2535205001

PART A

TV# 121398

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)								
Reception Number: 039541	Safety:	00.0	Carrier	D#: ') ()	90			
111 0268 200 02 275 00	Insurance:	du lución	Employ	ee: (
New Common Carrier Permit	Authority, or	Extension of	f Common	Carrier Po	ermit Authority			
Transfer of Existing Pe	rmit Number				-			
\$275 GENERAL COMMODITION	ES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIE ARMORDED CAR SERVICE		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS	\$100	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CA		N CARRIER PER	RMIT	For Comme	36			
	and the second s							
☐ Check ☐ Money Order ☐ Ame	x 🛘 Discover 🖺	Mastercard 匠 Vi	SA	Expiration	Date			
				ı				
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): ATRICIS DRAG	1 <u>E</u>	Date:	3/20/14					
Signature:			VER OPER					
CC#: 64695 US DOT# 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
APPLICANT NAME:	01 520							
d/b/a:	DRAGE		FAX #:	06 <u>538</u>	7057			
BRAAR ENTERPRISES (1)								
BUSINESS (MAILING) ADDRESS:								
(street address, P.O. Box) 5238 A 5								
(city, state, zip)								
TACUMA WA 98408								
PHYSICAL ADDRESS: (street address, if different)								
_Received Time_Aug. 23. 2012 11:21	AM No. 5591 4							

														
™ INDIVIDUA	L 🗆 PA	RTNERSH	IIP □ CORPOR											
NAME PATRICK BY	TIT		ADDRE	<u>ESS</u>		TOCK DISTR	IBUTION OR							
holder a transfer	ection if you nd permit nu of the permit	are transfe Imber to be I number.	erring an existing per transferred. The	ermi curre	t to a new owner. List ent permit holder must	name of <u>cum</u> sign below to NUMBER:	authorize the							
Signature of cu	ırrent permit	holder	· · · · · · · · · · · · · · · · · · ·			Date								
			e te											
You will not hau! 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			ill not haul us materials in uitity. You will vehicles with a f 10,000 pounds You must obtain o in Public Liability verty Damage e. You must Part B.	ha: rec Pu Pro Ins	You will haul zardous materials quiring \$1 million in blic Liability and operty Damage curance. You must mplete Part C, Sectional 2.	requiring Public Lia Property (Insurance	s materials \$5 million in bility and Damage You must Part C,							
UNIT#	LICEN	ISE#	STATE			VIN#								
1	A64225	SD.	WA		JTLKT334550	0186467								
	na e an a sa Terra an		And the second s		ener an an energy of the second of the sec									
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) Signature(s)														
Received Time_	_Aug. 23 20	12. 11: 21A	M No. 5591 5			_Received TimeAug. 23201211: 21AM_No. 5591								

2535205001

PAGE 03/03

BRAAE-1 OP ID: EH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/22/12

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(les) 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 ortificate holder in Heur of wuch ando

COLUINO	M HOLDON III IN DE OL SOCITI BELLO 196							
PRODUCER Loveted-Worthington LLC 424 3rd Ave West Seattle, WA 98119 Lovsted Worthington LLC		206-285-7735	NAME: Edward Hadley					
		206-285-3461	PHONE (A/C, No. Ext): 206-838-1017 [A/C.	No): 206-285-3461				
		!	ADDRESS: 9dward@lovstedworthington.com					
			Insurer(s) Affording Coverage	NAIC #				
			INBURER A : Mutual of Enumciaw	14761				
INSURED	Brase Enterprises Attn: Pat Brase 5238 A Street Tacoma, WA 98408		INSURER B :					
			INSURER C :					
			NSURER D:					
	·		NBURER E :					
			INSURER F :					
001ED4	050 055							

					NBURER E :						
					INSURER F:						
		RAGES				NUMBER:			REVISION NUMBER:		
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		VERAL LIABILITY	-	1				(MANUEL STATE OF STAT	EACH OCCURRENCE	s	
		COMMERCIAL GENER	RAL LIABILITY						DAMAGE TO HENTED PREMISES (Eg occurrence)	8	
		CLAIMS-MADE	OCCUR					İ	MED EXP (Any one person)	9	
									PERSONAL & ADV INJURY	3	
									GENERAL AGGREGATE	\$	
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	<u> </u>	POLICY PRO-	Foc		L					\$	
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A	X	ANY AUTO	7 00000000000	ĺ		BAP000257400	07/25/12	07/25/13	BODILY INJURY (Per person)	\$	
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		EXCESS LIAD	CLAIMS-MADE]					AGGREGATE	3	
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		RICERS COMPENSATION EMPLOYERS LIABILITY							WCSTATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNE TCER/MEMBER EXCLUD	R/EXECUTIVE	N/A			1		E.L. EACH ACCIDENT	\$	
	(Ma	ndetory in NH)	<u>. </u>		l				E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERAT	IONS below						E.L. DISEASE - POLICY LIMIT	\$	
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	<u> </u>										
DES	CRIPT	non of operations / 05 Scion XB	LOCATIONS / VEHIC	LES V	Attach	ACORD 101, Additional Remarks S	Schedule, if more upace is	n required)			
				334	3501	.86467					
Evi	den	ce of Insura	nce.								
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CE	RTIF	ICATE HOLDER					CANCELLATION				
		Washingto	n Utilities &			WASHU-2	SHOULD ANY OF THE EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE C.	ANCELL 3E DE	LED BEFORE LIVERED IN

Transportation Commission Attn: Tine PO Box 47250 Olympia, WA 98504

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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