

PART A

TV# 110369

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7150

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

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Handwritten initials and date: *WUE 3/2/11*

FOR OFFICIAL USE ONLY

Reception Number: 0031027

Safety: *Understand*

Carrier ID#: 6240

111 0268 200 02 275.07

Insurance: *Understand*

Employee: *[Signature]*

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
- \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

- \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$100 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: Autl

TYPE OF PAYMENT

- Check
- Money Order
- Amex
- Discover
- Mastercard
- Visa

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): Agnes Eves Date: 02-20-11

Signature: _____ Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 64960 US DOT#: Under 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601694645

APPLICANT NAME: Agnes Eves PHONE#: 206-769-3703

d/b/a: accurate Deliveries FAX #: none

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 10721 Valley View RD B 401
(city, state, zip) Bothell, wa 98011

PHYSICAL ADDRESS: (street address, if different)

same

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<i>Agnis</i>	<i>owner</i>	<i>10721 valley view, Rd</i>	
<i>Eves</i>		<i>Bothell, 98011 B401</i>	

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)

A permit will not be issued until acceptable insurance is received

<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
<i>KIA PORTE '10</i>	<i>EVES *AK 29806</i>	<i>WA</i>	<i>KNAFU7A21A5224949</i>

Signature

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.

Eves

Signature(s)

02-20-11

Date



CERTIFICATE OF LIABILITY INSURANCE

OP ID: EH

DATE (MM/DD/YYYY)

03/02/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BE. JW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lovsted-Worthington LLC
424 3rd Ave West
Seattle, WA 98119
Lovsted Worthington LLC
206-285-7735
206-285-3461

CONTACT NAME: Edward Hadley
PHONE (A/C, No, Ext): 206-838-1017
FAX (A/C, No): 206-285-3461
E-MAIL ADDRESS: edward@lovstedworthington.com
PRODUCER CUSTOMER ID #: ACCUR-2

INSURED
Accurate Deliveries
Agnes Eves
10721 Valley View Rd# B401
Bothell, WA 98011

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Mutual of Enumclaw		14761
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO		BAP0000860	02/18/11	02/18/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS		BAP0000860	02/18/11	02/18/12	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS		BAP0000860	02/18/11	02/18/12	UIM/UM \$ 1,000,000
A	<input checked="" type="checkbox"/> UNINSURED LIAB		BAP0000860	02/18/11	02/18/12	\$
	UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In WA)	Y/N	N/A			WC STATUTORY LIMITS OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: 2010 Kia Forte Vin#: KNAFU4A21A5224949

Evidence of Insurance.

CERTIFICATE HOLDER

Washington Utilities & Transportation Commission
Attn: Colleen
PO Box 47250
Olympia, WA 98504

WASHU-2

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Edward Hadley