

REINSTATEMENT

TV 081709

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181
Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

DISMISS

12-30-08
AUC

FOR OFFICIAL USE ONLY

Reception Number: 0012582 111 0268 200 02 / 100.00	Safety:	Carrier ID#: 436815
	Insurance:	Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Cor Auth #

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

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.

Name (printed): Vivan A. Corp Date: 9-15-2008

Signature: [Signature] Title: Blk

MOTOR CARRIER IDENTIFICATION

CC#: 59582	US DOT# (if required): 025899	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: WA 91199794661 601966901
APPLICANT NAME: Fernando Garcia Nurrugo		PHONE#: (541) 922-0230
d/b/a:		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 4746		
(city, state, zip) Pasco, WA 99302		
PHYSICAL ADDRESS: (street address, if different)		

623 Alder Kennewick WA 99337

ACORD INSURANCE BINDER

DATE
09/15/2008

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
erranti-Leavitt Insurance Agency, Inc
08 East Main St.
Bermiston, OR 97838

PHONE (A/C, No, Ext): (541) 567-5523
FAX (541) 567-2975

COMPANY
United Financial Casualty Co.

BINDER #
B08091504169

EFFECTIVE		TIME		EXPIRATION		TIME	
DATE				DATE			
09/15/2008		12:01	X	10/15/2008		X	12:01 AM
			AM				NOON
			PM				

DE: 55-15224
SUB CODE:
AGENCY / CUSTOMER ID: 00003864
INSURED
Fernando Garcia
DBA: Marrujo's Trucking
PO Box 4746
Pasco, WA 99302

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
1988 Peterbilt 378 #1XPFD29X9JD261646
1985 Frht FLC #1FUPYCYB6FP265318

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		FIRE DAMAGE (Any one fire)		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
TOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	#06596940-0	COMBINED SINGLE LIMIT		\$ 750,000
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
PHYSICAL DAMAGE DEDUCTIBLE COLLISION: _____ OTHER THAN COL: _____	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE		
		STATED AMOUNT		\$
		OTHER		
TRUCK LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
CESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS:		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

Red Shield Cargo \$4,900 Limit/\$500 Ded
Oregon Form E Filing Requested

NAME & ADDRESS
ODOT
550 Capital Ste NE
Salem, OR 97310-1380

MORTGAGEE
LOSS PAYEE
X
ADDITIONAL INSURED
Certificate holder
LOAN #
AUTHORIZED REPRESENTATIVE
[Signature]