

PART A

TV# 110819

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)

WUSA

Mue
5/11/11

FOR OFFICIAL USE ONLY

Reception Number: 0032553	Safety: <i>under review</i>	Carrier ID#: 6446
111 0268 200 02 275-	Insurance: <i>under review</i>	Employee: KWC

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 # **030350**

TYPE OF PAYMENT

Check Money Order Amex

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): Herbert A Sherman Date: 5-2-11

Signature: _____ Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 64278	US DOT# wdr 10K	WA UNIFIED BUSINESS IDENTIFIER (UBI) # 6022270380
APPLICANT NAME: Herbert A. Sherman		PHONE#: 425-766-3906
d/b/a: Herb Sherman		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 5325 NE Sunset Blvd #1		
(city, state, zip) Renton WA 98059		
PHYSICAL ADDRESS: (street address, if different) SAME		

TYPE OF BUSINESS STRUCTURE

(Check appropriate box(es) and circle for incorporation)

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

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

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 (check one)

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

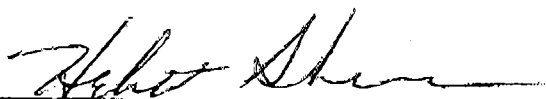
You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

Motor Vehicle List (attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	509JQN	WA	ZC1mR2295V6724838

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)

5-2-11

Date



CERTIFICATE OF LIABILITY INSURANCE

OP ID: EH

DATE (MM/DD/YYYY)

05/11/11

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 BELOW. 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 #: HERBS-1
INSURED Herbert Alan Sherman 5325 NE Sunset Blvd #1 Renton, WA 98059		INSURER(S) AFFORDING COVERAGE INSURER A: Mutual of Enumclaw INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 14761	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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 - COM/OP AGG \$
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS			BAP0001420	05/03/11	05/03/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS			BAP0001420	05/03/11	05/03/12	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP0001420	05/03/11	05/03/12	UIM/UM \$ 1,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE RETENTION \$		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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: 1997 Geo Metro VIN#: 2C1MR2295V6724888

Evidence of Insurance.

CERTIFICATE HOLDER

WASHU-2

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

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

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