

PART - A

TV-100069

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)

done 1/2/10

FOR OFFICIAL USE ONLY

Reception Number: 0019723

Safety: Under Seal

Carrier ID#: 5819

111 0268 200 02 275.00

Insurance: Under Seal

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$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 Commission Use Only: 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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 63803 US DOT# 1980127 WA UNIFIED BUSINESS IDENTIFICATION # 601-708-6440

APPLICANT NAME: BILL HORWITZ PHONE#: (253) 719-7899

d/b/a: FREIGHT NORTH WEST FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 6824-19th St West #198

(city, state, zip) University Place, WA 98466

PHYSICAL ADDRESS: (street address, if different) 7010 1/2 54th Ave NW, Gig Harbor, WA 98335

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION _____
(LP, LLP, LLC)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Bill Horwitz	(Owner)	18306-33 rd CT. KPN LAKE BAY, WA, 98349	

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. |
|--|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
	<i>all attached</i>		

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.

Bill Horwitz

Signature(s)

1/8/10

Date

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: BILL HORWITZ Position: DRIVER - OWNER

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: BILL HORWITZ Position: DRIVER/OWNER

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: BILL HORWITZ Position: OWNER/DRIVER

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: BILL HORWITZ Position: OWNER/DRIVER

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: BILL HORWITZ Position: DRIVER/OWNER

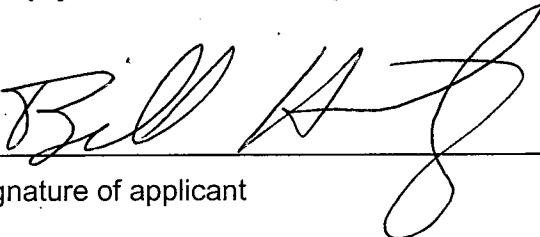
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

1/8/10
Date



CERTIFICATE OF LIABILITY INSURANCE

OP ID LH
FREIG-4

DATE (MM/DD/YYYY)

01/12/10

PRODUCER RIS Insurance Services PO Box 1059 Anacortes WA 98221 Phone: 360-293-2135 Fax: 360-293-2385	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED FREIGHT NORTHWEST BILL HORWITZ DBA: 7010 1/2 54TH AVE NW GIG HARBOR WA 98335	INSURER A:	ARGONAUT MIDWEST INS. CO.
	INSURER B:	ARGONAUT MIDWEST INS. CO.
	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 LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <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 - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TP8009193	01/11/10	01/11/11	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	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		PHYSICAL DAMAGE	TP8009193	01/11/10	01/11/11	1,000	COMP/COLL
A		CARGO	BA8009192	01/11/10	01/11/11	1,000	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 360-586-1181

CERTIFICATE HOLDER

CANCELLATION

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA WA 98504-7250 WUTC000	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 NON-FLEET DEPT.
--	--

INSURANCE IDENTIFICATION CARD

Washington
(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1997 FRIEHTL TRACTORVEHICLE IDENTIFICATION NUMBER
1FUYYDYB91PH55625

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

INSURANCE IDENTIFICATION CARD

Washington
(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
2000 FRIEGHTL TRACTORVEHICLE IDENTIFICATION NUMBER
1FUYDSEB2YPH45182

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

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(STATE)

COMPANY NUMBER

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COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
2001 FRIEHTL TRACTORVEHICLE IDENTIFICATION NUMBER
1FUYBABA831FH6576

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

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INSURANCE IDENTIFICATION CARD

Washington
(STATE)

COMPANY NUMBER

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COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1997 VOLVO TRACTORVEHICLE IDENTIFICATION NUMBER
4V4JBAPF7VN854920

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

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INSURANCE IDENTIFICATION CARD

Washington
(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
2000 INTERNAT TRACTORVEHICLE IDENTIFICATION NUMBER
1HSCAAHNXXT088066

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
GIG HARBOR, WA 98335

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INSURANCE IDENTIFICATION CARD

Washington
(STATE)

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1997 UTILITY TRAILERVEHICLE IDENTIFICATION NUMBER
IVYFS2487VA246403

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

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Washington
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COMPANY NUMBER

COMPANY



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PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1975 COMET TRAILERVEHICLE IDENTIFICATION NUMBER
1040724

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
L GIG HARBOR, WA 98335

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COMMERCIAL



PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1983 GREATDAN TRAILERVEHICLE IDENTIFICATION NUMBER
1G4FH9627DB091901AGENCY/COMPANY ISSUING CARD
RIS Insurance Services
NON-FLEET DEPT.
PO Box 1059
Anacortes, WA 98221
360-293-2135
INSURED FREIGHT NORTHWEST
BILL HORWITZ
7010 1/2 54TH AVE NW
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ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1986 GREATDAN TRAILERVEHICLE IDENTIFICATION NUMBER
1H4902810GJ039410

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

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PO Box 1059

Anacortes, WA 98221

360-293-2135

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Washington
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COMPANY NUMBER

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PERSONAL

ARGONAUT MIDWEST INS. CO.POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1992 FREUHAUF TRAILERVEHICLE IDENTIFICATION NUMBER
1H2V05320NE000565

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services**NON-FLEET DEPT.**

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED **FREIGHT NORTHWEST**
BILL HORWITZ
7010 1/2 54TH AVE NW
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PERSONAL

ARGONAUT MIDWEST INS. CO.

POLICY NUMBER
TP8009193EFFECTIVE DATE
01/11/10EXPIRATION DATE
01/11/11YEAR MAKE/MODEL
1997 STROUGHT TRAILERVEHICLE IDENTIFICATION NUMBER
1DW1A5325V5091106

AGENCY/COMPANY ISSUING CARD

RIS Insurance Services

NON-FLEET DEPT.

PO Box 1059

Anacortes, WA 98221

360-293-2135

INSURED

FREIGHT NORTHWEST
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2. Name of Insurance Company and policy number for each vehicle involved.

Leipski, Tina (UTC)

From: Bill Horwitz [admin@billstuneup.com]
Sent: Monday, January 11, 2010 3:59 PM
To: Leipski, Tina (UTC)
Subject: Fw: numbers I didn't have

--- On Fri, 1/8/10, Bill Horwitz <admin@billstuneup.com> wrote:

From: Bill Horwitz <admin@billstuneup.com>
Subject: numbers I didn't have
To: tleipski@utc.gov.wa.gov
Date: Friday, January 8, 2010, 2:31 PM

License Information:

Entity Name: BILL H HORWITZ
Firm Name: BILL H HORWITZ
License Type: Washington State Business
Entity Type: Sole Proprietor
UBI: 601708644 Business ID:002 Location ID:0003
To check the status of this business, go to [Department of Revenue](#)

Status

DOT#1980727

**PS..... I NEED YOUR FAX # FOR
INSURANCE DUDE1980727**



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Horwitz, Bill
6824 19th St. West #198
University Place, WA 98466

January 12, 2010

Insurance Binder Notification

State law requires you to file and maintain proof of public liability and property damage insurance to keep your permit active with the Washington Utilities and Transportation Commission. We have received an insurance binder that is valid for up to 60 days. You must file a Form E insurance certificate within these 60 days or your permit will be suspended.

What happens if a Form E insurance certificate is not filed within 60 days?

If your insurance certificate (Form E) is not filed by March 12, 2010 we will send you an order suspending your operating authority.

What happens if my operating authority is suspended?

If your operating authority is suspended, you must stop your operations until we receive proof of insurance (Form E) and send you an order that removes the suspension. If you do not file proof of insurance within 30 days after the service date of the suspension order **we will cancel your authority without further notice.**

What if I do not agree with the suspension or cancellation of my permit?

If you do not agree you may file a written request for a hearing within 10 days following the date of this notification. Once we receive your written request we will notify you of the date, time and location of the hearing. **NOTE:** At the hearing the only issues we can address are whether you had proof of insurance on file during the period of suspension, and whether you have proof of insurance on file to avoid cancellation.

Where do I send my request for a hearing?

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov, or fax to 360-586-1181.

Thank You.