

TC-111446-A

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 E-mail: Transportation@wutc.wa.gov

Type of Passenger Transportation Authority Requested (check one box)	Fcc Required
<u>Auto Transportation Authority</u> <input type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule.	\$ 200
Do you plan on providing charter/excursion service <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Extension of Existing Auto Transportation Certificate No. C-</u> _____ Complete sections 1-8. Submit a proposed tariff and time schedule.	\$ 150
<u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachment B. All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	\$ 200
<input type="checkbox"/> <u>Temporary Auto Transportation Authority</u> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	\$ 150
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D.	\$ 35
<input type="checkbox"/> <u>Name Change</u> (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	\$ 35
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> – Complete sections 1 and 8	\$200

TYPE OF PAYMENT:

Cash Check Money Order AMEX MasterCard Visa

Credit Card Information (if applicable):

8100761

Expiration Date
Month/Year

Amount: \$ _____ 150 _____ Company Name: Shuttle Express Inc. _____

Cardholder's signature: [Signature] Date: August 5, 2011

FOR OFFICIAL USE ONLY

Date Filed: 8/9/11	Docket #: _____	Motcar: M24635	Cert. Issued: _____
LS Staff Assigned: Lisa	Insurance: on file	Application: _____	Related App: _____
DOL/SOS: on file	Tariff/Time Schedule: _____	Map: _____	111 0268: _____
Text approved for docket: _____	Safety Inspection: _____	Reception #: _____	111-0268-230-01: _____
111-0268-232-02: 150	111-0268-232-01: _____	111-0268-230-02: _____	111-0268-230-01: _____

VISA Reception# 033441

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: Shuttle Express Inc.		
Trade Name(s) (if applicable):		
Unified Business Identification Number (UBI): 600-030-043 (If you do not know your UBI number or need to request one contact the Department of Licensing at (360)664-1400)		
Phone Number: (425) 981-7070	Fax Number: (425) 981-7071	E-mail: jrowley@shuttleexpress.net
<u>Physical Address</u>		<u>Mailing address (if diflerent from Business Address)</u>
Street: 800 S.W. 16 th St.		Street: _____
City: Renton		City: _____
State/Zip: Washington, 98057		State/Zip: _____

SECTION 2 - COMPANY INFORMATION

Type of business structure:
 Individual Partnership Corporation Other (LP, L.P, LLC) _____

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Jimmy Sherrell, CEO,	100%	

Provide the following documents with your application:

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for temporary authority (if applicable)

Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

Passenger service between: All points in King County to waterfront terminals in Seattle.

Excluding: Between hotels in the city of SeaTac, South Center Mall, Pike Place market and cruise terminals #66 and #91.

Excluding: Between hotels in the city of Tukwila, South Center Mall, Pike Place market and cruise terminals #66 and #91.

State the conditions that justify the granting of this application.

It is in the public interest to provide such service. Requests for this service have grown steadily. The cruise ship business has increased greatly to its current levels over the past few years.

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

No Yes If yes, list the names and addresses of companies

What is your USDOT number? 1610028 (If you currently don't have a USDOT number, you can go online to www.fmcsa.dot.gov/online-registration to apply or call 360-596-3816 or 360-596-3803)

Do you currently hold, or have you ever held, an auto transportation certificate?
 No Yes If yes, please indicate your certificate number: C- 975

Have you ever applied for and been denied an auto transportation certificate?
 No Yes If yes, please explain: _____

Have you been cited for violation of state laws or commission rules?
 No Yes If yes, please explain:
The commission ruled our Independent Operators were illegal.

SECTION 3 - TARIFF AND TIME SCHEDULE

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436. **See attachment 3.**

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file, or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:
 Adopt (Complete attachments _____) or File a new tariff

SECTION 4 - HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 1	Amount of time: One hour
Will an attorney be representing you? If yes, complete the following: No	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

SECTION 5 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$66,771	Salaries/Wages Payable	\$625,590
Notes Receivable	\$-0-	Accounts Payable	\$711,379
Accounts Receivable	\$801,609	Notes Payable	\$2,168,235
Investments	\$759,296	Mortgages Payable	\$-0-
Other Current Assets	\$52,788	Contracts and Bonds Payable	\$-0-
Prepaid Expenses	\$250,532	TOTAL LIABILITIES	\$3,505,205
Land and Buildings	\$-0-	NET WORTH	
Trucks and Trailers	\$2,214,354	Preferred Stock	\$
Office Furniture	\$46,684	Common Stock	\$6,257,727
Other Equipment	\$61,576	Retained Earnings	\$(5,250,670)
Other Assets	\$258,652	Capital	\$
TOTAL ASSETS	\$4,512,262	TOTAL LIABILITIES AND NET WORTH	\$4,512,262

SECTION 6 – EQUIPMENT LIST
See Attachment 1.

SECTION 7 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.	
SAFETY RESPONSIBILITIES	
COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.	
Name: Bob Myles	Position: Senior Operations Manager
DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.	
Name: Bob Myles	Position: Senior Operations Manager
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.	
Name: Bob Myles	Position: Senior Operations Manager
CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).	
Name: Bob Myles	Position: Senior Operations Manager
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.	
Name: Dean Deangelo	Position: Director of Operations
SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)	
Name: Bob Myles	Position: Senior Operations Manager
DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)	
Name: Bob Myles	Position: Senior Operations Manager
PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)	
Name: Dean Deangelo	Position: Director of Operations
OPERATIONAL RESPONSIBILITIES	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.	
Name: John Rowley	Position: President
ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name: Paul Kajanoff	Position: C.F.O.

CUSTOMER SERVICE Person responsible for customer service complaints, and customer notice requirements.
 Name: Sharon Games Position: Manager of Guest Support
STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.
 Name: Paul Kajanoff Position: C.F.O.

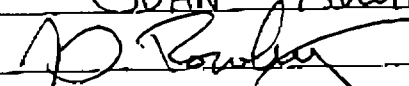
SECTION 8 - DECLARATION OF APPLICANT:

I understand that filing this application does not authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: JOHN BOWLEY

Signature: 

Date, County, State: 8-5-11 KING, WASHINGTON

Attachment 1

Vehicle List

Year	Make	Lic Number	VIN	Passengers
2006	Ford	B19010C	1FBSS31L56DB32433	10
2006	Ford	B19024C	1FBSS31L76DB32434	10
2002	Ford	785RZI	1FDWE45F02HA04579	25
2002	Ford	784RZI	1FDWE45F42HA04584	25
2005	Chevy	A10771W	1GBDV13E95D114535	4
2006	Ford	B19027C	1FBSS31L96DB32435	10
2006	Ford	B19015C	1FBSS31L26DB32436	10
2006	Ford	B19012C	1FBSS31L46DB32437	10
2006	Ford	B19013C	1FBSS31L66DB32438	10
2006	Ford	B19025C	1FBSS31L26DB32439	10
2006	Ford	B19019C	1FBSS31L46DB32440	10
2006	Ford	B19023C	1FBSS31L66DB32441	10
2006	Ford	B19011C	1FBSS31LX6DB32443	10
2006	Ford	B19029C	1FBSS31L16DB32444	10
2006	Ford	B19018C	1FBSS31L36DB32445	10
2006	Ford	B19028C	1FBSS31L56DB32446	10
2006	Ford	B19021C	1FBSS31L76DB32447	10
2006	Ford	B19022C	1FBSS31L96DB32448	10
2006	Ford	B19026C	1FBSS31L56DB32450	10
2006	Ford	B19017C	1FBSS31L76DB32451	10
2006	Ford	B19020C	1FBSS31L96DB32452	10
2007	International	B45052D	1HVBTAAM67H426269	32
2007	Chevy	B45053D	1GBE5B1G97F419606	29
2007	Chevy	B45054D	1GBESV1G17F419969	29
2007	Chevy	B45055D	1GBESV1G37F420072	29
2006	Ford	B08644E	1FBSS31L16DB18318	10
2006	Ford	B43665K	1FBSS31L66HB00843	10
2006	Ford	B19647T	1FBSS31L26HB00838	10
2006	Ford	B08646E	1FBSS31L46HB00839	10
2006	Ford	B89951N	1FBSS31L26HB00841	10
2006	Ford	B08648E	1FBSS31LX6HB00845	10
2006	Ford	B39702K	1FBSS31L06HB00854	10
2006	Ford	B08651E	1FBSS31L46HB00856	10
2006	Ford	B08649E	1FBSS31L26HA32038	10
2007	Ford	B67509E	1FTNS24LX7DB07673	6
2007	Ford	B97247E	1FTNS24L67DB04933	6
2007	Ford	B97246E	1FTNS24W07DB24654	6
2007	Ford	B16206G	1FTNS24W77DB24652	6
2007	Ford	B78475P	1FTNS24W57DB24651	6
2007	GMC	B51893G	1GBJ5V1997F418925	32
2008	Chevy	546ZRZ	1GBDV13W18D210933	4
2001	Ford	B89906N	1FDXE45S01HA73966	15
2010	Ford	AAR0639	1FBSS3BL6ADA66661	10
2010	Ford	AAR0636	1FBSS3BL1ADA66664	10
2010	Ford	AAR0635	1FBSS3BLXADA66663	10
2010	Ford	AAR0638	1FBSS3BL8ADA66662	10
2010	Ford	AAR0637	1FBSS3BL3ADA66665	10
2010	Ford	AAR0631	1FBSS3BL5ADA66666	10
2010	Ford	AAR0632	1FBSS3BL7ADA66667	10
2010	Ford	AAR0633	1FBSS3BL9ADA66668	10
2010	Ford	AAR0630	1FBSS3BL0ADA66669	10
2010	Ford	AAR0634	1FBSS3BL7ADA66670	10
2009	Ford	W841254	1FBSS31L69DA09910	10
2009	Ford	W841255	1FBSS31L69DA17201	10
2009	Ford	B61649S	1FDXE45S27DA83642	16
2009	Chevy	B61648S	1GBJ5V1918F414871	28

Attachment 1

Vehicle list

Year	Make	Lic Number	VIN	Passengers
2011	Ford	B61922S	1FDGF5GT8BEB78122	29
2009	Ford	B91697H	1FBSS31LX9DA57703	10
2009	Ford	021ZDD	1FBSS31L59DA75039	10
2009	Ford	B86713S	1FBSS31L59DA51436	10
2009	Ford	B86714S	1FBSS31L49DA59284	10
2009	Ford	B86717S	1FBSS31L99DA51438	10
2011	Ford	C26367	1FDGF5GT58EC26367	28
2011	Ford	B76964	1FDAF5GY0BEB76964	29
2011	Ford	B59474	1FDUF5GT6BEB59474	28
2011	Ford	B67575	1FDUF5GT8BEB67575	28
2009	Ford	B86712S	1FBSS31L79DA51440	10
2009	Ford	B86719S	1FBSS31L79DA33908	10
2009	Ford	B86715S	1FBSS31L09AD12110	10
2009	Ford	B86718S	1FBSS31L89DA12114	10
2011	Ford	B85462S	1FDUF5GT9BEC31784	32
2011	Ford	B19526T	1FDGF5GTXBEC37977	33
2009	Ford	B86716S	1FBSS31L79DA12119	10
1998	Ford	B76507K	1FDXE40SXWHA67350	16
2006	Ford	XVAN302	1FBSS31L36HA92796	10
2006	Ford	XVAN303	1FBSS31L76HB41790	10
2006	Ford	XVAN304	1FBSS31L26HA02683	10
2006	Ford	XVAN305	1FBSS31L96HA02695	10
2006	Ford	XVAN306	1FBSS31L06HA88284	10
2006	Ford	XVAN307	1FBSS31L16HB29618	10
2006	Ford	XVAN308	1FBSS31L96HA92785	10
2006	Ford	XVAN309	1FBSS31LX6HA32272	10
2006	Ford	XVAN310	1F8SS31L06DA19800	10
2006	Ford	XVAN311	1FBSS31L56DA19808	10
2007	Ford	B71031L	1FBSS31L17DA31651	9
2006	Ford	B71033L	1FBSS31LX6HB29634	9
2006	Ford	B71035L	1FBSS31L96HA47779	9
2006	Ford	B71032L	1FBSS31L56HA47780	9
2006	Ford	B71034L	1FBSS31L86HB12394	9
2006	Ford	B39703K	1FBSS31L26DA90612	10
2006	Ford	B51909G	1FBSS31L36DA90618	10
2006	Ford	B51904G	1FBSS31L06DA90611	10
2006	Ford	B51912G	1FBSS31L96DA90624	10
2006	Ford	B51908G	1FBSS31L66DA90614	10
2006	Ford	B51907G	1FBSS31L46DA90613	10
2006	Ford	B51910G	1FBSS31L16DA90620	10
2006	Ford	B51911G	1FBSS31L56DA90622	10
2006	Ford	B51913G	1FBSS31L06DA90625	10
2006	Ford	B51905G	1FBSS31L86DA90629	10
2006	Ford	B53722G	1FBSS31L86DB28005	10
2007	Ford	B35564L	1FBSS31L47DB25782	10
2007	Ford	B35559L	1FBSS31L57DB25774	10
2007	Ford	B35562L	1FBSS31L87DB25770	10
2007	Ford	B35560L	1FBSS31L17DB25786	10
2007	Ford	B35561L	1FBSS31L57DB25788	10
2007	Ford	B35563L	1FBSS31L97DB25759	10
2007	Ford	B35557L	1FBSS31L47DB35583	10
2007	Ford	B35558L	1FBSS31L97DB35546	10
2007	Ford	B35733L	1FBSS31L67DB35570	10
2007	Ford	B36543S	1FBSS31L17DB42345	10
2007	Ford	B71029L	1FBSS31L27DB25263	10

Shuttle Express Inc. (C-975)
Proposed Tariff

Attachment 3

On Demand Service
By reservation only

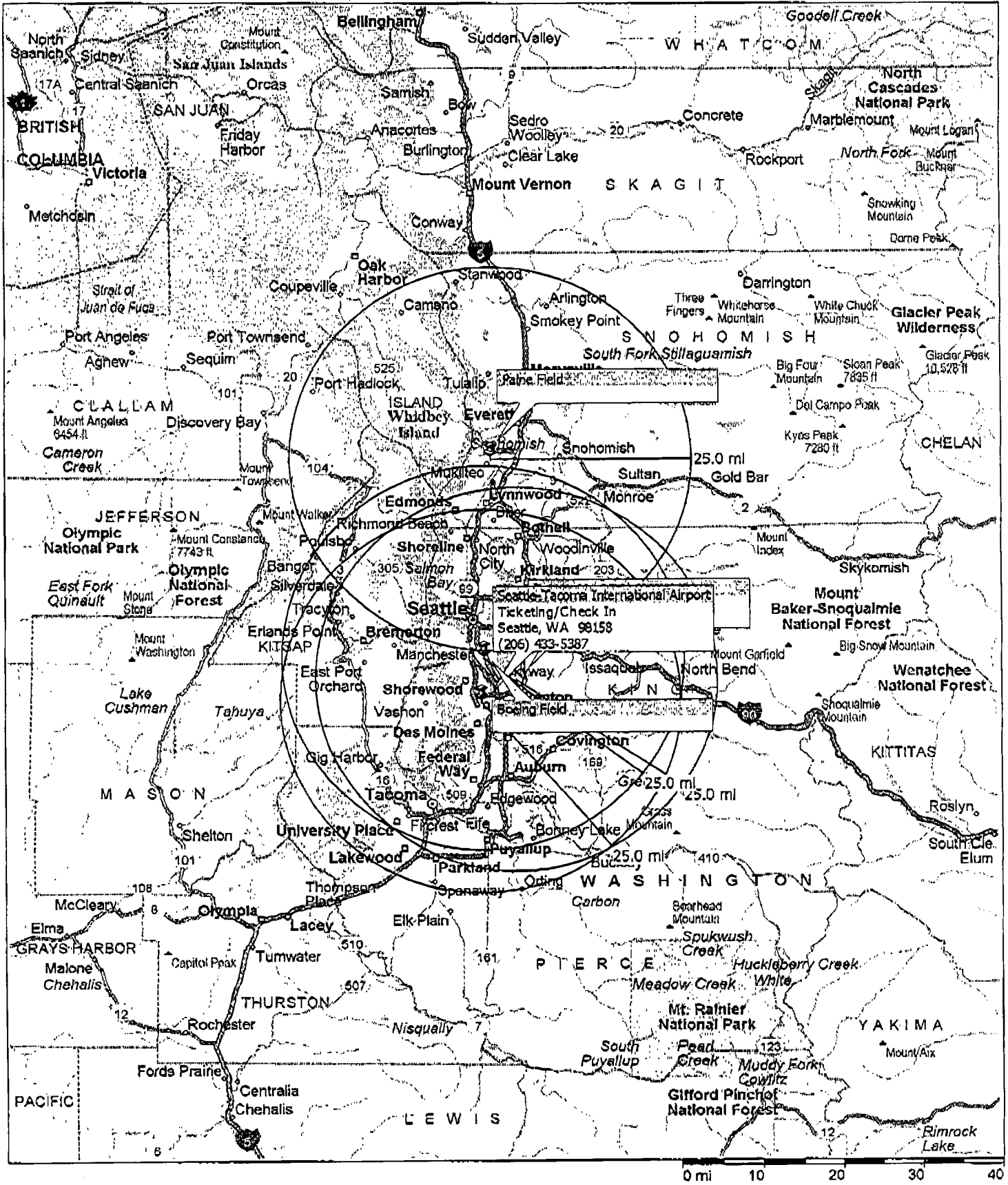
*Proposed
Tariff*

Zip Code	Area/City/Town	Fare Per person
98001	Auburn	32.00
98002	Auburn	32.00
98003	Federal Way	32.00
98004	Bellevue	18.00
98005	Bellevue	18.00
98006	Bellevue	18.00
98007	Bellevue	18.00
98008	Bellevue/Crossroads	24.00
98010	Black Diamond	32.00
98011	Bothell (King Co.)	28.00
98014	Carnation	42.00
98019	Duvell	42.00
98022	Enumclaw - W of 294th Ave SE/Veazie-Cumberland Rd SE, N of SR 410 & Warner Ave - SE 456 St.	48.00
98023	Federal Way	32.00
98024	Fall City	42.00
98027	Issaquah	32.00
98028	Kenmore	28.00
98029	Issaquah Plateau	32.00
98030	Kent	24.00
98031	Kent	24.00
98032	Kent	24.00
98033	Kirkland	24.00
98034	Kirkland/Juanita	28.00
98038	Maple Valley	32.00
98039	Medina	18.00
98040	Mercer Island	18.00
98042	Kent	32.00
98045	North Bend - W of 488th Ave SE	42.00
98047	Pacific	32.00
98051	E. Kent Kangley	42.00
98052	Redmond	28.00
98053	Redmond Plateau	32.00
98055	Renton	24.00
98056	Renton Highlands	24.00
98057	Renton	24.00
98058	Renton Fairwood	24.00
98059	Renton	32.00
98065	Snoqualmie	42.00

Zip Code	Area/City/Town	Fare per person
98072	Woodinville	32.00
98074	Sammamish	32.00
98075	Sammamish	32.00
98077	Woodinville	32.00
98092	Auburn/Kent	32.00
98101	Downtown Seattle	9.00
98102	Seattle/Eastlake	9.00
98103	Seattle/Greenlake	18.00
98104	Seattle/Downtown	9.00
98105	Seattle/U. District	18.00
98106	Seattle/West Seattle	18.00
98107	Seattle/Ballard	18.00
98108	Seattle/Georgetown	18.00
98109	Seattle/Queen Ann Hill	9.00
98112	Seattle/Madison Park	18.00
98115	Seattle/View Ridge	18.00
98116	Seattle/West Seattle	18.00
98117	Seattle/Ballard	18.00
98118	Seattle/Rainier Beach	18.00
98119	Seattle/Queen Ann Hill	9.00
98121	Seattle/Denny Regrade	9.00
98122	Seattle/Central Area	9.00
98125	Seattle/Lake City	24.00
98126	Seattle/West Seattle	18.00
98133	Seattle/Nortgate	24.00
98134	Seattle/Harbor Island	18.00
98136	West Seattle	18.00
98144	Seattle/Mt. Baker	18.00
98146	White Center	24.00
98148	Burien	24.00
98155	Lake Forest Park	24.00
98158	SeaTac Airport	24.00
98166	Burien	24.00
98168	Boulevard Park	24.00
98177	Seattle	24.00
98178	Seattle/Skyway	18.00
98188	Tukwila	18.00
98195	UW Campus	18.00
98198	Des Moines	18.00
98199	Seattle/Magnolia	9.00

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Washington, United States, North America



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ATTACHMENT 1

SHUTEXP-01

THRO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/21/2011

PRODUCER (800) 935-2442
 American Highways Insurance Agency, Inc.
 3250 Interstate Drive
 Richfield, OH 44286

INSURED Shuttle Express, Inc.
 800 SW 16th Street
 Renton, WA 98055

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.

INSURERS AFFORDING COVERAGE NAIC #
 INSURER A: National Interstate Insurance Company 32620
 INSURER 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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XPP1120210-08	2/1/2011	2/1/2012	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPROP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XPP1120210-08	2/1/2011	2/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY CA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY CA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER PHYS DAM REV UNIT	XPP1120210-08	2/1/2011	2/1/2012	DED SPEC PERILS/COLL \$2500/\$5000/\$10,000
A	PHYS DAM PP/SRV	XPP1120210-08	2/1/2011	2/1/2012	DED COMP/COLL \$1,000

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

PROOF OF INSURANCE

CERTIFICATE HOLDER

PROOF OF INSURANCE

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