

PART - A

TV-090245

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)

FOR OFFICIAL USE ONLY

Reception Number: 0017439 <i>275.00</i>	Safety: <i>5/26/09</i>	Carrier ID#: <i>5423</i>
111 0268 200 02	Insurance: <i>5/26/09</i>	Employee: <i>KWC</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only:
Auth #:

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa
 Expiration Date *01/12*

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): *Joshua Rhodes* Date: *2-11-09*
 Signature: *Joshua Rhodes* Title: *Safety Compliance Director*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63503</i>	US DOT# (if required): <i>473115</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602 897 937</i>
APPLICANT NAME: <i>Ever Fresh Farms Transportation, Inc.</i>		PHONE#: <i>800-445-5623 x 521</i>
d/b/a: <i>SAME</i>	FAX #: <i>616 988 2455</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>1025 Ken-O-Sha Ind. Dr SE</i>		
(city, state, zip) <i>Grand Rapids, MI 49508</i>		
PHYSICAL ADDRESS: (street address, if different) <i>SAME</i>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION MI

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Carl L. Bossenbaker	President	50%
Mont R. Reed	Secretary	5%

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

permit will not be issued until acceptable insurance is received

<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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EQUIPMENT LIST (Attach additional list if necessary)

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.


Signature(s)

2-11-09
Date



TRANSPORTATION INC.

Tractors:			
Unit #	License #	State	
2	RA14763	MI	1FUJA6CV76LV88734
3	RA24066	MI	1XKWDB9X88J224802
04	RA13348	MI	5KJJABCK97PY47842
5	RA39169	MI	1XKADB9X65J087770
13	P662489	IL	1XKAD49X35J095840
31	RA47618	MI	1XKAD49X45J100897
57	RA08235	MI	1XP5DB9XO5N852797
70	RA08236	MI	1XP5DB9X2YN510286
73	RA08237	MI	1XP5DB9X71D552268
88	RA42276	MI	1XP5DB9XX5N852807
97	RA08249	MI	1FUJA6CK26LW91016
98	RA08250	MI	1FUJA6CK46LW91017
99	RA08251	MI	1FUJA6CK66LW91018
100	RA08232	MI	1FUJA6CK86LW91019
101	RA08233	MI	1FUJA6CK46LW91020
103	RA00159	MI	1XPHD49X77D730942
104	RA00343	MI	1XPHD49X97D730943
105	RA00433	MI	1XPHD49X07D730944
106	RA00966	MI	1XKAD49X07J192299
107	RA00886	MI	1XKAD49X37J192300
108	RA01035	MI	1XKAD49X57J192301
109	RA08244	MI	1XPHD49X9D781094
110	RA42079	MI	1XPHD49X19D781095
111	RA08243	MI	1XPHD49X39D781096
112	RA01322	MI	1XPHD49X59D781097
113	RA08239	MI	1XPHD49X79D781098
114	RA12310	MI	1XKWDB9X25J101850
115	RA08241	MI	1XPHD49X19D781100
116	RA08242	MI	1XPHD49X99D781099
117	RA46932	MI	4V4NC9TJ99N278888
118	RA46821	MI	4V4NC9TJ09N278889
119	RA47145	MI	4V4NC9TJ79N278890
120	RA46933	MI	4V4NC9TJ99N278891
121	RA47947	MI	1XPHD49X89D789823
122	RA47948	MI	1XPHD49XX9D789924
123	RA47949	MI	1XPHD49X19D789925
124	RA48038	MI	1XPHD49X39D789926
125	RA48039	MI	1XPHD49X59D789927
148	RA10598	MI	1FUJAPAV34LM88118
169A	RA22799	MI	1FUJBBC93PL91970
171	RA36180	MI	1XKTD69X9WJ770001
201	RA24685	MI	2HSCKAPR47C432862
223	RA34686	MI	1XP5DB9X63D587774
377	RA46662	MI	1FUJBBCG03LK62423
378	RA46663	MI	1FUJBBCG23LK62388
394	RA00887	MI	1XP5D49X97N735993
511	RA02903	MI	1FUJA6CK27LX47022
612	RA26097	MI	1XKWDB9X07J175917
627	RA24862	MI	1XKWDB9X94J052855
678	RA22070	MI	1FUPCZP7YPB60733
707	RB9J78	TX	4V5NC9GH47N454701
708	RB9J79	TX	4V4NC9TH94N351120
721	RA01990	MI	1XKWDB9X6YJ831572
777	RA11355	MI	4VG7DARJOWN754300
878	RA47622	MI	1XKWDB9X96R155911
888A	RA14682	MI	1XKWDB9X3XJ825128
894	RA41510	MI	5KJJABCK65PN92211
898	RA41577	MI	1XKWDB9X11J871919
1272	RA26374	MI	1FUPCXZB1YLF05635
1818	03324HZ	TN	2HSCKAPRX7C432915
1950	409670	IN	1XP5DB9X23N599396
2020	RA11498	MI	1XKWDB9X15R105390
3006	RA05282	MI	1XP5DB9X34D814677
4653	PVD1679	OH	1FUPCSEBXYDB06628
314955	RA30585	MI	1XKAD49X37J160642
314975	RA30591	MI	1XKADB9X47J174893
314976	RA30592	MI	1XKADB9X67J174894

PART - B

SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333
 Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183
 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Controlled Substances and Alcohol Testing (Part 382)

Name: Josh Rhodes Position: Safety Compliance Director

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Commercial Drivers License (CDL) Requirements (Part 383)

Name: Josh Rhodes Position: Safety Compliance Director

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle **as described below** must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Driver Qualification Requirements (Part 391)

Name: Josh Rhodes Position: Safety Compliance Director

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Drivers Hours of Service (Part 395)

Name: Josh Ruedes Position: Safety Compliance Director

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Josh Ruedes Position: Safety Compliance Director

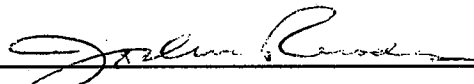
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.


Signature of applicant

2-11-09
Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

5427
plend

DATE (MM/DD/YYYY)
 5/22/2009

PRODUCER Phone: 616-541-1500 Fax: 800-847-3129
 The Campbell Group
 P O Box 1788
 Grand Rapids MI 49501

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
 Ever Fresh Farms Transportation, Inc.
 1025 Ken O Sha Industrial Park Drive SE
 Grand Rapids MI 49508-8214

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Prop Cas Ins Co	36161
INSURER B: The Travelers Indemnity Compa	25666
INSURER C: Accident Fund Insurance Co of	
INSURER D: Northland Ins Co	24015
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	I6600694C803IND08	8/19/2008	8/19/2009	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
D		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Any Comm'l Auto <input checked="" type="checkbox"/> MI No Fault	TF645743	5/2/2009	5/2/2010	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCV6016761	2/1/2009	2/1/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A		OTHER Motor Truck Cargo	QT6604263L649	5/2/2009	5/2/2010	Limit \$250,000 Ded \$1,000 Includes Reefer Breakdown

RECEIVED
 MAY 26 2009
 WASH. UT. & TP. COMM

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

CERTIFICATE HOLDER

CANCELLATION

Washington Utilities and Transportation
 Commission
 P O Box 47250
 Olympia WA 98504-7250

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

M. J. R.