

TE-071138

1300 S. Evergreen Park Dr. SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
E-mail: Transportation@wutc.wa.gov



APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE  
Fee: \$200.00

111 0268 232 01 22.00	Company ID: 4589	CHA #:
111 0268 232 02 200.00	Date Filed: 10/4/07	Safety Inspection:
111 0268 232 03	Reg. Fees: <i>OK</i>	Insurance: <i>OK</i>
111 0268	DOL: <i>OK</i>	SOS: <i>OK</i>
		Docket TE-

Name of Applicant: "ANGEL LIMO USA INC" - IVAN ISAKOVIC

Trade Name(s) (if applicable): SAKE

Mailing Address: Street 119 TRANQUILLA DR City PALM BEACH GARDENS State/Zip FL 33418

Physical Address: Street 2900 SW FLORIDA ST. City SEATTLE State/Zip WA 98126

Phone Number: (206) 547-1212 Fax Number: (561) 656-0726

UBI #: 602-679-269 *OK* E-Mail: ANGELIMOUUSA@AOL.COM

Type of business structure:  
 Individual  Partnership  Corporation  Other (LP, LLP, LLC)

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

Name:	Title:	Stock Distribution or Percentage of Shares:
IVAN ISAKOVIC	PRESIDENT	100%

List other certificates or permits held with the commission: N/A

**EQUIPMENT LIST**

PENDING

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	2007 CADILAC ESCALADE	1GYEC63857R281763	24
	2007 H2 HUMMER	5GRGN23UX7H105293	20

**SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

**SAFETY RESPONSIBILITIES**

**COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: IVAN ISAKOVIC Position: PRESIDENT

**DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: IVAN ISAKOVIC Position: PRESIDENT

**DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: IVAN ISAKOVIC Position: PRESIDENT

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: IVAN ISAKOVIC Position: PRESIDENT

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: IVAN ISAKOVIC Position: PRESIDENT

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390)

Name: IVAN ISAKOVIC Position: PRESIDENT

<b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)	
Name: <u>IVAN ISAKOVIC</u>	Position: <u>PRESIDENT</u>
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)	
Name: <u>IVAN ISAKOVIC</u>	Position: <u>PRESIDENT</u>
<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>REGULATORY FEES</b> Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: <u>IVAN ISAKOVIC</u>	Position: <u>PRESIDENT</u>
<b>CUSTOMER SERVICE</b> Person responsible for customer service complaints, and customer notice requirements.	
Name: <u>IVAN ISAKOVIC</u>	Position: <u>PRESIDENT</u>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS</b> Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.	
Name: <u>IVAN ISAKOVIC</u>	Position: <u>PRESIDENT</u>

**DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant: IVAN ISAKOVIC

Signature of applicant: Jean Isakovic

Date, County, State: 06/01/07 KING Co. WA

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
P.O. Box 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Angel Limo USA Inc Regulatory fee year 2007

In accordance with RCW 81.70.350 "Regulatory Fees", the commission requires charter and excursion companies to file reports of the number of vehicle operated by the company at any time during the calendar year and pay the sum of \$11 annually for each vehicle operated. Every company subject to regulation shall file with the commission a statement under oath and pay to the commission a fee as calculated below.

1 Total number of vehicles used for charter or excursion operations during the year

2 Total regulatory fee due (enter amount from line 1)

				1	2
2	2	x	11.00	=	\$ 22-
Agency Use Only					001-111-02-68-232-01

There is a minimum fee of \$11.00

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID MH ANGEL06	DATE (MM/DD/YYYY) 06/01/07
PRODUCER  <b>BB Insurance Marketing, Inc.</b> P.O. Box 551267 Fort Lauderdale FL 33355-1267 Phone: 954-452-4900 Fax: 954-452-0450	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.		
INSURED  <b>Angel Limo USA, Inc</b> 119 Tranquilla Drive Palm Beach Gardens FL 33418	INSURERS AFFORDING COVERAGE	NAIC #	
	INSURER A: <b>Zurich North America</b>		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <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>		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>CL820012</b>	<b>05/31/07</b>	<b>05/31/08</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$ 5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

**Limousine Service. Located 3215 NE 143 St Seattle, WA 98125. 2007 Cadillac Escalade vin#281763, 2006 Chrysler 300 vin#871343, 2007 Hummer 2 vin#105293. UM \$100,000. PIP Basic. Comprehensive \$1000 ded./Collision \$1000 ded. \*Except 10 days for non-payment of premium.**

**CERTIFICATE HOLDER**

**UTILITI**

**Utilities and Transportation Commission  
 PO Box 42520  
 1300 S Evergreen Park Dr SW  
 Olympia WA 98504-7250**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30\*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE