

Pendum  
5521

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (Name of Agency) (herein after called Agency)

This is to certify that the Nationwide Mutual Insurance Company (Name of Company)  
(herein after called Company) of 1100 Locust Street, Des Moines, IA, 50391 (Home Address of Company)

has issued to MARY'S BACKHOE INC of 19408 W FOUR MOUND RD, NINE MILE FALLS, WA 99028 (Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/01/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 1200 Locust St. Des Moines IA 50391 (Address) TNs 19th day of Mar 20 10 (Day) (Month) (Year)

Insurance Company File No. ACP BA 7504040239 (Policy No)

Souliya Southamavada  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00

# REINSTATEMENT

TV-100475

## 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: <b>0019979</b>	Safety: <b>3/24/10</b>	Carrier ID#: <b>5521</b>
111 0268 200 02 <b>100-00</b>	Insurance: <b>3/24/10</b>	Employee: <b>KWC</b>

#### 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

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): Marvin Davis Date: 3/23/2010

Signature: \_\_\_\_\_ Title: Treasurer

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>63572</u>	US DOT# <u>1858171 V</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 173 613 V</u>
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APPLICANT NAME: <u>Marv's Backhoe, Inc.</u>	PHONE#: <u>509-796-5965</u>
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d/b/a:	FAX #: <u>509-796-5965</u>
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BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) 1940 W 4th Avenue Rd, 9 Mile Falls, WA 99026  
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA  
(LP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Debi Davis	President	51%
Marvin Davis	Treasurer	49%

**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.

*Partial*  
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#
1	AZ0853M	WA	1FU4DSEB6SH868823

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.

Debi Davis  
Signature(s)

3/23/2010  
Date



**Black & Associates Insurance, Inc.**

*Insurance Professionals*

8605 N. Division, Suite A • Spokane, WA 99208 • (509) 464-0058 • FAX (509) 464-0747 • Website: www.jbbinsurance.com

DATE 3-23-10

TO Washington Utilities + Transportation Commission

ATTENTION \_\_\_\_\_

FAX NUMBER 360-586-1181

FROM Jim Black

REGARDING Marv's Bachhoe Inc.

Form E

NUMBER OF PAGES (including cover sheet) 2

Here is the Form E  
for your records.

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# MARV'S BACKHOE, INC

WA License No. MARVSI\*983J3

19406 W Four Mound Rd Nine Mile Falls WA 99026

Phone/Fax: 509-796-5965

marvsbackhoe@pwimail.net

## FAX COVER SHEET

To: \_\_\_\_\_  
 Name: Ken Chapman  
 Company: WUTC  
 Fax No: 360-586-1181

From: MARV'S BACKHOE, INC.

Date: 3/23/2010

Pages Sent: 4 (Including Cover Sheer)

Fax No.: (509) 796-5965

Comments: Ken - Thanks for your help.  
My insurance was faxing the Form E  
over to you and I also have included  
it. Please notify me when this is  
reinstated  
Thank you  
Debi Day