PART A

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

(exclud	ing Household Goods			rokers)	elesisikokoko 1802	garan adalah	Septista Superior Carl		
Describe Number 4327Q4	FOR OFFICIAL USE ONLY			Carrier ID#: 66					
Reception Number: 037913	Safety: 3-22-(7)			Carrier ID#: 6855					
111 0268 200 02 F 15.00	Insurance: Bin			Employee	: KWO				
TYPE OF APPLICATION (check one)									
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority									
\$275 GENERAL COMMODIT	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE								
\$275 GENERAL COMMODITI ARMORDED CAR SERVIC	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS								
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$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 #:							Only:		
TYPE OF PAYMENT									
Check □ Money Order □ Ame	ex 🗆 Discover 🗆	Mastercard	□ Visa	·····	Expiration	n 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):									
	MOTOR CARRIES						Port and the second		
Belling to all productions are recommended to the control of the c	: inder 10,000		UNIFIED	BUSINESS			3I) #:		
APPLICANT NAME: Karl F	Budde			ONE#: 9) 910	-51	٦ <u>5</u>	<u></u>		
APPLICANT NAME: Karl & KEBCO SHIPPE	ng 125		FAX	(#: 					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1018 So. 36 HAVE.									
(city, state, zip)	nA, WA.9	8902				<u>.</u>	 		
PHYSICAL ADDRESS: (street address, if different)									
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TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)											
INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)											
STATE OF INCORPORATION											
NAME	<u>T1T</u>	TLE ADDRESS STOCK DISTRIBUTION OR									
Karl B	u ddo	Dung	ev 1018 5.36 Ave. YAKINAWA 100%								
IVAL VI	n ode	UMRE	1018 21.	76- 74.	YHE MAJUR	100 %					
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		TR	ANSFER OF P	ERMIT NU	JMBER : :						
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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											
	You will not haul				-	☐ You will haul					
hazardous mate quantity. You w	s materials in any hazardous materials in hazardous ma You will only any quantity. You will requiring \$1 m			hazardous materials							
operate vehicle	•		ehicles with a	Public Lial	\$1 million in	requiring \$5 million in Public Liability and					
GVWR of less t			f 10,000 pounds	Property D		Property Damage					
pounds. You m			You must obtain		. You must	Insurance. You must					
\$300,000 in Pu	•		in Public Liability		Part C, Sections						
and Property D	_		erty Damage	1 and 2.		Sections 1 and 2.					
Insurance. You need to comple			e. You must								
need to comple		complete	CLE LIST (Attac	l h additiona	l pages if neces	ssary)					
UNIT#	LICEN		STATE		VIN#						
l		. ,	WASH	190	EK 19 T 52	171542					
			70								
	<u> </u>			_							
		ting by the			a separation and a sepa						
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.											

02/20/2012 Date

Signature(s)



INSURANCE BINDER

Pending

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. BINDER# Yakima-AAA Insurance Agency 3568 MUTUAL OF ENUMCLAW EXPIRATION DATE 2301 W. Nob Hill Blvd., Suite 1 **EFFECTIVE** Yakima, WA 98902 DATE TIME TIME X 12:01 AM AM 3/22/2012 12:01 AM 5/22/2012 NOON РΜ PHONE (A/C, No, Ext): (877) 222-4678 CODE: 2180 SUB CODE: AGENCY CUSTOMER ID: M116364100 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) VEH Chrysler Town & Country vin 2A8GP64L97R124438 VEH Acura TI vin 19UUA56703A067259 VEH Chevoriet Silverado vin 1GCEK19T54Z171542 VEH Cadillac Deville vin 6D47S9C394562 INSURED Karl E. Budde 1018 S 36Th Ave See below for policy term date Yakima, WA 98902-3972 LIMITS **COVERAGES** DEDUCTIBLE COINS % **AMOUNT** TYPE OF INSURANCE COVERAGE/FORMS PROPERTY CAUSES OF LOSS BASIC BROAD GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES COMMERCIAL GENERAL LIABILITY \$ CLAIMS MADE MED EXP (Any one person) OCCUR \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$ RETRO DATE FOR CLAIMS MADE PRODUCTS - COMP/OP AGG VEHICLE LIABILITY COMBINED SINGLE LIMIT \$ 100,000 ANY AUTO BODILY INJURY (Per person) \$ 300.000 ALL OWNED AUTOS BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE \$ SCHEDULED AUTOS HIRED AUTOS MEDICAL PAYMENTS \$ 10,000 PERSONAL INJURY PROT \$ NON-OWNED AUTOS UNINSURED MOTORIST \$ \$ VEHICLE PHYSICAL DAMAGE ALL VEHICLES SCHEDULED VEHICLES ACTUAL CASH VALUE 1.000 X COLLISION STATED AMOUNT \$ 500 OTHER THAN COL AUTO ONLY - EA ACCIDENT GARAGE LIABILITY \$ ANY AUTO OTHER THAN AUTO ONLY EACH ACCIDENT \$ \$ AGGREGATE EXCESS LIABILITY **EACH OCCURRENCE** \$ \$ UMBRELLA FORM AGGREGATE OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE SELF-INSURED RETENTION WC STATUTORY LIMITS WORKER'S COMPENSATION E.L. EACH ACCIDENT AND EMPLOYER'S LIABILITY E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT Policy term: 11/10/11 to 11/10/12 SPECIAL FEES \$ CONDITIONS / TAXES \$ OTHER COVERAGES ESTIMATED TOTAL PREMIUM | \$ NAME & ADDRESS ADDITIONAL INSURED MORTGAGEE X Certificate Holder LOSS PAYEE LOAN# WUTC AUTHORIZED REPRESENTATIVE PO Box 47250 Olympia, WA 98504