



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

Macken, David L  
1621 W Pheasant Street  
Moses Lake, WA 98837

January 22, 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 23, 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](mailto:transportation@utc.wa.gov), or fax to 360-586-1181.

Thank You.

# REINSTATEMENT

## 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)

TV-100133

*None*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0019752</b>	Safety: <i>OK</i>	Carrier ID#: <b>4393</b>
111 0268 200 02 <i>100.00</i>	Insurance: <i>OK</i>	Employee: <i>OK</i>

#### 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 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): PATRICIA D. UNKSTEAD Date: 1-20-10

Signature: \_\_\_\_\_ Title: SISTER TO DAVID MACKEN

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>62692</u>	US DOT#: <u>1623433</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 683 441</u> ✓
APPLICANT NAME: <u>David Macken</u>		PHONE#: <u>509-431-1093</u>
d/b/a: <u>Mackin Air Transport</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1621 W Pheasant St.</u>		
(city, state, zip) <u>Moses Lake Wa. 98837</u>		
PHYSICAL ADDRESS: (street address, if different)		

### TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

**NAME**                                  **TITLE**                                  **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

\_\_\_\_\_  
\_\_\_\_\_

### 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)

The applicant **WILL NOT HAUL** hazardous materials in any quantity and **WILL** 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.

The applicant **WILL NOT HAUL** 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.


The applicant **WILL HAUL** hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant **WILL HAUL** 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#
9007	B357MN	Wa.	2FUYDX4B3LV383416
64V	8832UY	Wa.	2UYV52488KUB55808

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)

1-20-10  
Date

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
1/22/2010

PRODUCER (509)488-9623 FAX: (509)488-2143 Sloan-Leavitt Insurance Agency, Inc. PO Box 449  Othello WA 99344  INSURED MACKEN AG TRANSPORT, DEA: DAVID L MACKEN 8761 Lybbert Drive  Moses Lake WA 98837	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.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>United Financial Casualty</b></td> <td><b>11770</b></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>United Financial Casualty</b>	<b>11770</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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 checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	04522240-0	1/20/2010	7/20/2010	COMBINED SINGLE LIMIT (EA accident) \$ <b>750,000</b> 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 EA ACC \$ _____ AUTO ONLY: 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WC STATUTORY LIMITS</td> <td style="width: 40%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ _____</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ _____</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ _____	E.L. DISEASE - EA EMPLOYEE	\$ _____	E.L. DISEASE - POLICY LIMIT	\$ _____
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E.L. EACH ACCIDENT	\$ _____													
E.L. DISEASE - EA EMPLOYEE	\$ _____													
E.L. DISEASE - POLICY LIMIT	\$ _____													
A		OTHER CARGO	04522240-0	1/20/2010	7/20/2010	25,000 <span style="float: right;">1,000 ded</span>								

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

<b>CERTIFICATE HOLDER</b>  WUTC 1300 S Evergreen Park Drive PO Box 47250 Olympia, WA 98504-7250	<b>CANCELLATION</b>  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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE Carolyn Beus/CB <i>Carolyn Beus</i>
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