

TE-100058-CT



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@utc.wa.gov

## 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, or 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>
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input 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.-</u> Company Name: <u>MC'S Exotic Limousine Service</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 signa _____	Date: <u>1-04-10</u>

(For Commission Use Only) 111 0268 232 01	Company ID: <u>5816</u>	Docket TE-
111 0268 232 02	Date Filed: <u>1/6/10</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OL</u>	Insurance:
111 0268	DOL:	SOS:

**0019713**

**\$ 225.00**

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: Marco D Collins

Trade Name(s) (if applicable): MC's Exotic Limousine Service

**Mailing Address:**

**Physical Address:**

Street 808 152<sup>nd</sup> PL S.W.

Street \_\_\_\_\_

City Lynnwood

City \_\_\_\_\_

State/Zip WA 98087

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

Phone Number: 425-361-2983

Fax Number: 425-361-7418

UBI #: 602 949 820 001 0001

E-Mail: collie95@comcast.net

**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: N/A

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

List other certificates or permits held with the commission: \_\_\_\_\_

List your USDOT # 1978409 012 if you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

**SECTION 2 - EQUIPMENT**

*(Attach additional sheets if necessary)*

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>B88222L</u>	<u>2002 Ford 550</u>	<u>1F0AF56F12EA8 2513</u>	<u>15</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: <u>Marco D. Collins</u>	Position: <u>OWNER / Limousine Bus Driver</u>
-------------------------------	-----------------------------------------------

#### 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: <u>Diana S. Collins</u>	Position: <u>Manager</u>
-------------------------------	--------------------------

**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: <u>Diana S. Collins</u>	Position: <u>Manager</u>
-------------------------------	--------------------------

**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 Marco D. Collins

Signature of applicant Marco D. Collins

Date 12-18-2009 County, State Snohomish, WA.

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name MC's Exotic Limousine Service Marco D. Collins

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
---

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

1	x 25.00 =	\$ 25.00
---	-----------	----------

*There is a minimum fee of \$25.00.*

(For Commission Use Only) 001-111-02-68-232-01 Reception Number: <u>19713</u>	Docket TE-	Permit No:
-------------------------------------------------------------------------------------	------------	------------

1/6/10

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

# MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)

- NEW APPLICATION
- BIENNIAL UPDATE OR CHANGES
- OUT OF BUSINESS NOTIFICATION
- REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER: **MARCO D COLLINS**

2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME: **MC'S EXOTIC LIMOUSINE SERVICE**

3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER: **808 152ND PL SW**

4. CITY: **LYNNWOOD**

5. MAILING ADDRESS (P O BOX): **808 152ND PL SW**

6. MAILING CITY: **LYNNWOOD**

7. STATE/PROVINCE: **WASHINGTON**

8. ZIP CODE + 4: **98087**

9. COLONIA (MEXICO ONLY):

10. STATE/PROVINCE: **WASHINGTON**

11. ZIP CODE+4: **98087**

12. COLONIA (MEXICO ONLY):

13. PRINCIPAL BUSINESS PHONE NUMBER: **(425) 361-2963**

14. PRINCIPAL CONTACT CELLULAR PHONE NUMBER: **(425) 220-9714**

15. PRINCIPAL BUSINESS FAX NUMBER: **(425) 361-7418**

16. USDOT NO.: **1978409**

17. MC OR MX NO.:

18. DUN & BRADSTREET NO.:

19. IRS/TAX ID NO. EIN#: **SSN# 571116347**

20. INTERNET E-MAIL ADDRESS: **COLLI895@COMCAST.NET**

21. COMPANY OPERATION (Circle all that apply)

A. Interstate Carrier  B. Intrastate Hazmat Carrier  **C. Intrastate Non-Hazmat Carrier**  D. Interstate Shipper  E. Intrastate Shipper  F. Vehicle Registrant Only

22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year): **10300**

YEAR: **2009**

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. Authorized For-Hire  **D. Private Passengers (Business)**  G. U. S. Mail  J. Local Government

B. Exempt For-Hire  **E. Private Passengers (Non-Business)**  H. Federal Government  K. Indian Tribe

C. Private Property  F. Migrant  I. State Government  L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT  F. LOGS, POLES, BEAMS, LUMBER  J. FRESH PRODUCE  P. GRAIN, FEED, HAY  V. COMMODITIES DRY BULK  BB. CONSTRUCTION

B. HOUSEHOLD GOODS  G. BUILDING MATERIALS  K. LIQUIDS/GASES  Q. COAL/COKE  W. REFRIGERATED FOOD  CC. WATER WELL

C. METAL; SHEETS; COILS; ROLLS  H. MOBILE HOMES  L. INTERMODAL CONT.  R. MEAT  X. BEVERAGES  DD. OTHER

D. MOTOR VEHICLES  I. MACHINERY, LARGE OBJECTS  **M. PASSENGERS**  S. GARBAGE, REFUSE, TRASH  Y. PAPER PRODUCTS

E. DRIVE AWAY/TOWAWAY  O. LIVESTOCK  T. U.S. MAIL  Z. UTILITY

U. CHEMICALS  AA. FARM SUPPLIES

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCO	B NB
C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 8	B NB
C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 8A	B NB
C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 8B	B NB
C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB
C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB
C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB
C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB
C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB
			C S OO. ORM	B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus				Mini-bus		Van		Limousine	
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	1-8	9-15
OWNED																
TERM LEASED																
TRIP LEASED																

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
		1		

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?  
If Yes, enter your U.S. DOT Number.

Yes  No

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **MARCO COLLINS, PRESIDENT/OWNER** (Please print Name)

2. **DIANA COLLINS, VICE PRESIDENT** (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, **MARCO D COLLINS** (Please print Name)

Signature: **MARCO D COLLINS** Date: **12/28/2009**

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Title: **OWNER** (Please print)



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
12/21/2009

AGENCY CHOICE Insurance, LLC 2 1715 Market Street Kirkland WA 98033 www.choiceinsurance.net		CARRIER Zurich American Insurance Compa-	NAIC CODE: 27855	UNDERWRITER Jerry Kaufman	UNDERWRITER OFF.
PHONE (A/C No. Ext): (425) 739-6565 FAX (A/C No.): (425) 739-9955 E-MAIL ADDRESS: michaelo@choiceinsurance.net CODE: SUB CODE: AGENCY CUSTOMER ID: 31482		INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	POLICY NUMBER Unassigned GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 1/1/2010		PROPOSED EFF DATE 1/1/2010	PROPOSED EXP DATE 1/1/2011	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN AUDIT

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) Marco D Collins DEA: Collins Limousine Services		FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C No. Ext): (425) 220-9714	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 808 152nd PL SW Lynnwood WA 98087		
E-MAIL ADDRESS(ES): colli1695@comcast.net		WEBSITE ADDRESS(ES):			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS 1		DATE BUS STARTED 12/21/2009	
INSPECTION CONTACT Marco Collins PHONE (A/C No. Ext): (425) 220-9714 E-MAIL ADDRESS: colli1695@comcast.net			ACCOUNTING RECORDS CONTACT Marco Collins PHONE (A/C No. Ext): (425) 220-9714 E-MAIL ADDRESS: colli1695@comcast.net		

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
1	1	808 152nd PL SW Lynnwood WA 98087 Snohomish	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT		1		100
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**  
Limousine Bus with perimeter seating for special occasion such as proms, homecoming and weddings.

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>
1d. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 6 YEARS?		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)  
2. Insured has a safety manual.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE: *[Signature]* DATE: 12/31/09 PRODUCER'S SIGNATURE: *[Signature]* NATIONAL PRODUCER NUMBER:

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV INJ													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY OCCURRENCE													
	BODILY INJURY AGGREGATE													
	PROPERTY DAMAGE OCCURRENCE													
	PROPERTY DAMAGE AGGREGATE													
COMBINED SINGLE LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM														
AUTOMOBILE	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY EA PERSON													
	BODILY INJURY EA ACCIDENT													
	PROPERTY DAMAGE													
MODIFICATION FACTOR														
TOTAL PREMIUM														
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING AMT													
	PERS PROP AMT													
MODIFICATION FACTOR														
TOTAL PREMIUM														
	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY).

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2004/03)



<b>ACORD BUSINESS AUTO SECTION</b>					DATE (MM/DD/YYYY) 12/21/2009
AGENCY	PHONE (A/C, No, Ext): (425) 739-6565 FAX (A/C, No): (425) 739-9955	APPLICANT (First Named Insured) Marco D. Collins DBA: Collins Limousine Services			
CHOICE Insurance, LLC 2 1715 Market Street Kirkland WA 98033 www.choiceinsurance.net		EFFECTIVE DATE 1/1/2010	EXPIRATION DATE 1/1/2011	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID: 31482					

**COVERAGES/LIMITS**  
USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION		ACORD 163 attached for additional drivers											
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Marco D Collins 808 152nd Place SW Lynnwood WA 98087	M	M	8/9/1964	25	1980	COLLIMD363NZ	WA	12/21/2009			1	100

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?	<input checked="" type="checkbox"/>		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS 3. Vehicle is maintained as per manufacturer's recommendation - 6. WUTC			15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>
			10. At hire date - 11. References, MVR Check 12. WA L&I		
			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ 40,000		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT			ACORD 45 attached for additional names		
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
OWNER					
REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: Ford	BODY TYPE: Super Duty	VEHICLE TYPE	SYM/AGE	COST NEW							
1	2002	MODEL: F550	V.I.N.: 1FDAF56P12EA82513	PP SPEC X COML		\$							
CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	BEAT CP	RADIUS	FARTHEST TERM				
Lynnwood WA 98087	WA		32000				15	50					
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL	X	LIAB NO-FAULT	X	FT	X	FG	AA				
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	X	OTHER					
NET VEH DR/CR:											TOTAL PREM \$	\$ 1,000	COLL

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
		MODEL:	V.I.N.:	PP SPEC COML		\$							
CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	BEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L	
< 15 MILES	PLEASURE	RETAIL		LIAB NO-FAULT		FT		FG	AA				
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW		OTHER					
NET VEH DR/CR:											TOTAL PREM \$		COLL

ACORD 127 (2003/05)

<b>ACORD</b>	<b>WASHINGTON COMMERCIAL AUTO COVERAGES/LIMITS SECTION</b>	DATE (MM/DD/YYYY) 12/21/2009
AGENCY CHOICE Insurance, LLC 2		APPLICANT (First Named Insured) Marco D. Collins DBA: Collins Limousine Services

BUSINESS AUTO SECTION			LIMITS			COVERAGES			COVERED AUTO SYMBOLS			LIMITS				
LIABILITY	1	4	9	<input checked="" type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	1,500,000									
	2	<input checked="" type="checkbox"/> 7		BI EACH ACCIDENT \$												
	3		8	PROPERTY DAMAGE \$												
PERSONAL INJURY PROTECTION	5			MEDICAL EXPENSE \$	SERVICE LOSS \$											
	<input checked="" type="checkbox"/> 7			INCOME CONTIN \$	FUNERAL EXPENSE \$											
ADD'L PERSONAL INJURY PROTECTION	5			\$												
MEDICAL PAYMENTS	2		4													
	3		7	EACH PERSON \$												
UNDERINSURED MOTORIST	2		6	<input checked="" type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	60,000									
	3	<input checked="" type="checkbox"/> 7		BI EACH ACCIDENT \$												
	4			PROPERTY DAMAGE \$												
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS											
	<input checked="" type="checkbox"/> NO			\$												
NON-OWNED LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF											
	<input checked="" type="checkbox"/> NO			EMPLOYEES												
				VOLUNTEERS												
				PARTNERS												
COVERED AUTO SYMBOLS		(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS			(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW			(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS			COVERED AUTO SYMBOLS			LIMITS		

TRUCKERS SECTION			LIMITS			COVERAGES			COVERED AUTO SYMBOLS			LIMITS			DEDUCTIBLE		
LIABILITY	41		48	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$											
	42		47	BI EACH ACCIDENT \$													
	43		50	PROPERTY DAMAGE \$													
PERSONAL INJURY PROTECTION	44			MEDICAL EXPENSE \$	SERVICE LOSS \$												
	45			INCOME CONTIN \$	FUNERAL EXPENSE \$												
ADD'L PERSONAL INJURY PROTECTION	44			\$													
MEDICAL PAYMENTS	42		48														
	43			EACH PERSON \$													
UNDERINSURED MOTORIST	42		48	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$											
	43			BI EACH ACCIDENT \$													
	45			PROPERTY DAMAGE \$													
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS												
	<input type="checkbox"/> NO			\$													
HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS												
	<input type="checkbox"/> NO			\$													
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF												
	<input type="checkbox"/> NO			EMPLOYEES													
				VOLUNTEERS													
				PARTNERS													
OTHER																	
COVERED AUTO SYMBOLS		(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY			(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT			(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			COVERED AUTO SYMBOLS			LIMITS			

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE			
	61	67	CSL	BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	62	68		\$	COMPREHENSIVE	62	67	\$
	63	71		\$		63	68	\$
	64			\$		64		\$
PERSONAL INJURY PROTECTION	65		MEDICAL EXPENSE \$	SERVICE LOSS \$	SPECIFIED CAUSES OF LOSS	62	67	\$
	67		INCOME CONTIN \$	FUNERAL EXPENSE \$		63	68	\$
								\$
ADD'L PERSONAL INJURY PROTECTION	65		\$		COLLISION	62	67	\$
	67					63	68	\$
						64		\$
MEDICAL PAYMENTS	62	64	EACH PERSON	\$	TOWING & LABOR	63	67	\$
	63	67			AUTO LOAN	62	63	\$
						64	67	\$
						65	68	\$
						66	69	\$
						67	70	\$
						68	71	\$
						69		\$
						70		\$
						71		\$
						72		\$
						73		\$
						74		\$
						75		\$
						76		\$
						77		\$
						78		\$
						79		\$
						80		\$
						81		\$
						82		\$
						83		\$
						84		\$
						85		\$
						86		\$
						87		\$
						88		\$
						89		\$
						90		\$
						91		\$
						92		\$
						93		\$
						94		\$
						95		\$
						96		\$
						97		\$
						98		\$
						99		\$
						100		\$

**ENDORSEMENTS**

COVERED AUTO SYMBOLS (81) ANY AUTO (82) OWNED AUTOS ONLY (83) OWNED PRIVATE PASS AUTOS ONLY (84) OWNED COMMERCIAL AUTOS ONLY (85) OWNED AUTOS SUBJECT TO NO-FAULT (86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (87) SPECIFICALLY DESCRIBED AUTOS (88) HIRED AUTOS ONLY (89) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

- I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE (INITIALS) *MC* 3. I HAVE REJECTED UIM BI COVERAGE \_\_\_\_\_ (INITIALS)
- I HAVE SELECTED UIM LIMITS LOWER THAN MY BI AND PD COVERAGE (INITIALS) *MC* 4. I HAVE REJECTED UIM PD COVERAGE \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN OFFERED TO ME. IF NO LIMITS ARE ENTERED ON THE APPLICATION, I HAVE REJECTED THIS COVERAGE.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 12/31/09	PRODUCER'S SIGNATURE Michael Oskaian	NATIONAL PRODUCER NUMBER
---------------------------------------------	------------------	-----------------------------------------	--------------------------

ACORD 137 WA (2002/08)

Company Name: Utilities and Transportation Commission

Phone Number

Fax Number: 360/586-1181

Web Address

Email

## FAX TRANSMITTAL FORM

---

To: Tina Leipski

Name:

CC:

Phone:

Fax: 360/586-1181

From: Diana Collins

Date Sent: 1/04/2010

Number of Pages: 13

---

Message: Call me if you have any questions... 425-220-9914.

Thank you,  
Diana Collins