

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

1300 South Evergreen Park Drive SW, PO Box 47250
 Olympia Washington 98504-7250
 Phone: (360) 664-1222
 Fax (360) 586-1181

AUG 15 2003

WASH: UT. & TP. COMM

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

111 0268 232 01	CID 41690	CHA 79210
111 0268 232 02 150.00	DATE 8-15-03	SAFETY INSP YLS
111 0268 232 03	0000470	INS/BOND YLS
111 0268	Docket # TE-031318	

THIS APPLICATION IS FOR:

(Check One Only) CHARTER BUS CERTIFICATE EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT RAFAEL V. DE LEON

ES-179

D/B/A- BOYET TRANSPORT

MAILING ADDRESS 4550 So. Findlay St.
Seattle, WA 98108
(98118)

PHYSICAL ADDRESS 3119 So. ALASKA ST.
Seattle, WA 98108

BUSINESS TELEPHONE NUMBER (206) 721-8580

FAX NUMBER () _____

UBI # 601-894.023.001 ⁽²⁰⁶⁾ 313-8580

E-MAIL _____

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

EQUIPMENT LIST:

LICENSE NUMBER	YEAR AND MAKE OF VEHICLE	SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER)	SEATING CAPACITY
709-LRK	1991 - DODGE VAN	2B4HB25Y7MK429029	15 PASS
168-KIP	1989 - DODGE VAN	9B5WB35ZSKK833852	15 PASS
129-KYG	1997 - DODGE VAN	2B7KB31ZXYK583880	15 PASS
A37415 A	1995 - CHEVY VAN	1GAHG35K36F23467	15 PASS

DESCRIBE OPERATIONS (Territory)

WA STATE (Seattle)

SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

	YES	NO	N/A
Do you have a copy of the laws and rules relating to passenger charter and excursion service carriers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been cited within the last three years by the Commission for violations of its rules or laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If Yes, explain: _____

Are you familiar with the state motor carrier safety rules?.....

Will management review the carrier's compliance status on a periodic basis?.....

NOTIFICATION AND REPORTING OF ACCIDENTS

	YES	NO	N/A
Are you familiar with the Commission accident reporting rule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will you take any action against drivers involved in preventable accidents?.....

PART 391 - QUALIFICATION OF DRIVERS

	YES	NO	N/A
Do you have written hiring policies/procedures that are being followed when hiring new drivers?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are oral interviews conducted with new drivers to verify information submitted on their applications?.....

Will you have a system established to ensure drivers' medical certificates remain current?.....

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?.....

Will you review the results of the health history and physical examination?.....

Will you have a system established that will ensure drivers' operating licenses remain current?.....

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?.....

Will you comply with the road test provisions of Section 391.31?.....

Can you maintain and produce complete driver qualification files on drivers?.....

PART 392 - DRIVING OF MOTOR VEHICLES

	YES	NO	N/A
Do you have established procedures concerning the use of alcohol and drugs?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a policy for monitoring speed?.....

PART 395 - HOURS OF SERVICE OF DRIVERS

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	✓	—	—
Will you file records of duty status in systematic manner?.....	✓	—	—
Will drivers be required to complete recaps of their records of duty status?.....	✓	—	—
Will dispatchers be aware of drivers' hours of service prior to trip?.....	✓	—	—
Will other independent records be compared to drivers records of duty status for accuracy?.....	✓	—	—
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	✓	—	—
Will you have a disciplinary policy for noncompliance with Part 395?.....	✓	—	—

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	✓	—	—
Will you periodically review maintenance records for all equipment?.....	✓	—	—
Will you comply with the vehicle inspection procedure?.....	✓	—	—
Will you train drivers to perform pre-trip inspections?.....	✓	—	—
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	✓	—	—
Will you maintain a complete maintenance file on all vehicles?.....	✓	—	—

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: Seattle, Washington, 08 / 11 / 03
(City or Town) (Month/Day/Year)

RAFAEL V. DE LEON
(Name of applicant)

By: Rafael V. de Leon
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Seattle 08 / 11 / 03
(Date and Place)

Rafael V. de Leon
(Signature)



IMPORTANT!

Insurance Identification Card - WASHINGTON

**IF YOU ARE INVOLVED IN AN ACCIDENT:
(REGARDLESS OF FAULT)**

Name of Insurer: **PROGRESSIVE NORTHERN INSURANCE CO.**
PO BOX 94739
CLEVELAND OH 44101-4739

1. At the accident scene, detach the Accident Information Card and give it to the driver of the other vehicle.
2. Ask the other driver to immediately call Progressive and report the accident.
3. Call Progressive immediately to report the accident.

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

Original Issue Date: **07/14/03** Expiration Date: **07/14/04**

Year	Make/Model	Vehicle Identification Number
1991	DODGE	2B4HB25Y7MK429029

Form L6530 (6-96)

RECEIVED
AUG 15 2003
WASH. UT. & TP. COMM

Fold here and put folded Accident Information and Insurance Identification card in the glove compartment of your vehicle.



ACCIDENT INFORMATION CARD
(Give to other driver at scene of accident)

FOR IMMEDIATE ASSISTANCE CALL
1-800-274-4499
24 HOURS A DAY, 7 DAYS A WEEK

Name of Insurer:
PROGRESSIVE NORTHERN INSURANCE CO.
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

Original Issue Date: **07/14/03**
Expiration Date: **07/14/04**

Detach and keep copy of Insurance Identification Card with your records.



Insurance Identification Card - WASHINGTON

Name of Insurer: **PROGRESSIVE NORTHERN INSURANCE CO.**
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

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Form L6530 (6-96)



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2. Ask the other driver to immediately call Progressive and report the accident.
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Fold here and put folded Accident Information and Insurance Identification card in the glove compartment of your vehicle.

Detach and keep copy of Insurance Identification Card with your records.

Insurance Identification Card - WASHINGTON

Name of Insurer: **PROGRESSIVE NORTHERN INSURANCE CO.**
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

Original Issue Date: **07/14/03** Expiration Date: **07/14/04**

Year	Make/Model	Vehicle Identification Number
1989	DODGE	2B5WB35ZSKK833852

Form L6530 (6-96)



ACCIDENT INFORMATION CARD
(Give to other driver at scene of accident)

FOR IMMEDIATE ASSISTANCE CALL

1-800-274-4499

24 HOURS A DAY, 7 DAYS A WEEK

Name of Insurer:
PROGRESSIVE NORTHERN INSURANCE CO.
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

Original Issue Date: **07/14/03**

Expiration Date: **07/14/04**



Insurance Identification Card - WASHINGTON

Name of Insurer: **PROGRESSIVE NORTHERN INSURANCE CO.**
PO BOX 94739
CLEVELAND OH 44101-4739

Name of Insured:
RAFAEL DELEON

Policy Number: **CA 02218753-0**

Original Issue Date: **07/14/03** Expiration Date: **07/14/04**

Year	Make/Model	Vehicle Identification Number
1989	DODGE	2B5WB35ZSKK833852

Form L6530 (6-96)

Auto Policy Change Request

SPECIALTY AUTO INSURANCE AGENCY, INC.
18514 HIGHWAY 99, SUITE C
LYNNWOOD, WA 98037
(425)775-7400x
Agent Code: 43495

Insured: DELEON, RAFAEL V
Policy Number: 02218753-0
Effect Date of Policy: 07/14/2003
Effective Date of Change: 08/14/2003 @ 01:41PM
Cust ID: 97009181

PROGRESSIVE - COMMERCIAL

A= Add D= Delete C= Change

Add Vehicle

1995 CHEVROLET G30 SPORTVAN 5.7L
Sym: Use: **Business**
Class: 4x4:
ZipCode: Annual Miles:
Safety Devices:

VIN: 1GAHG35K3SF234264
VehType: VN

A	Liability B.I.	1,000	Is insured Registered Owner?	Yes
	Liability P.D.	No Coverage	Is veh Modified or Salvaged?	No
A	PIP/Ded	35,000/	Is there Special Equipment?	No
	Medical	No Coverage	Is there any Existing Damage?	No
A	UMBI	100,000/300,000	Any car kept at School?	No
A	UMPD	10,000	Any Car Parked on Street?	No
C	Stated Amount	7500	Did agent inspect vehicle?	No
A	Comp. Deductible	500		
A	Coll. Deductible	500		
	Towing	No Coverage		
	Rental	No Coverage		
	Special Equipment	None		
	Auto Loan Coverage	No Coverage		
	Lien Holder Deductible	No Coverage		
	Extended Non-Owned Cov.	No Coverage		

Comments:

ADD 1995 CHEV SPORTVAN WITH FULL COVERAGE WITH A STATED AMOUNT OF \$7500

Insured Signature X

Agent Signature X

TLS

Auto Policy Change Request

SPECIALTY AUTO INSURANCE AGENCY, INC.
 18514 HIGHWAY 99, SUITE C
 LYNNWOOD, WA 98037
 (425)775-7400x
 Agent Code: 43495

Insured: DELEON, RAFAEL V
 Policy Number: 02218753-0
 Effect Date of Policy: 07/14/2003
 Effective Date of Change: 08/14/2003 @ 01:37PM
 Cust ID: 97009181

PROGRESSIVE - COMMERCIAL

A= Add D= Delete C= Change

Change this policy to reflect these coverages:

	Liability B.I.	1,000
	Liability P.D.	No Coverage
	PIP/Ded	35,000/
D	Medical	No Coverage
	UMBI	100,000/300,000

Add Vehicle

1997 DODGE RAM B-3500 5.9L
 Sym: Use: **Business**
 Class: 4x4:
 ZipCode: Annual Miles:
 Safety Devices:

VIN: 2B7KB31ZXVK583880
 VehType: VN

A	Liability B.I.	1,000	Is insured Registered Owner?	Yes
	Liability P.D.	No Coverage	Is veh Modified or Salvaged?	No
A	PIP/Ded	35,000/	Is there Special Equipment?	No
	Medical	No Coverage	Is there any Existing Damage?	No
A	UMBI	100,000/300,000	Any car kept at School?	No
A	UMPD	10,000	Any Car Parked on Street?	No
C	Stated Amount	12000	Did agent inspect vehicle?	Yes
A	Comp. Deductible	500		
A	Coll. Deductible	500		
	Towing	No Coverage		
	Rental	No Coverage		
	Special Equipment	None		
	Auto Loan Coverage	No Coverage		
	Lien Holder Deductible	No Coverage		
	Extended Non-Owned Cov.	No Coverage		

Add as Loss Payee:

KEY BANK USA
 PO BOX 5518, CLEVELAND, OH 44101

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

08/15/03
10:01:12

INQR UTL024P1

UBI: 601 894 023 001 0001
Type: Sole Proprietor

Loc Status: A

Owner Name: RAFAEL V DE LEON
Spouse Name: DE LEON, TZARINA

Firm Name : BOYET TRANSPORT
Loc: 4550 S FINDLAY ST
SEATTLE WA 98144

Mail: 4550 S FINDLAY ST
SEATTLE WA 98144

Phone: (206) 722-4741

Registered Tradenames for this UBI? Yes

RFI: No
RFP: No

NSF: No
Withhold: No

Location First Activity: 01 01 1998
Last License Issued: 09 03 1998

TRANSFER: _____ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1034201

PERSONNEL NO. 1518 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>08.20.03</u>	TIME (MILITARY) BEGUN <u>12:40</u>	TIME (MILITARY) FINISHED <u>12:45</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>Auburn</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 (206) 721-8580

CARRIER NAME (Include DBA when applicable)
RAFAEL V. DELEON dba BOYET TRANSPORT

ADDRESS
~~4550 S. Kirkland St.~~ 3119 S. Alaska St.

CITY <u>SEATTLE</u>	STATE <u>WA</u>	ZIP CODE <u>98108</u>	INTERSTATE YES <input type="radio"/> NO <input checked="" type="radio"/>	DOT NO. _____	ICC NO. _____
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DRIVER

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

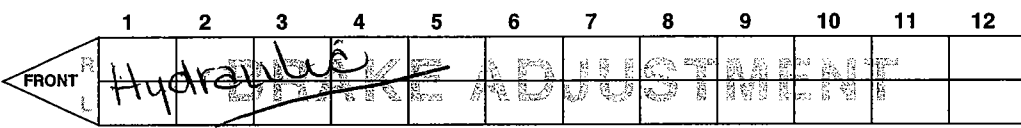
DATE OF BIRTH _____ MED. CERT. Y N SHIPPER NAME _____ SHIPPING NO. _____

WAIVER Y N

VEHICLE 1 1/2 Pass

REGISTERED OWNER NAME/ADDRESS Same G.V.W. 8510 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bus</u>	<u>97 Dodge</u>	<u>—</u>	<u>129 KYG</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.95F	No Triangles/Flares in vehicle		<input checked="" type="checkbox"/>					<u>153A</u>

CYSA DECALS UNIT 1 9272846 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE Rafael V. de Leon

OFFICER SIGNATURE John [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

1034202

PERSONNEL NO. 1531 DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>08.20.03</u>	TIME (MILITARY) BEGUN <u>12:46</u>	TIME (MILITARY) FINISHED <u>12:51</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>AUBURN</u>	SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		PLACARD REQUIRED? Y N	CARGO TANKS? Y N

CARRIER (206) 721-8580

CARRIER NAME (Include DBA when applicable)
RAFAEL V. DELEON dba BOYET TRANSPORT

ADDRESS
3119 So. ALASKA St

CITY SEATTLE STATE WA ZIP CODE 98108 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

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

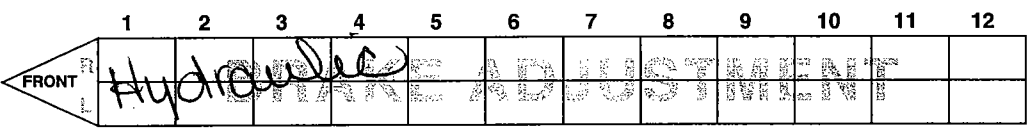
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

WAIVER Y N _____

VEHICLE 5 Pass

REGISTERED OWNER NAME/ADDRESS _____ G.V.W. 8510 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BUS</u>	<u>89 Dodge</u>	<u>---</u>	<u>168 KIP</u>	<u>WA</u>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
<u>393.95A</u>	<u>Fire extinguisher discharged</u>		<input checked="" type="checkbox"/>					<u>1534</u>

CVSA REPAIR UNIT 1 9272841 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

1034203

PERSONNEL NO. J534 DIST / DET

LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>08,20,03</u>	TIME (MILITARY) BEGUN <u>12:52</u>	TIME (MILITARY) FINISHED <u>12:57</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>AUBURN</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 (206) 721-8580

CARRIER NAME (Include DBA when applicable)
RAFAEL V. DELEON dba BOYET TRANSPORT

ADDRESS
3119 So ALASKA ST

CITY SEATTLE STATE WA ZIP CODE 98108 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

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

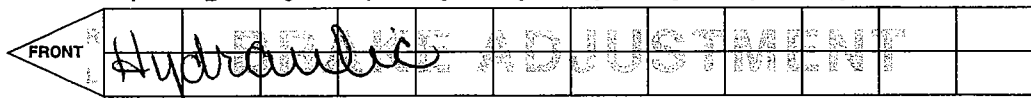
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____
WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS _____ G.V.W. 6400 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>BUS</u>	<u>91 Dodge</u>	<u>---</u>	<u>709LRK</u>	<u>WA</u>
2					
3					
4					

1 2 3 4 5 6 7 8 9 10 11 12



CFR	VIOLETIONS	D	1	2	3	4	Unit #s O/S	Complied
393.81	HORN inoper		✓					
393.95A	No Fire extinguisher		✓					
393.95 F	No Triangles/Flares		✓					

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

DRIVER SIGNATURE Rafael V. DeLeon

OFFICER SIGNATURE Stawson

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

1034204

PERSONNEL NO. J518 DIST / DET

LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>08.20.03</u>	TIME (MILITARY) BEGUN <u>13:00</u>	TIME (MILITARY) FINISHED <u>13:05</u>	HAZARD CLASS / DIVISION NO. _____				
LOCATION: SR/MP <u>AUBURN</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 (206) 721-8580

CARRIER NAME (Include DBA when applicable)
RAFAEL V. DELGON dba BOYET TRANSPORT

ADDRESS
3119 So. ALASKA ST

CITY SEATTLE STATE WA ZIP CODE 98108 INTERSTATE YES NO DOT NO. _____ ICC NO. _____

DRIVER

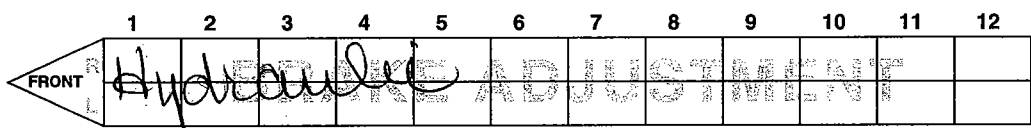
DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

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

VEHICLE 12 Pass

REGISTERED OWNER NAME/ADDRESS Same G.V.W. 9200 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	<u>Bus</u>	<u>95 Chev</u>	<u>_____</u>	<u>A37415A</u>	
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
<u>393.25F</u>	<u>Brace light-center/top inop</u>		<input checked="" type="checkbox"/>					
<u>393.95F</u>	<u>Two reflectors missing</u>		<input checked="" type="checkbox"/>					
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 Rafael V. Delgon
 OFFICER SIGNATURE John [Signature]

Progressive Insurance
 Commercial Vehicle Division
 6300 Wilson Mills Road
 Mayfield Village, OH 44143
 800-444-4487



Policy number: 02218753-0
 August 20, 2003
 Page 1 of 2

Certificate of Insurance

Certificate Holder	Insured	Agent
WUTC PO BOX 47250 OLYMPIA, WA 98504	RAFAEL DELEON DBA BOYD TRANSPORT 4550 S FINDLEY SEATTLE, WA 98118	SPECIALTY AUTO INS 18514 HWY 99 STE C LYNNWOOD, WA 98037

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$100,000/\$300,000
Uninsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 If Hit & Run)
Personal Injury Protection	\$35,000

Policy Effective Date: Jul 14, 2003

Policy Expiration Date: Jul 14, 2004

Description of Location/Vehicles/Special Items

Scheduled autos only

1991 DODGE PASSENGER VAN 2B4HB25Y7MK429029	Comprehensive \$500 Ded	Collision \$500 Ded	Stated Amount \$5,000
1989 DODGE VAN 2B5WB35ZSKB33852	Comprehensive \$500 Ded	Collision \$500 Ded	Stated Amount \$3,000
1997 DODGE VAN 2B7KB31ZXVK583880	Comprehensive \$500 Ded	Collision \$500 Ded	Stated Amount \$12,000
1995 CHEVROLET VAN 1GAHG35K3SF234264	Comprehensive \$500 Ded	Collision \$500 Ded	Stated Amount \$7,500

Policy number: 02218753-0

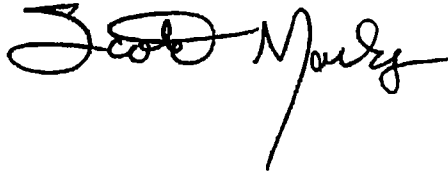
RAFAEL DELEON

Page 2 of 2

Certificate number

23203IKD753

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to read "Joe Mandy". The signature is written in a cursive style with a large, stylized initial "J".

Form 5241 (10/02)

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (888) 606-9566
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 08-21-2003 Staff: Linda Elhardt

TO: ES000179 41690
DELEON, RAFAEL V.
4550 SO. FINDLAY ST
SEATTLE, WA 98118

You must submit a new insurance filing before 10/20/2003 or the Commission will suspend your operating authority. If your authority is suspended, you must discontinue operations until valid insurance is received and the suspension is lifted.

Please contact this office prior to the cancellation date to ensure that a new insurance filing has been received.

X The Washington Utilities and Transportation Commission has not received the required "Uniform Motor Carrier Certificate of Insurance (Form E)" to replace the certificate or binder previously filed.

