

# 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

*cam*

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

*File*  
*KT-1001513*

0026030

#### FOR OFFICIAL USE ONLY

Reception Number:

Safety:

Carrier ID#:

111 0258 200 02

Insurance:

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): *Reta Fleming*

Date: *9-10-10*

Signature: *Reta Fleming*

Title: *9-10-10*

#### MOTOR CARRIER IDENTIFICATION

CC#: *63565* US DOT#: *1849875*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *600896201*

APPLICANT NAME: *Gene Fleming*

PHONE#: *360-748-4054*

d/b/a: *Gene Fleming Construction*

FAX #: *360-748-4054*

BUSINESS (MAILING) ADDRESS (street address, P.O. Box) *226 Cousins Rd.*

(city, state, zip) *Chehalis, WA 98532*

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** Gene Fleming    **TITLE** Owneroperator    **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE** 100%

**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: Gene William Fleming    PERMIT NUMBER: \_\_\_\_\_

Gene Fleming    9-10-10  
Signature of current permit holder    Date

**INSURANCE REQUIREMENTS (must check one)**

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

- |   |   |  |  |
|---|---|--|--|
| <input checked="" 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> 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	B74333H	WA	1XP9DB9X8GD203520

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.

Gene Fleming    9-10-10  
Signature(s)    Date

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CC  
GENEF-1

DATE (MM/DD/YYYY)  
06/15/09

<b>PRODUCER</b>  Nicholson & Associates 118 W. Pine Street Centralia WA 98531-4290 Phone: 360-736-7601 Fax: 360-330-0970	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>  Gene Fleming Construction Gene Fleming 226 Cousins Rd Chehalis WA 98532	INSURER A: <b>Progressive Companies</b>	
	INSURER B: <b>Ohio Casualty Insurance Co</b>	<b>24074</b>
	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.

*54269 paid*

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B	X	<b>GENERAL LIABILITY</b>	BLO54259737	09/10/10	09/10/11	EACH OCCURRENCE	\$ 100000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1000000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A	X	<b>AUTOMOBILE LIABILITY</b>	076363440	09/10/10	09/10/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>GARAGE LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
							\$
		<b>EXCESS/UMBRELLA LIABILITY</b>					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		<b>OTHER</b>					

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

1986 Peterbuilt 379 DUMP 1XP9DB9X8GD203520

**CERTIFICATE HOLDER**

WUTC--1

W. U. T. C.  
Attn: Colleen  
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 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

Cindy Chambers