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WASH. UT. & TP. COMM

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

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$11 PER VEHICLE

Passenger Charter and Excursion Carrier Services Fee Required
Application fee \$200.00
Regulatory Fee (per vehicle) \$ 11.00
TYPE OF PAYMENT
[] Cash [] Check [] Money Order [] AMEX [] MasterCard [X] Visa
Exp Date Month/Year
Amount \$ 211.00
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.
Cardholder's signature: [Signature] Date: 10/3/07

Table with 3 columns: (For Commission Use Only), Company ID, Docket TE-; 111 0268 232 01, 111 0268 232 02, 111 0268 232 03, 111 0268; 0000866, 4794; Date Files, Reg Fees, DOL; Safety Inspection, Insurance, SOS.

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Jeffrey & Patricia Graham

Trade Name(s) (if applicable): VIP ARRIVALS

Mailing Address: Street PO BOX 187 Physical Address: Street 3889 Dixie Lane

City Malaga City Malaga

State/Zip WA 98828 State/Zip WA 98828

Phone Number: 509-664-6504 Fax Number: 509-664-6504

UBI #: _____ E-Mail: VIP-arrivals@yahoo.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>

List other certificates or permits held with the commission:

SECTION 2 - EQUIPMENT
 (Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
05822	95 Ford cutaway	05822	18 15
		1FDKE30G2SHBA6779	

SECTION 3 – 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). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: <i>Jeffrey Graham</i>	Position: <i>owner</i>
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OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: <i>Jeffrey Graham</i>	Position: <i>owner</i>
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STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue and Internal Revenue Service and Employment Security.

Name: <i>Jeffrey Graham</i>	Position: <i>owner</i>
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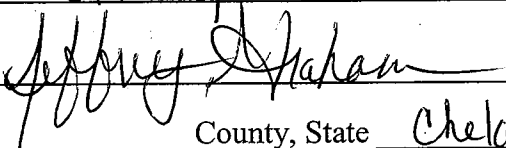
SECTION 4 – DECLARATION OF APPLICANT

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 Jeffrey Graham
Signature of applicant 
Date 7/18/07 County, State Chelan Washington

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name VIP ARRIVALS ARRIVALS

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$11 for each vehicle operated. There is a minimum fee of \$11.

1 Total number of vehicles operated

1			1
200.00	x 11.00 =		\$211.00

2 Total Regulatory Fees owed (enter amount from line 1)

Agency Use Only	001-111-02-68-232-01
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There is a minimum fee of \$11.00.

10-08-07
Receipt # 866



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WASH. UT. & TP. COMM

1.800.441.4535

T.509.838.0655

INSURANCE [REDACTED]

July 18, 2007

Insured: Patricia Graham
DBA:
3889 Dixie Ln
Malaga, WA 98828

Producer: Noyd & Noyd Insurance Agency, Inc.
Fax: 509-664-6786
Reference Number: 2228531
Commission: 10%

Insurer: National Indemnity Company
AM Best Rating: A++*
Coverage: Commercial Auto Package

Term: 7/18/2007 to 7/18/2008
Minimum Earned Premium: \$250

Limits
1,500,000 auto liability-csl \$1831
1,000,000 uim/um \$160
\$15,000 total insrd value comp/coll \$592
35,000 increased pip \$184

Deductible
500/500 comp/coll

Premium: \$2,767.00
Fee Schedule:
Taxes:
Total without Terrorism: \$2,767.00

Terrorism Coverage NOT APPLICABLE
Terrorism Premium:
Additional Taxes:
Total with Terrorism: \$2,767.00

Physical Damage Rate:
Schedule of Insured Vehicles:
\$15,00095 Ford Bus

Cargo Rate:

Please see the following page for applicable Terms/Conditions and Endorsements.

Reference #: 2228531C

General Star Management Company



Central Mail
 695 East Main Street
 Stamford, CT 06904-0119
<http://www.generalstar.com>
All Submissions:
 Fax: (866) 464-3678
 Email: Gsubmit@GeneralStar.com

Chicago Office	(312) 267-8000
Los Angeles Office	(213) 630-4000
New York Office	(212) 697-3000
Stamford Office	(203) 328-5700

California License # OB14266

Attn: Rachel Hunt
 Swett & Crawford
 From: Matt Brown
 RE: GRAHAM, PATRICIA

RECEIVED Date: August 20, 2007

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WASH. UT. & TP. COMM

Application ID: 0000984514

Form: EXCESS AUTO LIABILITY POLICY	<input checked="" type="checkbox"/> General Star Indemnity Company **A.M. Best Rating=A++XV; S&P Rating=AAA
	General Star National Insurance Company (<i>Non-Admitted in CT</i>) **A.M. Best Rating=A++XV; S&P Rating=AAA

Underlying Liability:	Automobile Liability, \$1.5MM Combined Single Limit
<input checked="" type="checkbox"/> Occurrence	Carrier: National Indemnity

Limits Offered: \$3.5MM	<input checked="" type="checkbox"/> 25% Minimum Premium Earned at Inception
	M&D, Adjustable at a rate of
Premium: \$7,000	1.6% PLIGA surcharge applies to Admitted business in New Jersey

Annual
 For the Term

PLEASE NOTE: Our form contains Terms & Conditions within our jacket. The following are additional Endorsements attached to this Policy. We will also attach any required STATE AMENDATORY Endorsements.

Required Endorsement Forms in BOLD:

Exclusions:

<input checked="" type="checkbox"/>	EX857	Pollution - Total
<input checked="" type="checkbox"/>	EX907	Silica
<input checked="" type="checkbox"/>	EX018	Cross Suits
	EX137	Terrorism - Commercial Auto (not applicable in FL, GA, NY or VA)
	EX683	Abuse or Molestation
	EX887	Asbestos - Total
	EX651	Owned Autos
	EX659	Punitive Damages
<input checked="" type="checkbox"/>	EX013A	C/C/C
<input checked="" type="checkbox"/>	EX935	Hired and Non-Owned Auto

Endorsements

<input checked="" type="checkbox"/>	EX932	Scheduled Designated Covered Autos	1	Vehicles
	EX961	Designated Contract Additional Insured Limitation:		
	EX960	Designated Contract Limitation		
	EX971A	Uninsured Motorists-Underinsured Motorists Follow Form:		

UM/UIM

<input checked="" type="checkbox"/>	The Insured warrants that it has no vehicles garaged or registered in FL, LA, NH, VT, WV or NV, or
	The Insured warrants that it has one or more vehicles garaged or registered in FL, LA, NH, VT, WV or NV, and elects NOT to purchase UM/UIM coverage from General Star, or
	The Insured warrants that it has one or more vehicles garaged or registered in FL, LA, NH, VT, WV or NV, and elects to purchase UM/UIM coverage from General Star AND warrants that underlying UM/UIM limits are equal to the underlying Automobile Liability limits stated above. There will be a premium charge reflected in the Total Premium for this coverage and we will attach endorsement EX971A - Uninsured Motorists-Underinsured Motorists Follow Form

IN ORDER TO PROCESS A MOTOR CARRIER FILING WE WILL NEED TO RECEIVE A
 CERTIFICATE OF AUTHORITY ISSUED BY THE FHA OR ICC.