

PART A

TV# 110804

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)

Personal Money Order #0174814908

Handwritten signature

FOR OFFICIAL USE ONLY

Reception Number: 0032190

Safety: [Handwritten initials]

Carrier ID#: 6443

111 0268 200 02 275

Insurance: [Handwritten initials]

Employee: [Handwritten initials]

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): TIMOTHY K. FUNYINA (WHEELS2YOU) Date: 04/28/11

Signature: [Handwritten Signature] Title: DRIVER (OWNER)

MOTOR CARRIER IDENTIFICATION

CC#: 64275 US DOT#: Under 10 axles WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 988 545

APPLICANT NAME: TIMOTHY K. FUNYINA K-AMINYA PHONE#: 425-495-0160

d/b/a: wheels 2 you FAX #: [Handwritten]

BUSINESS (MAILING) ADDRESS: 12235 WOODINVILLE DR, APT D 202 BOTHELL, WA 98011

(city, state, zip) BOTHELL, WA 98011

PHYSICAL ADDRESS: (street address, if different)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION STATE OF WASHINGTON RECEIVED 2011 MAY -3 AM 10:09

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
TIMOTHY K FUNYINA		12235 WOODINVILL DR	
WHEELS 2 YOU		APTD202, BOTHELL, WA 98011	

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. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B87432N	WA	1FTDA14U9VZC15834

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.



Signature(s)

04-28-11

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED


This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 03/29/11	Countersigned By:
Named Insured: FUNYINA, TIMOTHY	 (Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s): DELIVERY EXPRESS INC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

MID-CENTURY INSURANCE COMPANY
(A STOCK COMPANY)

MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010

COMMON POLICY DECLARATIONS
COMMERCIAL AUTOMOBILE COVERAGE

1.	FUNYINA, TIMOTHY	AG18170	
Named	· TIMOTHY FUNYINA	Acct. No.	Prod. Count
Insured	· 12235 WOODINVILLE DR APT D202	79-46-389	60499-66-56
Mailing	·	Agent No.	Policy Number
Address	· BOTHELL WA 98011		

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business _____

2. Policy Period from 03/29/11 (not prior to time applied for) to 03/29/12 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS LISTED BELOW AND FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO CHANGE.

	Premium After Applicable Discount and Modification
COMMERCIAL AUTO COVERAGE PART	\$1,252.00
TOTAL	SEE INVOICE ATTACHED

Forms applicable to all Coverage Parts:

Countersigned 3-29-11 By *Robert Nixon*
(Date) (Authorized Representative)

Agent: **ROBERT NIXON**
Agent Phone: **253-270-9708**



FARMERS

56-1430

Form E
Uniform Motor Carrier Bodily Injury and Property Damage
Liability Certificate of Insurance (Executed in quadruplicate)



FARMERS

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION
(Name of Commission)

This is to certify, that the MID-CENTURY INSURANCE COMPANY
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010
(Home Office, Address of Company)

has issued to TIMOTHY KAMINYA FUNYINA
(Name of Motor Carrier)

of 12235 WOODINVILLE DR APT D202 BOTHERLL, WA 98011
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/11/11, 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 regulation 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 effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124
(Street Address) (City) (State) (ZIP Code)

this 12TH day of MAY, year 2011.

Insurance Company File No. 60499-66-56
(Policy No.)

Barbara Dumas
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)).