

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE  
 CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:  
**\$200 PLUS \$25 PER VEHICLE**

Passenger Charter and Excursion Carrier Services	Fee Required
<b>Application fee</b> (Application for new certificate, to reinstate a previously canceled certificate, to transfer an existing certificate to a new owner or business structure)	<b>\$200.00</b>
<b>Name Change</b> (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	<b>\$ 35.00</b>
<b>Regulatory Fee (per vehicle)</b>	<b>\$ 25.00</b>
<b>TYPE OF PAYMENT</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Information (if applicable) <span style="float: right;">Exp Date Month/Year</span>	
Amount \$ <u>225.00</u>	
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: <u>[Signature]</u> Date: <u>1-2-08</u>	

**0017251**

**Davenport Hotel, Inc**

-01  
25.00  
-02  
200.00

<small>(For Commission Use Only)</small> Fee Code: 242-01 Fee Amount: 25.00	Company ID: 5395	Docket ID:
Fee Code: 242-02 Fee Amount: 200.00	Date Recd: 1/23/09	Safety Inspection:
Fee Code: 242-03	Reg Fees: 00	Insurance:
Fee Code:	SOL:	SOS:

## SECTION 1 - APPLICANT INFORMATION

Name of Applicant: DAVENPORT HOTEL, INC.

Trade Name(s) (if applicable): DAVENPORT HOTEL & TOWER

**Mailing Address:**

**Physical Address:**

Street Same

Street 10 S. Post Street

City \_\_\_\_\_

City Spokane

State/Zip \_\_\_\_\_

State/Zip WA 99201

Phone Number: \_\_\_\_\_

Fax Number: 509 -

UBI #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**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 Distributions or Percentage of Shares
<u>WALT &amp; KAREN Worthy</u>		<u>100%</u>
<u>DBA Davenport Hotel, LLC</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
<u>DAV 8</u>	<u>2004 Chevrolet/ Turtle</u>	<u>1GBSG31U541206745</u>	<u>13 incl. driver</u>

### 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: SCOTT STEINBACHER

Position: Guest Services Manager

#### 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: LYNNELLE CADILL

Position: General Manager

**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: Lynnelle Cadill

Position: General Manager

**SECTION 4 - DECLARATION OF APPLICANT**

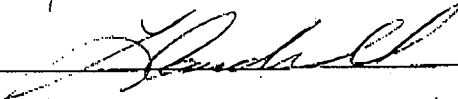
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

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 LYNNELLE CAWILL

Signature of applicant 

Date 1-19-09 County, State Spokane, WA

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name Davenport Hotel, Inc.

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 \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

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

1	x 25.00 =	\$25.00
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*There is a minimum fee of \$25.00.*

Agency Use Only	801-111-02-68-252-01
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

01/08/2009

PRODUCER (509)325-3024 FAX (509)325-1803  
 Moloney, O'Neill, Corkery & Jones, Inc.  
 1206 N Lincoln, Suite #200  
 Spokane, WA 99201

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 The Davenport Hotel, Inc  
 111 S Post St  
 Spokane, WA 99201

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Fireman's Fund Insurance Co	
INSURER B: Select Hotel Insurance Group	
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 TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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 - COM/OP AGG \$	
A			<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	586MZX80890792	07/15/2008	07/15/2009	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
			<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
B			<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	3 POLICY #S SEE ATTACHED INCLUDES EXCESS AUTOMOBILE LIABILITY	07/15/2008	07/15/2009	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ \$ \$	
			<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYED \$ E.L. DISEASE - POLICY LIMIT \$	
			OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Includes: 2002 Lincoln Towncar #1LNHM85W22Y616608 (Limousine); 2004 Lexus LX470 #JTJHT00W143544328 (for hire); 2004 Chevrolet Van Terra X Van #1GBJG31U541206745 (Limousine); 2006 Lincoln Towncar #1LNHM85V86Y637265 (Limousine); 2006 Lincoln Towncar #1LNHM85V26Y641781 (Limousine); 2008 Lexus RX350 #JTJHK31U082853303 (for hire)  
 \*\*\*\*\*REPLACES CERTIFICATE ISSUED 7/14/08\*\*\*\*\*

CERTIFICATE HOLDER	CANCELLATION
Master License Service Department of Licensing PO Box 9034 Olympia, WA 98507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE John Moloney/TRO <i>John Moloney</i>

## The Davenport Hotel, Inc

### LIABILITY

***General Liability:***

General Aggregate (per location)	\$2,000,000
Products & Completed Operations Aggregate	2,000,000
Personal & Advertising Injury	1,000,000
Each Occurrence	1,000,000
Tenants Legal	100,000
Medical Expense each Person	5,000

***Liquor Liability:***

Each Common Cause	\$1,000,000
Aggregate Limit	1,000,000

***Employers Liability:***

Bodily Injury by Accident – Each Employee	\$1,000,000
Bodily Injury by Accident – Each Accident	1,000,000
Bodily Injury By Disease – Each Employee	1,000,000
Bodily Injury by Disease – Aggregate	1,000,000

***Employee Benefit Liability:***

Each Employee Limit	\$1,000,000
Aggregate Limit	1,000,000

***Premium Bases:***

		Current	2008 Renewal
Hotel/Motel with pool	Gross Sales	\$18,000,000	\$21,000,000
Upscale Restaurants	Gross Sales	\$ 9,000,000	\$ 9,500,000
Liquor Liability	Gross Sales	\$ 3,200,000	\$ 3,360,000
Parking – Public	Gross Sales	\$ 1,400,000	\$ 360,000
Parking - Private	Square Feet	60,000	60,000
Employee Benefit Liab	# Employees	400	473

**NOTE: Your General Liability premium is auditable at the end of the policy term**