## REINSTATEMENT TV-130105

## 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:

Safety:

Carrier II

FOR OFFICIAL USE ONLY					
Reception Number: Safety:	To Carrier ID#: MOSOO				
111 0268 200 02 775, 00 Insurance	Employee:				
TYPE OF APPLICATION (check one)					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority				
<del>                                    </del>					
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$276 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be flied within 10 months of cancellation)  For Corr Auth #:					
TYPE OF	PAYMENT				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Masternard Titles Expiration Date / 2 / 20/3				
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): Secronimo V. Garza Date: Jan 18, 2013					
Signature: Title: OUNEY					
MOTOR CARRIER IDENTIFICATION					
CC#: 58283 1454473 W 001 131 817 00					
APPLICANT NAME: PHONE#: 509)750-5161					
Geronimo V. Garza Trucking FAX#: (509) 4882143					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 734 S. Mckinney Rd.					
(city, state, zip) othello, WA 99344					
PHYSICAL ADDRESS: (street address, if different)					

	-	****				
TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)						
INDIVIDUAL   PARTNERSHIP   CORPORATION - STATE OF INCORPORATION(LP, LLP, LLC)						
NAME		TITLE	ADDRE	<u>\$\$</u>	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE	
TO A MORED OF BEDINE AN INCOME.						
TRANSFER OF PERMIT NUMBER  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 cu					Date	
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)						
The applica NOT HAUL haze materials in any and WILL only ovehicles less that pounds gross we rating—\$300,000 Liability and Pro Damage Insurar required. You do complete the Fitness Survey.	ardous quantity perate an 10,000 eight in Public perty nce is o not need Safety	NOT HAI materials \$750,000 and Prop Insurance Complete Safety Fi Section 1		The applicant WI HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance ar submit the Safety Fith Survey – Sections 1 a 2.	materials requiring \$5 million in Public Liabilit and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.	
MENT LIST (Attach additional list if necessary)						
UNIT#	LICEN	SE#	STATE		VIN#	
			11/0 /			
			V. 1			
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.						
			2			

UMBRELLA LIAB

EXCESS LIAB

DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Cargo

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

OCCUR

CLAIMS-MADE

5

\$

5

Cargo

12/17/2012 12/17/2013

EACH OCCURRENCE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

AGGREGATE

1.000 DED

10,000

10,000



## CERTIFICATE OF LIABILITY INSURANCE

509 488 2143

DATE (MM/DD/YYYY) 2/25/2013

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 certificate holder in lieu of such endorsement(s). CONTACT Kristine Madera PHONE (AG. No. Ext): (509) 488-9623 (A.C. No. Ext): (509) 488-FAX (A/C, No); (509) 488-2143 Sloan-Leavitt Insurance Agency, Inc. PO Box 449 CUSTOMER ID # 00002147 91 South 6th Ava. WA 99344 Othello INSURER(3) AFFORDING COVERAGE NAIC # INSURED INSURER A: Cochrane & Company B0227 Geronimo V. Garza INSURER B: Geronimo V. Gerze Trucking INSURER C : 734 S Mckinney Rd INSURER D INGURER E : Othello WA 99344 INSURER F: CERTIFICATE NUMBER:CL1322503034 **COVERAGES** REVISION NUMBER: 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS **POLICY NUMBER** INBR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT S 1,000,000 (Ex accident) X ANY AUTO BODILY INJURY (Per person) \$ PRA-9015585 12/17/2012 12/17/2013 A ALL OWNED AUTOS BODILY INJURY (Per accident) 3 SCHEDULED AUTOS PROPERTY DAMAGE s HIRED AUTOS (Per accident) PIP \$ 35,000 NON-OWNED AUTOS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Altach ACORD 101, Additional Remarks Schedule, if more space is required)

PRA-9015585

N/A

CERTIFICATE HOLDER	CANCELLATION		
(360) 586-1181	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED		
WUTC 1300 S Evergreen Park Dr. Olympia, WA 98504-7250	ACCORDANCE WITH THE POLICY PROVISIONS.		
	AUTHORIZED REPRESENTATIVE		
	Cheryl Cox		

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