

PART A

TV# 120340

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)

FOR OFFICIAL USE ONLY

Reception Number: 037913	Safety: 3-22-12	Carrier ID#: 6855
111 0268 200 02 FTS.00	Insurance: Binder 3-22-12	Employee: KWO

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 #: _____
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TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> 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): Karl E. Budde Date: 02/20/2012

Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: 64566	US DOT# under 10,000 lbs	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603179772
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APPLICANT NAME: (KEBCO) Karl E Budde	PHONE#: (509) 910-5125
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d/b/a: KEBCO SHIPPERS	FAX #:
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **1018 So. 36th AVE.**

(city, state, zip) **YAKIMA, WA. 98902**

PHYSICAL ADDRESS: (street address, if different)



INSURANCE BINDER

6855
Pending

DATE (MM/DD/YYYY)
3/22/2012 10:15 AM

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Yakima-AAA Insurance Agency 2301 W. Nob Hill Blvd., Suite 1 Yakima, WA 98902		COMPANY MUTUAL OF ENUMCLAW		BINDER # 3568	
PHONE (A/C, No, Ext): (877) 222-4678		FAX (A/C, No):		EXPIRATION DATE TIME 5/22/2012 <input checked="" type="checkbox"/> 12:01 AM NOON	
CODE: 2180		SUB CODE:		DATE EFFECTIVE TIME 3/22/2012 12:01 AM	
AGENCY CUSTOMER ID: M116364100		INSURED Karl E. Budde 1018 S 36Th Ave Yakima, WA 98902-3972		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) VEH Chrysler Town & Country vin 2A8GP64L97R124438 VEH Acura TL vin 19UUA56703A067259 VEH Chevrolet Silverado vin 1GCEK19T54Z171542 VEH Cadillac Deville vin 6D47S9C394562 See below for policy term date	
X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # AA90059056					

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE \$ 100,000 MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ 10,000 UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION DED 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 500	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES Policy term: 11/10/11 to 11/10/12				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS		MORTGAGEE	ADDITIONAL INSURED
WUTC PO Box 47250 Olympia, WA 98504		LOSS PAYEE	<input checked="" type="checkbox"/> Certificate Holder
		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>[Signature]</i>	