will be providing if this certificate is granted. Include a description of the special transportation need that exists, and the form of compensation you will be receiving for providing this service. (i.e. grants, government/private contracts, passenger fares etc.)

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### PART B - SAFETY FITNESS SURVEY

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**SAFETY FITNESS SURVEY:** All applicants must complete the Safety Fitness Survey. Private Nonprofit Transportation Providers must comply with all of the applicable state and/or federal safety requirements for their operations. Those providers who operate vehicles with seating capacity of less than 16 passengers, including the driver, are not subject to the Commercial Driver=s License or Controlled Substances and Alcohol Testing provisions. Compliance staff will make arrangements to provide Technical Assistance if requested.

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### CONTACTS FOR ADDITIONAL ASSISTANCE

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Motor Vehicle Licenses, Ride Share Plates	<b>WA Dept of Licensing</b>	(360) 902-3800
Commercial Drivers Licenses (CDL)	<b>WA Dept of Licensing</b>	(360) 902-3859
Master Business License, Uniformed Business Identifier (UBI)	<b>WA Dept of Licensing</b>	(360) 664-1400
Grant Programs/Private Nonprofit Agencies	<b>WA Dept of Transportation</b>	(360) 705-7926
Corporations Division	<b>Office of the Secretary of State</b>	(360) 753-7115

# Paratransit Services

RECEIVED  
RECORDS MANAGEMENT UNIT  
05 MAY 19 AM 11:20  
STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION  
COMMISSION

DATE: Tuesday, May 17, 2005

TO: Carole Wahburn, Executive Secretary  
Washington Utilities and Transportation Commission (WUTC)

FROM: Kristen Syreini, Executive Assistant  
Paratransit Services

RE: WUTC Private Non-Profit Transportation Re-Instatement Application

Ms. Wahsburn,

It has come to my attention that *our Private Non-Profit Operating Authority* certificate was inadvertently cancelled in 2003 when we had cancelled our *Charter and Excursion Operating Authority* certificates.

I have enclosed a completed application for re-instatement. Please let me know if I have left anything out, as I am new to my position here at Paratransit and this is my first encounter with WUTC processes.

I sincerely apologize for the inadvertent error and hope we can clear it up as soon as possible. Please call or email me with any questions or concerns at (360) 377-7176 ext. 306 or [kms@paratransit.net](mailto:kms@paratransit.net).

Thank you so much for your assistance!

*Kristen Syreini*



4810 Auto Center Way, Ste Z  
Bremerton, WA 98312  
Phn: (360) 377-7176  
Fax: (360) 377-6017

Providing independence through mobility since 1980.

### Fax Cover Sheet

From: Kristen Syreini @ EXT # 306

Date: 7/15/05 @ 1:30 AM (PM)

To: Colleen Smith @ WUTC (360-586-1181)

RE: WUTC operators Certificate - Form E

Comments: Thank ym SO much, Colleen!

URGENT  FOR REVIEW  PLEASE COMMENT  REPLY REQUESTED

# of pages including cover sheet 2

PLEASE CALL IF ALL PAGES ARE NOT RECEIVED

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 05-25-2005 Staff: Colleen Smith

D079373  
PARATRANSIT SERVICES  
4810 AUTO CENTER WAY, SUITE Z  
BREMERTON, WA 98312

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.
- The insurance that we received with your applicaton is not in the correct name in the "certificte holder" area. The name is listed as Department of Transportation, instead of Utilities & Transportation Commission. Please correct and resubmit.

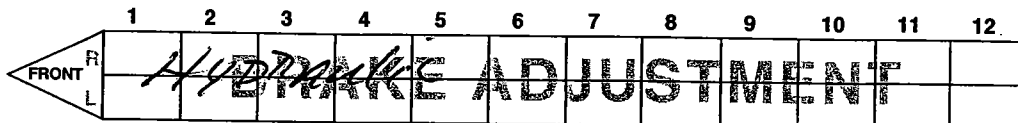
UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151194

PERSONNEL NO. 532  
~~J528~~ DIST / DET

LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>6.30.05</u>	TIME (MILITARY) BEGUN <u>11:20</u>	TIME (MILITARY) FINISHED <u>11:40</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Renton</u>		SCALE/HOUSE NO. / CNTY CODE <u>17</u>	REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N				
			PLACARD REQUIRED? Y N CARGO TANKS? Y N				
CARRIER <u>425-227-7035</u>							
CARRIER NAME (Include DBA when applicable) <u>PARATransit Services</u>							
ADDRESS <u>1525 N. 4th St.</u>							
CITY <u>Renton</u>	STATE <u>WA</u>	ZIP CODE <u>98055</u>	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO.	ICC NO.		
DRIVER							
DRIVER NAME			LICENSE NO.	STATE	EXP. YEAR		
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME			SHIPPING NO.		
VEHICLE <u>MB 12 FAX</u>							
REGISTERED OWNER NAME/ADDRESS <u>Same</u>				G.V.W. <u>14,050</u>	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE	
1	<u>BU</u>	<u>2000 Sep</u>	<u>520</u>	<u>R503878</u>		<u>WA</u>	
2							
3							
4							



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.30</u>	<u>Loose Battery</u>		<u>W</u>					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

\_\_\_\_ Vehicle may not be operated until O/S defects noted above are repaired.  
 \_\_\_\_ Driver may not drive until in compliance.

DRIVER SIGNATURE  
*[Signature]*  
 OFFICER SIGNATURE  
*[Signature]*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151195

PERSONNEL NO. 532  
5588 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS  
DATE 6/20/05 TIME (MILITARY) BEGUN 11:40 FINISHED 11:47 HAZARD CLASS / DIVISION NO.  
LOCATION SR/MP Renton SCALEHOUSE NO. ICNTY CODE 17 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N  
PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 425-227-7035  
CARRIER NAME (Include DBA when applicable)

PARA Transit Services  
ADDRESS

1525 N. 4th St  
CITY Renton STATE WA ZIP CODE 98055 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER  
DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO.  
WAIVER Y N

VEHICLE MB 17 PAX  
REGISTERED OWNER NAME/ADDRESS

Same G.V.W. 14050 PBT RATE

Table with 5 columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU 99 FORD, 238, 7430 7303302, WA

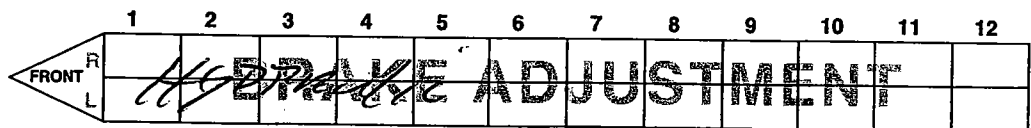


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.209, Loose Steering Component @ 25 Pitman Arm & Steering Box (396.314(L)). Stud movement at X2M, WA

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired.  
Driver may not drive until in compliance.

DRIVER SIGNATURE [Signature]  
OFFICER SIGNATURE [Signature]

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151196

PERSONNEL NO. 532 DIST / DET

LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS

DATE 6/30/05 TIME (MILITARY) BEGUN 11:47 FINISHED 11:52 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 425-227-7035

CARRIER NAME (Include DBA when applicable) PANA Transit Services

ADDRESS 1525 N. 4th St

CITY Renton STATE WA ZIP CODE 98055 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS Same G.V.W. 14,050 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 02 Ford, 277, T2503706, WA

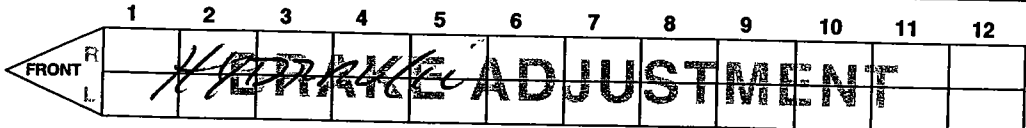


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 393.30, Loose Battery, [mark], [ ]

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.







UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151199

PERSONNEL NO. <i>J572</i>	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 <input checked="" type="checkbox"/>
------------------------------	------------	--

GENERAL			HAZARDOUS MATERIALS		
DATE <i>6 30 05</i>	TIME (MILITARY) BEGUN <i>1204</i>	TIME (MILITARY) FINISHED <i>1210</i>	HAZARD CLASS / DIVISION NO.		
LOCATION: SR/MP <i>Renton</i>		SCALEHOUSE NO. / CNTY CODE <i>17</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	
			PLACARD REQUIRED? Y N	CARGO TANKS? Y N	

CARRIER *425-227-7035*

CARRIER NAME (Include DBA when applicable)  
*PARATRANSIT SERVICES*

ADDRESS  
*1525 N. 4th St.*

CITY <i>Renton</i>	STATE <i>WA</i>	ZIP CODE <i>98053</i>	INTERSTATE YES <input checked="" type="checkbox"/> NO	DOT NO.	ICC NO.
-----------------------	--------------------	--------------------------	--	---------	---------

DRIVER

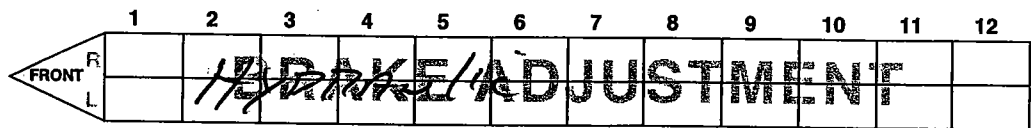
DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR
-------------	-------------	-------	-----------

DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.
---------------	------------------------------	--------------	--------------

VEHICLE *MB 21 PAX*

REGISTERED OWNER NAME/ADDRESS <i>Same</i>	G.V.W. <i>14050</i>	PBT RATE
--	------------------------	----------

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<i>BU</i>	<i>98 FORD</i>	<i>205</i>	<i>75D2208</i>	<i>WA</i>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<i>293.30</i>	<i>loose Battery</i>		<i>W</i>					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

Vehicle may not be operated until O/S defects noted above are repaired.  
 Driver may not drive until in compliance.

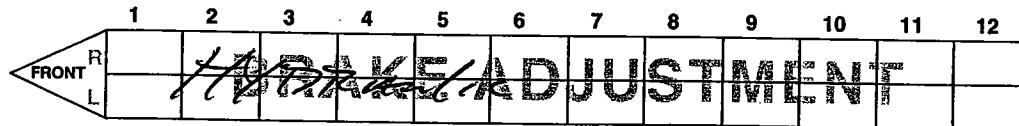
DRIVER SIGNATURE: *[Signature]*  
 OFFICER SIGNATURE: *Tom McVay for Ken Chapman*

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1151200

PERSONNEL NO. 5532 DIST / DET \_\_\_\_\_ LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>6.30.05</u>	TIME (MILITARY) BEGUN <u>1208</u>	TIME (MILITARY) FINISHED <u>1215</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Renton</u>		SCALEHOUSE NO. / CNTY CODE <u>17</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		PLACARD REQUIRED? Y N CARGO TANKS? Y N	
CARRIER <u>425-227-7035</u>							
CARRIER NAME (include DBA when applicable) <u>PARA TRANSIT SERVICES</u>							
ADDRESS <u>1525 N. 4th St</u>							
CITY <u>Renton</u>	STATE <u>WA</u>	ZIP CODE <u>98055</u>	INTERSTATE YES <input checked="" type="checkbox"/> NO	DOT NO.	ICC NO.		
DRIVER							
DRIVER NAME				LICENSE NO.		STATE	EXP. YEAR
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME			SHIPPING NO.		
VEHICLE <u>P/B 14 PAX</u>							
REGISTERED OWNER NAME/ADDRESS <u>Same</u>				G.V.W. <u>14050</u>	PBT RATE		
UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.		STATE	
1	<u>BU</u>	<u>00 FORD</u>	<u>560</u>	<u>7503379</u>		<u>WA</u>	
2							
3							
4							



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
<u>393.30</u>	<u>Loose Battery</u>		<u>W</u>					
CVSA DECALS	UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.			

\_\_\_\_ Vehicle may not be operated until O/S defects noted above are repaired.  
 \_\_\_\_ Driver may not drive until in compliance.

DRIVER SIGNATURE  
Jeanne Myer  
 OFFICER SIGNATURE  
Tom McVay for Ken Chapman

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

1300 South Evergreen Park Drive S.W.  
P.O. Box 47250  
Olympia, WA 98504-7250  
Transportation: 360-664-1222

COMPANY NAME: Paratransit Services

ADDRESS: 4810 Auto Center Way, Suite Z

CITY, STATE, ZIP: Bremerton, WA. 98312

TELEPHONE NUMBER, including area code: 360.377.7176

FAX NUMBER, including area code: 360.373.9093

**TYPE OF CREDIT CARD**

Please Circle One

VISA

MASTERCARD

DISCOVER

**AMEXCARD**

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: 2-1-1

AMOUNT: \$ 50.00

#A149702

WA State Driver's License Number: N/A (Company Card)

Certification: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay above total amount according to card issuer agreement.

NAME (Printed): David Baker, President/CEO

SIGNATURE:

*David Baker*  
(Customer's Signature)

DATE: 5/18/05

WUTC USE ONLY

CREDIT CARD -- REQUEST FOR

AUTHORIZATION NUMBER:

INITIATED BY:

DATE:

NAME:

# Paratransit Services

RECEIVED  
RECORDS MANAGEMENT  
05 JUL 18 AM 9:19  
STATE OF WASH  
UTIL AND TRANSP  
COMM

DATE: Thursday, July 14, 2005

TO: Carole Wahburn, Executive Secretary  
Washington Utilities and Transportation Commission (WUTC)

FROM: Kristen Syreini, Executive Assistant  
Paratransit Services

RE: WUTC Private Non-Profit Transportation Re-Instatement Application

Ms. Wahsburn,

After reviewing our application for reinstatement submitted in May of 2005, we noticed that a few vehicles were left off the original list. Enclosed please find a revised list of vehicles for Paratransit Services.

Please call or email me with any questions or concerns at (360) 377-7176 ext. 306 or [kms@paratransit.net](mailto:kms@paratransit.net).

Thank you so much for your assistance!

*Kristen Syreini*

Clallam						
Vehicle #	License Plate #	Year	Make	Model	Seating Capacity	Vin #
53	456FGU	1993	Dodge	Spirit	3	3B3XA46K2PT5664484
152	RS01418	1995	Ford	StarTrans	11 + 3	1FDKE30F6SHC13082
179	RS03717	2002	Ford	Goshen	11 + 2	1FDXE45F72HA01179
219	RS03311	1999	Ford	StarTrans	13 + 2	1FDXE40F2XHC31419
220	RS03312	1999	Ford	StarTrans	13 + 2	1FDXE40F9XHC31420
222	RS03722	2002	Ford	Goshen	11 + 2	1FDXE45F42HA40313
223	RS03721	2002	Ford	Goshen	11 + 2	1FDXE45F02HA40308
224	RS03723	2002	Ford	Goshen	11 + 2	1FDXE45F62HA40281
225	RS04306	2003	Ford	StarTrans	15 + 3	1FDXE45F13HA57328
226	RS04305	2003	Ford	StarTrans	13 + 3	1FDXE45F13HA63551
227	70605C	2005	Ford	EiDorado	14 + 3	1FDXE45P05HA93832
228	70683C	2005	Ford	EiDorado	14 + 3	1FDXE45P25HA93833
229	70682C	2005	Ford	EiDorado	14 + 3	1FDXE45P45HA93834
230	70684C	2005	Ford	EiDorado	14 + 3	1FDXE45P65HA93835
256	RS01867	1997	Ford	StarTrans	11 + 2	1FDKE30G0THB25364
258	RS01865	1997	Ford	StarTrans	11 + 2	1FDKE30GXTHB33231
275	RS02260	1998	Ford	StarTrans	13 + 2	1FDXE40F0WHA29175
Renton						
205	RS02208	1998	Ford	Phoenix	19+2	1FDXE40FXWHA46827
210	RS03310	2000	Ford	Star Trans	9+2	1FDXE40F6XHC31410
238	RS03302	2000	Ford	Star Trans	11+3	1FDXE40F2XHC23238
277	RS03706	2002	Ford	Goshen	11+2	1FDXE45F52HA01180
278	RS03705	2002	Ford	Goshen	11+2	1FDXE45F52HA01181
519	RS03879	2000	Ford	Star Trans	5+3	1FDXE45F4YHB65319
520	RS05332	2000	Ford	Star Trans	5+3	1FDXE45F0YHB65320
521	RS03877	2000	Ford	Star Trans	5+3	1FDXE45F2YHB65321
560	RS03379	2000	Ford	Star Trans	5+3	1FDXE45F9YHB54560
561	RS03380	2000	Ford	Star Trans	9+3	1FDXE45F0YHB54561
562	RS03381	2000	Ford	Star Trans	9+3	1FDXE45F2YHB54562
271	RS02263	1998	Ford	Star Trans	7+2	1FDXE40F3WHA29171
272	RS02262	1998	Ford	Star Trans	7+2	1FDXE40F5WHA29172
273	RS02261	1998	Ford	Star Trans	9+2	1FDXE40F7WHA29173
276	RS02259	1998	Ford	Star Trans	9+2	1FDXE40F2WHA29176
291	RS03260	1999	Ford	Star Trans	11+1	1FDXE40FXXHB63791

(Revised 6/15/05)

PSNS										
156	RS01245	1996	Ford	Phoenix	16+2	1FDLE40F7THB39652				
274	RS02264	1998	Ford	Star Trans	9+2	1FDXE40F9WHA29174				
930	RS03359	1997	Ford	Champion	16+2	1FDLE40F2VHA53930				
Corporate Investment										
204	RS02205	1998	Ford	Phoenix	20+2	1FDXE40FXWHA46826				
254	RS01866	1997	Ford	Star Trans	7+2	1FDKE30G7THB25362				





## CERTIFICATION

I certify that I, David Baker, the responsible person for Paratransit Services have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2004, to December 31, 2004, inclusive.

Name (Printed): David Baker Title: President/CEO

Signature:  Date: 5/17/05

Washington Unified Business Identifier (UBI) No.: 601-158-774  
*(If you do not know your UBI No., please contact the Department of Licensing at 360-664-1400)*

**Insurance Company**

Current Insurance Company: Zurich

Policy #: XSL G21976817 10/1/04 to 8/20/05 (see attached Certificate of Insurance)

Did you have any recordable accidents in 2004?  Yes  No

If yes, how many? \_\_\_\_\_

(Please indicate total recordable accidents for both intrastate and interstate operations)

**Recordable Accident Definition:** An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

What were your total operating miles for the year 2004? 3,695,480 miles

**VEHICLES OPERATED** - Indicate vehicles operated during the preceding year under certificate issued by Washington Utilities and Transportation Commission to provide transportation services (for compensation) for persons with special transportation needs.

Year, Make & Model	Passenger Seating Capacity	Number of Vehicles
(See attached spreadsheet)		
Total vehicles operated		18

**PRIMARY SOURCE OF COMPENSATION** - Check each that applies and provide a brief description.

Grants or Contracts     Passenger Fares     Other

VEHICLE #	License Plate #	Year & Make	Seating Capacity	VIN #
219	RS03311	1999 Ford Star Trans	13	1FDXE40F2XHC31419
220	RS03312	1999 Ford Star Trans	9+2	1FDXE40F9XHC31420
256	RS01867	1997 Ford Star Tans	8+2	1FDKE30G0THB25364
258	RS01865	1997 Ford Star Tans	8+2	1FDKE30GXTHB33231
275	RS02260	1998 Ford Star Trans	9+2	1FDXE40F0WHA29175
9	540HFE	1995 Ford Windstar	6	2FMDA1544SBD18312
37	100KBR	1998 Ford Taurus	4	1FAFP52U1WG266054
65	RS708HCE	1995 Olds Ciera	4	1G3AJ55M8T6337995
205	RS02208	1998 Ford Phoenix	19+2	1FDXE40FXWHA46827
271	RS02263	1998 Ford Star Trans	7+2	1FDXE40F3WHA29171
272	RS02262	1998 Ford Star Trans	7+2	1FDXE40F5WHA29172
276	RS02259	1998 Ford Star Trans	9+2	1FDXE40F2WHA29176
291	RS03260	1999 Ford Star Trans	11+1	1FDXE40FXXHB63791
24	18925A	1989 Thomas	45	IT7C2J807K1928972
60	298GOW	1996 Olds Ciera	4	1G3AJ55M0T6325632
156	RS01245	1996 Ford Phoenix	16+2	1FDLE40F7THB39652
204	RS02205	1998 Ford Phoenix	20+2	1FDXE40FXWHA46826
274	RS02264	1198 Ford Star Trans	9+2	1FDXE40F9WHA29174

# NON PROFIT INSURANCE PROGRAM

## CERTIFICATE OF INSURANCE

REVISED

ISSUE DATE 9/30/2004

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.

PRODUCER	COMPANIES AFFORDING COVERAGE
<p>WASHINGTON INSURANCE SERVICES, INC. 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874</p> <p>PHONE (425) 482-6767    FAX (425) 482-2777</p>	<p><b>GENERAL LIABILITY</b> ACE AMERICAN</p> <p><b>AUTOMOBILE LIABILITY</b> ACE AMERICAN</p> <p><b>PROPERTY</b> ACE</p> <p><b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b> ZURICH</p>
INSURED	COMPANIES AFFORDING COVERAGE
<p>PARATRANSIT SERVICES</p> <p>A MEMBER OF NON PROFIT INSURANCE PROGRAM</p> <p>4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312</p>	<p><b>PROPERTY</b> ACE</p> <p><b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b> ZURICH</p>

**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 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	POLICY EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b>				
COMMERCIAL GENERAL LIABILITY OCCURANCE FORM	XSL G21976817	10/1/2004	8/20/2005	ANNUAL AGGREGATE \$2,000,000 EACH OCCURRENCE \$2,000,000
INCLUDES STOP GAP	X00 G2197383A			ANNUAL AGGREGATE \$3,000,000 EACH OCCURRENCE \$3,000,000
<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT \$5,000,000
<b>PROPERTY</b>				
	D3590424400	10/1/2004	8/20/2005	PROPERTY LIMIT \$25,000,000
<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>				
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS \$250,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED WITH RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. PROPERTY COVERAGE APPLIES TO AUTO PHYSICAL DAMAGE ONLY. DEDUCTIBLES: \$500 COMP/COLL -PRIVATE PASSENGER/PICKUPS/VANS, \$1000 COMP/COLL - ALL OTHER VEHICLES. SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS.

**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 BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTITIVES.

CERTIFICATE HOLDER	AUTHORIZED REPRESENTATIVE
<p>WASHINGTON STATE DEPARTMENT OF TRANSPORTATION 310 MAPLE PARK AVENUE SE, PO BOX 47387 OLYMPIA, WA 98504</p>	<p>Mandi Pratt</p>



RECEIVED  
RECORDS SECTION  
05 JUL 15 PM 1:32  
U70  
2005

DATE: Friday, July 01, 2005

TO: Carol Washburn, Executive Secretary  
Washington Utilities and Transportation Commission (WUTC)

FROM: Kristen Syreini, Executive Assistant

RE: **2004 Annual WUTC Report for Private Non-Profit Needs and Transportation Providers**

Carol,

We recently submitted our annual WUTC report on 5/20/05. Since that time, we have discovered a few items that were missing or incorrect. Please note the following changes and items included with this letter:

- 1) **Page 1** – Total payment for 38 vehicles is \$380.00. (The original report stated 18 vehicles. The difference between the two is \$200.00. You are authorized to deduct an additional \$200.00 only from the credit card listed on the original report. Please send or email receipt when this is done. Thank you.)
- 2) **Page 3** – Current insurance carrier **should be ACE AMERICAN.**
- 3) **Page 3** - Total operating miles for 2004 **should be 960,899.**
- 4) **Page 3** – Total vehicles operated **should be 38.** (See revised vehicle sheet.)
- 5) The insurance certificates naming the WUTC are attached.

We apologize for any errors on the original report. As I am fairly new to my position here, there was some initial confusion. Thank you for your understanding and please feel free to call me with anything else that may be needed.

Kristen Syreini

Enclosures

# NON PROFIT INSURANCE PROGRAM

## CERTIFICATE OF INSURANCE

ISSUE DATE: 6/27/2005

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.

<b>PRODUCER</b> Public Risk Underwriters 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874  PHONE (425) 482-6767    FAX (425) 482-2777	<b>COMPANIES AFFORDING COVERAGE</b>  <b>GENERAL LIABILITY</b> ACE AMERICAN  <b>AUTOMOBILE LIABILITY</b> ACE AMERICAN  <b>PROPERTY</b> ACE  <b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b> ZURICH
<b>INSURED</b> PARATRANSIT SERVICES  A MEMBER OF NON PROFIT INSURANCE PROGRAM 4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312	

**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 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.

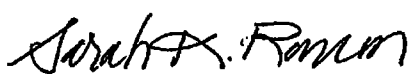
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b>				
COMMERCIAL GENERAL LIABILITY OCCURANCE FORM INCLUDES STOP GAP	XSL G21976817	10/1/2004	8/20/2005	ANNUAL AGGREGATE EACH OCCURRENCE \$2,000,000
	X00 G2197383A			ANNUAL AGGREGATE EACH OCCURRENCE \$3,000,000
<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT \$5,000,000
<b>PROPERTY</b>				
	D3590424400	10/1/2004	8/20/2005	PROPERTY LIMIT \$25,000,000
<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>				
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS \$250,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**

CERTIFICATE HOLDER AND WA STATE UTILITIES AND TRANSPORTATION COMMISSION ARE NAMED AS ADDITIONAL INSUREDS. SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS. ENDORSEMENT IS ATTACHED.

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

<b>CERTIFICATE HOLDER</b> CITY OF LONGVIEW, COWLITZ TRANSIT AUTHORITY PO BOX 128 LONGVIEW, WA 98632	<b>AUTHORIZED REPRESENTATIVE</b>  
--	--



## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Named Insured Non Profit Insurance Pool		Endorsement Number 10
Policy Symbol and Number XSL G21976817	Policy Period 8/20/2004 to 8/20/2005	Effective Date of Endorsement 8/20/2004
Issued By (Name of Insurance Company) ACE American Insurance Company		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies insurance provided under the following:**

**CUSTOM GENERAL LIABILITY POLICY  
CASUALTY PREMISES POLLUTION POLICY**

### SCHEDULE

**Name of Additional Insured Person(s) or Organization(s): Any person or organization whom you have agreed to include as an additional insured under a written contract.**

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

A. Section II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned or rented to you.

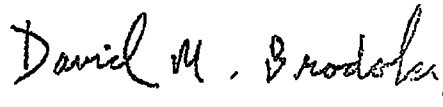
B. Where this endorsement applies, Condition 4. Other Insurance of Section IV – CONDITIONS, is amended to include the following:

1. This insurance applies excess of the "Self Insured Retention", and if:
  - a. Any additional insured under this policy has other liability which applies to a loss covered by this policy; and
  - b. You have specifically agreed in a written contract executed prior to the loss that this insurance must be primary to and non-contributory with such other insurance issued directly to such additional insured; then

this insurance is primary to and non-contributory with such other insurance.

2. We will only pay the amount of the loss, if any, that exceeds the "Self Insured Retention".

All other terms, conditions and exclusions remain unchanged.



Authorized Representative

# NON PROFIT INSURANCE PROGRAM

## CERTIFICATE OF INSURANCE

ISSUE DATE: 6/27/2005

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<b>PRODUCER</b> Public Risk Underwriters 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874  PHONE (425) 482-6767    FAX (425) 482-2777	<b>COMPANIES AFFORDING COVERAGE</b>  <p style="text-align: center;"><b>GENERAL LIABILITY</b></p> <p style="text-align: center;">ACE AMERICAN</p> <p style="text-align: center;"><b>AUTOMOBILE LIABILITY</b></p> <p style="text-align: center;">ACE AMERICAN</p> <p style="text-align: center;"><b>PROPERTY</b></p> <p style="text-align: center;">ACE</p> <p style="text-align: center;"><b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b></p> <p style="text-align: center;">ZURICH</p>
<b>INSURED</b> PARATRANSIT SERVICES  A MEMBER OF NON PROFIT INSURANCE PROGRAM 4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312	

**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 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	POLICY EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b>				
COMMERCIAL GENERAL LIABILITY OCCURANCE FORM INCLUDES STOP GAP	XSL G21976817	10/1/2004	8/20/2005	ANNUAL AGGREGATE \$2,000,000 EACH OCCURRENCE \$2,000,000
	X00 G2197383A			ANNUAL AGGREGATE \$3,000,000 EACH OCCURRENCE \$3,000,000
<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT \$5,000,000
<b>PROPERTY</b>				
	D3590424400	10/1/2004	8/20/2005	PROPERTY LIMIT \$25,000,000
<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>				
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS \$250,000

COPY

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**  
 CERTIFICATE HOLDER AND WA STATE UTILITIES AND TRANSPORTATION COMMISSION ARE NAMED AS ADDITIONAL INSURED. SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS. ENDORSEMENT IS ATTACHED.

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTITIVES.

<b>CERTIFICATE HOLDER</b> DEPARTMENT OF THE NAVY 467 WEST STREET BREMERTON, WA 98314-5100	<b>AUTHORIZED REPRESENTATIVE</b>  
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## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Named Insured Non Profit Insurance Pool		Endorsement Number 10
Policy Symbol and Number XSL G21976817	Policy Period 8/20/2004 to 8/20/2005	Effective Date of Endorsement 8/20/2004
Issued By (Name of Insurance Company) ACE American Insurance Company		

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

#### CUSTOM GENERAL LIABILITY POLICY CASUALTY PREMISES POLLUTION POLICY

#### SCHEDULE

Name of Additional Insured Person(s) or Organization(s): Any person or organization whom you have agreed to include as an additional insured under a written contract.

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

- A. Section II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations;
  2. In connection with your premises owned or rented to you.
- B. Where this endorsement applies, Condition 4, Other Insurance of Section IV – CONDITIONS, is amended to include the following:
1. This insurance applies excess of the "Self Insured Retention", and if:
    - a. Any additional insured under this policy has other liability which applies to a loss covered by this policy; and
    - b. You have specifically agreed in a written contract executed prior to the loss that this insurance must be primary to and non-contributory with such other insurance issued directly to such additional insured; thenthis insurance is primary to and non-contributory with such other insurance.
  2. We will only pay the amount of the loss, if any, that exceeds the "Self Insured Retention".

All other terms, conditions and exclusions remain unchanged.

*David M. Brodsky*

Authorized Representative

**NON PROFIT INSURANCE PROGRAM**

**CERTIFICATE OF INSURANCE**

ISSUE DATE 6/27/2005

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.

<b>PRODUCER</b> Public Risk Underwriters 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874  PHONE (425) 482-6767 FAX (425) 482-2777	<b>COMPANIES AFFORDING COVERAGE</b>  <b>GENERAL LIABILITY</b> ACE AMERICAN <b>AUTOMOBILE LIABILITY</b> ACE AMERICAN <b>PROPERTY</b> ACE <b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b> ZURICH
<b>INSURED</b> PARATRANSIT SERVICES  A MEMBER OF NON PROFIT INSURANCE PROGRAM 4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312	

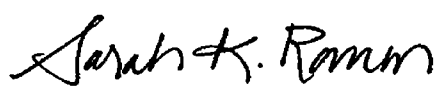
**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. 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	POLICY EXPIRATION DATE	LIMITS	
<b>GENERAL LIABILITY</b>					
COMMERCIAL GENERAL LIABILITY	XSL G21976817	10/1/2004	8/20/2005	ANNUAL AGGREGATE	\$2,000,000
OCCURANCE FORM				EACH OCCURRENCE	\$2,000,000
INCLUDES STOP GAP	X00 G2197383A			ANNUAL AGGREGATE	\$3,000,000
				EACH OCCURRENCE	\$3,000,000
<b>AUTOMOBILE LIABILITY</b>					
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT	\$5,000,000
<b>PROPERTY</b>					
	D3590424400	10/1/2004	8/20/2005	PROPERTY LIMIT	\$25,000,000
<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>					
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS	\$250,000

**COPY**

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS**  
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**CANCELLATION**  
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<b>CERTIFICATE HOLDER</b> HOPELINK TRANSPORTATION 14812 MAIN STREET BELLEVUE, WA 98007	<b>AUTHORIZED REPRESENTATIVE</b>  
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## ADDITIONAL INSURED -- DESIGNATED PERSON OR ORGANIZATION

Named Insured Non Profit Insurance Pool		Endorsement Number 10
Policy Symbol and Number XSL G21976817	Policy Period 8/20/2004 to 8/20/2005	Effective Date of Endorsement 8/20/2004
Issued By (Name of Insurance Company) ACE American Insurance Company		

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All other terms, conditions and exclusions remain unchanged.

*David M. Brodsky*

Authorized Representative

## NON PROFIT INSURANCE PROGRAM

# CERTIFICATE OF INSURANCE

ISSUE DATE 6/27/2005

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<b>PRODUCER</b> Public Risk Underwriters 18106 140th AVENUE N.E. WOODINVILLE, WASHINGTON 98072-6874  PHONE (425) 482-6767    FAX (425) 482-2777	<b>COMPANIES AFFORDING COVERAGE</b>  <b>GENERAL LIABILITY</b> ACE AMERICAN  <b>AUTOMOBILE LIABILITY</b> ACE AMERICAN  <b>PROPERTY</b> ACE  <b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b> ZURICH
<b>INSURED</b> PARATRANSIT SERVICES  A MEMBER OF NON PROFIT INSURANCE PROGRAM 4810 AUTO CENTER WAY SUITE Z BREMERTON, WA 98312	

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	X00 G2197383A			ANNUAL AGGREGATE EACH OCCURRENCE \$3,000,000
<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO	XSA H08019058	10/1/2004	8/20/2005	COMBINED SINGLE LIMIT \$5,000,000
<b>PROPERTY</b>				
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<b>CRIME / PUBLIC EMPLOYEE DISHONESTY / BOND</b>				
	FID 5435644 00	10/1/2004	8/20/2005	PER LOSS \$250,000

COPY

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<b>CERTIFICATE HOLDER</b> CLALLAM TRANSIT SYSTEM 830 WEST LAURADSON BLVD. PORT ANGELES, WA 98363	<b>AUTHORIZED REPRESENTATIVE</b>  
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## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Named Insured Non Profit Insurance Pool		Endorsement Number 10
Policy Symbol and Number XSL G21976817	Policy Period 8/20/2004 to 8/20/2005	Effective Date of Endorsement 8/20/2004
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  2. We will only pay the amount of the loss, if any, that exceeds the "Self Insured Retention".

All other terms, conditions and exclusions remain unchanged.

*David M. Brodsky*

Authorized Representative

PSNS									
156	RS01245	1996	Ford	Phoenix	16+2	1FDLE40F7THB39652			
274	RS02264	1998	Ford	Star Trans	9+2	1FDXE40F9WHA29174			
930	RS03359	1997	Ford	Champion	16+2	1FDLE40F2VHA53930			
Corporate Investment									
204	RS02205	1998	Ford	Phoenix	20+2	1FDXE40FXWHA46826			
254	RS01866	1997	Ford	Star Trans	7+2	1FDKE30G7THB25362			



**Ciallam**

Vehicle #	License Plate #	Year	Make	Model	Seating Capacity	Vin #
53	456FGU	1993	Dodge	Spirit	3	3B3XA46K2PT564484
152	RS01418	1995	Ford	StarTrans	11 + 3	1FDKE30F6SHC13082
179	RS03717	2002	Ford	Goshen	11 + 2	1FDXE45F72HA01179
219	RS03311	1999	Ford	StarTrans	13 + 2	1FDXE40F2XHC31419
220	RS03312	1999	Ford	StarTrans	13 + 2	1FDXE40F9XHC31420
222	RS03722	2002	Ford	Goshen	11 + 2	1FDXE45F42HA40313
223	RS03721	2002	Ford	Goshen	11 + 2	1FDXE45F02HA40308
224	RS03723	2002	Ford	Goshen	11 + 2	1FDXE45F62HA40281
225	RS04306	2003	Ford	StarTrans	15 + 3	1FDXE45F13HA57328
226	RS04305	2003	Ford	StarTrans	13 + 3	1FDXE45F13HA63551
227	70605C	2005	Ford	EIDorado	14 + 3	1FDXE45P05HA93832
228	70683C	2005	Ford	EIDorado	14 + 3	1FDXE45P25HA93833
229	70682C	2005	Ford	EIDorado	14 + 3	1FDXE45P45HA93834
230	70684C	2005	Ford	EIDorado	14 + 3	1FDXE45P65HA93835
256	RS01867	1997	Ford	StarTrans	11 + 2	1FDKE30G0THB25364
258	RS01865	1997	Ford	StarTrans	11 + 2	1FDKE30GXTHB33231
275	RS02260	1998	Ford	StarTrans	13 + 2	1FDXE40F0WHA29175

**Renton**

205	RS02208	1998	Ford	Phoenix	19+2	1FDXE40FXWHA46827
210	RS03310	2000	Ford	Star Trans	9+2	1FDXE40F6XHC31410
238	RS03302	2000	Ford	Star Trans	11+3	1FDXE40F2XHC23238
277	RS03706	2002	Ford	Goshen	11+2	1FDXE45F52HA01180
278	RS03705	2002	Ford	Goshen	11+2	1FDXE45F52HA01181
519	RS03879	2000	Ford	Star Trans	5+3	1FDXE45F4YHB65319
520	RS05332	2000	Ford	Star Trans	5+3	1FDXE45F0YHB65320
521	RS03877	2000	Ford	Star Trans	5+3	1FDXE45F2YHB65321
560	RS03379	2000	Ford	Star Trans	5+3	1FDXE45F9YHB54560
561	RS03380	2000	Ford	Star Trans	9+3	1FDXE45F0YHB54561
562	RS03381	2000	Ford	Star Trans	9+3	1FDXE45F2YHB54562
271	RS02263	1998	Ford	Star Trans	7+2	1FDXE40F3WHA29171
272	RS02262	1998	Ford	Star Trans	7+2	1FDXE40F5WHA29172
273	RS02261	1998	Ford	Star Trans	9+2	1FDXE40F7WHA29173
276	RS02259	1998	Ford	Star Trans	9+2	1FDXE40F2WHA29176
291	RS03260	1999	Ford	Star Trans	11+1	1FDXE40FXXHB63791

(Revised 6/15/05)