



**BUSINESS INFORMATION**

Name of Applicant Jonathan Sheridan  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable JFS Transport Inc

Physical Address PO Box 1940 Belfair WA 98528

Mailing Address 14840 Hwy 106 Belfair WA 98528

Telephone Number ( ) 253-961-4163 Fax Number ( ) \_\_\_\_\_

UBI #: 603 232 330 Email: jfsmoving@yahoo.com

USDOT #: 208 1148 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 210 492 01

Employment Security Department registration number? ESD # 464 241 000

Is your business registered with the Department of Revenue?  No  Yes

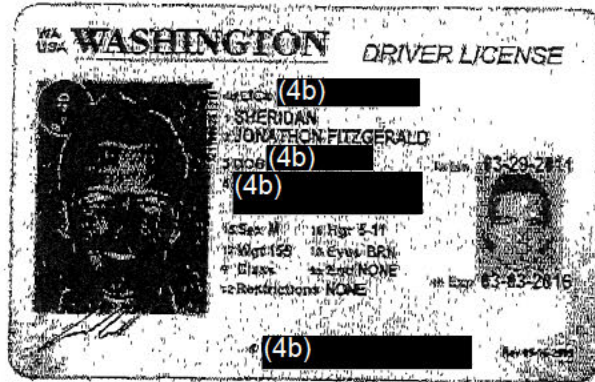
**TYPE OF BUSINESS STRUCTURE**

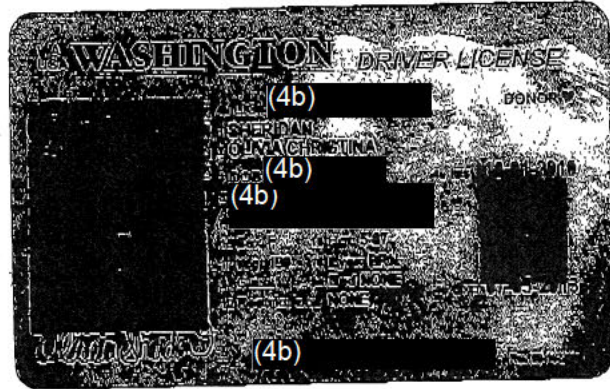
Individual     Partnership     Corporation  
(LP, LLP, LLC)     Other \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Jonathan Sheridan</u>	<u>Owner</u>	<u>50%</u>
<u>Olivia Sheridan</u>		<u>50</u>

**\*Must provide a copy of a valid Washington state driver's license for each person listed above.**







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b>  <b>Don Swanson Insurance, Inc.</b> <b>4711 44th Ave SW</b> <b>SEATTLE, WA 98116</b>	<b>CONTACT NAME:</b> Tauna Langridge <b>PHONE (A/C No. Ext):</b> (206)937-3050 <b>FAX (A/C, No):</b> (206)937-3055 <b>E-MAIL ADDRESS:</b> taunapoythress@hotmail.com
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #
<b>INSURED</b>  <b>JFS Transport Inc.</b> <b>P O Box 1940</b> <b>Belfair, WA 98528</b>	<b>INSURER A:</b> Victoria Insurance
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES** CERTIFICATE NUMBER: 00001836-0 REVISION NUMBER: 3

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.

INBR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp \$1000. DED <input type="checkbox"/> Coll \$1000. DED		1451041	12/09/2013	12/09/2014	COMBINED SINGLE LIMIT (Ea accident) \$ <b>750,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> WC STATL-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**2005 Freight Truck #1FVACWDC25HN63194**

<b>CERTIFICATE HOLDER</b>  <b>Utilities &amp; Transportation Commission</b> <b>1300 Evergreen Park DR</b> <b>Olympia, WA 98504</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  (TJP)
--	---

**FORM H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**  
(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Indemnity Company  
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
(Home Office Address of Company)

has issued to JSE TRANSPORT INC  
(Name of Motor Carrier)

of 14840 HWY 106, BELFAIR, WA 98528  
(Address of Motor Carrier)

a policy or policies of insurance effective from 02/19/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
(Street Address) (City) (State) (ZIP Code)

this 19th day of February, 20 14



Authorized Representative

Insurance Company File No. 70MTS011680  
(Policy Number)