

PART A

TV# 112142

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)

RECEIVED

DEC 15 2011

WASH. UT. & TP. COMM

3161

FOR OFFICIAL USE ONLY

| | | |
|--------------------------|-------------------------|-----------------------|
| Reception Number: 036332 | Safety: under 10K- | Carrier ID#: 6624 |
| 111 0268 200 02 275.00 | Insurance: Buda 12-21-1 | Employee: [Signature] |

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 | |

| | |
|--|----------------------------------|
| <input type="checkbox"/> \$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): Joel G. Wikum Date: 12/12/11
 Signature: [Signature] Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 64489 US DOT#: under 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-104-989 ed

APPLICANT NAME: Joel G Wikum PHONE#: 425 821 3206 (in file previous)

d/b/a: Joel's Carrier Service FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 14258 87TH CT NE

(city, state, zip) Kirkland WA 98034

PHYSICAL ADDRESS: (street address, if different)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2011

dc2le
Donk

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 Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, Wa 98032 | CONTACT NAME: GLORIA CASTRO PHONE (A/C No. Ext): 206-859-4894 FAX (A/C No): 206-859-4898 E-MAIL ADDRESS: Gloria@vernfonk.com |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED JOEL WIKUM DBA: JOEL'S COURIER SERVICE 14258 87th Ct NE Kirkland, WA 98034 | INSURER A: Victoria Fire and Casualty NAIC # 42889 |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES **CERTIFICATE NUMBER:** 00192223-0 **REVISION NUMBER:** 1

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 INSUR INSR 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 GENL 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 - COMP/OP AGG \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y N | 9917182 | 12/12/2011 | 12/12/2012 | COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 300,000 |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <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 DESCRIPTION OF OPERATIONS below | Y/N N/A | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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)
2010 TOYOTA PRIUS JTDKN3DU9A124667 w/ E File

CERTIFICATE HOLDER

WASHINGTON UTILITIES AND
 TRANSPORTATION COMM
 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

(GSC)