## REINSTATEMENT

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# FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with

**WASHINGTON UTILITIES & TRANSPORTATION COMM** 

(hereinafter called Commission)

This is to certify, that the

GREAT WEST CASUALTY COMPANY P.O. BOX 277 SO SIOUX CITY NE 68776

(hereinafter called Company)

RAFAEL G GOMEZ

has

DBA RAFAEL GOMEZ TRUCKING

issued to:

824 S NUEVO LEON LANE OTHELLO WA 99344

a policy or policies of insurance effective from 08/02/10 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776

this 17TH

day of AUGUST

. 2010

Insurance Company File No.

**GWP81075A** 

0375

(Policy Number)

Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2).



#### 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

Please of do not wow.

Gomez, Rafael G. PO Box 2818 Othello WA 99344

August 10, 2010

### **Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

#### Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.