

PART - A

TV-100493

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250  
Olympia, WA 98504-7250

RECEIVED

Telephone (360) 664-1222 - Fax (360) 586-1181

MAR 30 2010

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

(excluding Household Goods and Common Carrier Brokers)

ck# 5144

FOR OFFICIAL USE ONLY

Reception Number: <b>0020007</b>	Safety: <b>4-28-10</b>	Carrier ID#: <b>5918</b>
111 0268 200 02 <b>275.00</b>	Insurance: <b>Binder 4-28-10</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 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	

\$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): LAUREL KELLY Date: 3/25/10

Signature: Laurel Kelly Title: Member

MOTOR CARRIER IDENTIFICATION

CC#: <b>63868</b>	US DOT# 2010564	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 995 681
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APPLICANT NAME: LAUREL DELIVERY SERVICE LLC	PHONE#: 206 963-9997
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d/b/a: LAUREL DELIVERY	FAX #:
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BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) 17234 Beach Dr NE

(city, state, zip)  
Lake Forest Park, WA 98155

PHYSICAL ADDRESS: (street address, if different) Same as above

Replacement Page

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE LAUREL KELLY Member 17234 17234 Beach Dr NE 100% Lake Forest Park WA 98155

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: N/A PERMIT NUMBER:

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

- Four insurance requirement options with checkboxes: 1. Will NOT HAUL hazardous materials... \$300,000 liability. 2. Will NOT HAUL hazardous materials... \$750,000 liability. 3. Will HAUL hazardous materials... \$1 million liability. 4. Will HAUL hazardous materials... \$5 million liability.

EQUIPMENT LIST (Attach additional list if necessary)

Table with 4 columns: UNIT#, LICENSE#, STATE, VIN#. Row 1: #1, B91207A, WA, J8DE4B148X7901298

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.

Handwritten signature: Laurel Kelly

Signature(s)

Handwritten date: 3/25/10

Date

# ACORD CERTIFICATE OF LIABILITY INSURANCE

FRAN-1

04/09/10

<b>PRODUCER</b> Hall-Conway-Jackson, Inc. P.O. Box 8010 Mill Creek WA 98082-8010 Phone: 425-368-1200 Fax: 425-368-1290	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Laurel Delivery Service, LLC P.O. Box 55157 Seattle WA 98155	INSURER A	The American Ins. Co.
	INSURER B	Fireman's Fund 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY 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 - COMPIOP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" 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	MOX80907780	06/27/09	06/27/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ Nil	XAU82652942	06/27/09	06/27/10	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> DTR-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Permit CC063868

1999 GMC Cube Van J8DE4B148X7901298 Plate #B91207A

**CERTIFICATE HOLDER**

Washington Utilities & Transportation Commission  
 P. O. Box 47250  
 Olympia, WA 98504-7250

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 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

Scott Andrews

*Scott Andrews*

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