

RECEIVED

APR 15 2013

1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250

Phone: 360-664-1222 Fax: 360-586-1181 TTY: 360-586-8203

1-800-416-5289

E-mail: Transportation@wutc.wa.gov

WASH. UT. & TP COMM

Type of Passenger	Transportation Authority	Requested (check one	box) Fee Requir	·ed
excursion carrier service) time schedule.	ansportation company certificates — Complete sections 1-8 and Attach	ament E. Submit a proposed	tariff and	
	oviding charter/excursion service Auto Transportation Certificate N		□ No \$ 150	
	Submit a proposed tariff and time so		Ψ120	
<u>Transfer or Lease Auto Transportation Authority</u> – Complete sections 1-8 and Attachment B. All of Certificate No. C Portion of Certificate No. C				
Temporary Auto Transportation Authority (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.				
Mortgage of Certificate	e – Complete section 1 and Attachm	nent D.	\$ 35	
Name Change (Change company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.				
Reinstatement of Cancelled Certificate - Complete sections 1 and 8			\$200	
	TYPE OF PAY			
☐ Cash X Check ☐ Money © Credit Card Information (if ap	Order	J V1Sa	Expiration Da	nto.
- Credit Card Information (if ap			Month/Year	aic
Amount: \$	Company Name:	Prime Parkin	a Sistems	
			9 001011	_
. (1)	FOR OFFICIAL U	ISE ONLY/6 ()		
Date Filed: 4513	Docket #:	Motcar: 200	Cert. Issued:	_
LS Staff Assigned;	Insurance:	Application:	Related App:	
DOL/SOS:	Tariff/Time Schedule:	Map:		
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:	
111-0268-232-02: 042544111-0268-232-01: 042545 111-0268-230-02: 111-0268-2		111-0268-230-01:		
# 200 _ CK#!	5182 \$50 - CK#1	5183		

	SECTION 1 – A	APPLICATION INFORMATION
Name of Applicant: Hugh	h-Koskinder YMM	e Parking Systems LLC
Trade Name(s) (if applica	ble): Prime Parking Systems	AC N/A J
Unified Business Identific	cation Number (UBI): 603-15	one contact the Department of Licensing at (360)664-1400)
Phone Number: (206) 372 Phys	2-4546 Fax Nusical Address	umber: (425) 747-9201 E-mail: hugh@myprimeparking.com Mailing address (if different from Business Address)
Street: <u>13654 NE 16th St</u>	. Suite A	Street:
City:_Bellevue_		City:
State/Zip: <u>WA 98005</u>		State/Zip:
	SECTION 2 -	- COMPANY INFORMATION
	re: □ Partnership □ Corpo:	
Name	<u>Title</u>	Stock Distribution or Percentage of Shares
Gavin Yost	Principal	35%
Scott Scribner	Principal	35%
Hugh Koskinen	VP & Principal	30%
Provide the following de	cuments with your application)n:
□ A map	of the proposed line, route, or	service territory that meets the standards described in WAC 480-30-051
☐ Suppor	t statements for temporary autl	hority (if applicable)
• •	vice including the line, route, or es, cities, towns, counties, or o	or service territory description in terms such as streets, avenues, roads, other geographic descriptions.
The service shall consist o	f two lines, the Purple Line an	d the Gold Line, providing service along a route between the University of
Washington Medical Cent	er and UWMC satellite faciliti	es Seattle, specifically in the Northgate neighborhood. The route will travel
along portions of N 115th S	St, Meridian Ave N, N 117 th St	treet, 1st Ave NE, NE 103rd St, 5th Ave NE, 3rd Ave NE, Banner Way NE, NE
75 th St, Roosevelt Way NI	E, NE 50 th St, Brooklyn Ave N	E, NE 43 rd ST, NE Campus Parkway, 15 th Ave NE, NE Pacific St, Montlake
Blvd NE, Montlake Blvd I	E, State Route 520, and Interst	ate 5.
Map of Route: https://map	os.google.com/maps/ms?msid=	215843118399591996506.0004d8dd6f11942cc2ebb&msa=0
State the conditions that ju	astify the granting of this application	cation.
This application is justifie	d in anticipation of Prime Park	cing Systems, LLC being awarded a contract by the University of Washington
Medical Center (UWMC)	to provide shuttle services for	hospital staff between five different UWMC satellite facilities. This will be a
five year contract and incl	udes the operation two 14 pass	senger shuttles driving on surface streets in the Seattle-Northgate area.
Do other auto transportation	on companies currently provid	e service between any of the points or along any portion of the route you
propose to serve?	es If yes, list the names and ac	

What is your USDOT number? _2280152	(If you currently don't have a USDOT number, you can go online to 360-596-3803)
Do you currently hold, or have you ever held, an auto transportation X No \Box Yes If yes, please indicate your certificate	
Have you ever applied for and been denied an auto transportation of X No	
Have you been cited for violation of state laws or commission rules X No □ Yes If yes, please explain:	9?
SECTION 3 –TARIFF	AND TIME SCHEDULE
If this application is for temporary authority, a new certificate, or e proposed tariff and time schedule that is in compliance with WAC If this application is a transfer or a lease of authority from an existi the same rate levels as on file, or you must adopt the current certificate standard tariff format attached to this application or an approved allowed Adopt (Complete attachments) or	480-30-251 through WAC 480-30-436. ng certificate, you must either file a new tariff and time schedule at cate holder's tariff and time schedule. To file a new tariff, use the
SECTION 4 – HEAR	ING INFORMATION
If the Commission assigns this application for formal hearing, esting time you will need for your presentation.	
Number of witnesses: N/A	Amount of time:N/A
Will an attorney be representing you? If yes, complete the following	ng: N/A
Attorney's name: N/A	Attorney's phone number: N/A
Attorney's address:N/A	Fax Number: N/A
Street	E-mail: N/A
City, State, Zip N/A	
SECTION 5 – FINA	NCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$

SECTION 6 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid
Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted

Year	Make	License Number	Vehicle ID Number	Seating Capacity
2012	Starcraft Allstar		1FDEE3FL1CDA29221	15
2012	Starcraft Allstar		1FDEE3FL8CDA29202	15

SECTION 7 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Hugh Koskinen Position: VP & Principal

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Hugh Koskinen Position: VP & Principal

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Hugh Koskinen Position: VP & Principal

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).

Name: Hugh Koskinen Position: VP & Principal

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Hugh Koskinen Position: VP & Principal

SAFETY REGULATIONS, GENERAL (Title 49, Code of Federal Regulations Part 390)

Name: Hugh Koskinen Position: VP & Principal

DRIVING OF COMMERCIAL MOTOR VEHICLES (Title 49, Code of Federal Regulations Part 392)

Name: Hugh Koskinen Position: VP & Principal

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393)

Name: Hugh Koskinen Position: VP & Principal

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below. **TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS** (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.

Name: Hugh Koskinen Position: VP & Principal

ANNUAL REPORTS AND REGULATORY FEES (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Hugh Koskinen

Position: VP & Principal

CUSTOMER SERVICE Person responsible for customer service	complaints, and customer notice requirements.
Name: Hugh Koskinen	Position: VP & Principal
	REGULATIONS Individuals and companies doing business in the
state of Washington must comply with the regulations of local, state	
Labor and Industries (industrial insurance, safety, prevailing wage);	
licensing, fuel permits, fuel tax); Secretary of State (corporate regis	trations); Department of Revenue and Internal Revenue Service
(taxes); and Employment Security.	
Name: Hugh Koskinen	Position: VP & Principal
SECTION 8 – DECLAR	TION OF APPLICANT:
I understand that filing this application does not authorize me to state commission grants the application and issues a certificate. I understand the responsibilities of a passenger transportation compregulations governing business in the state of Washington. I certify under penalty for false statement, that the information cont to execute and file this document on behalf of the applicant. Printed name: Hugh Koskinen Signature: Date, County, State: 4/11/13	

ATTACHMENT E

CHARTER AND EXCURSION CARRIER REGULATORY FEES

(A minimum fee of \$25.00 is required)

Name of applicant: Hugh Koskiner	IME Parking Systems LC
Trade name (s) (if applicable): Prime Parki	<i>j</i> ()
	Fax Number:(425) 747-9201
Physical Address	Mailing Address (if different from Business Address)
Street:_13654 NE 16th St	Street:
City:_Bellevue	City:
State/Zip:WA 98005	State/Zip:
There is a minimum fee of \$25.00 that an auto t must pay.	ransportation company with charter and excursion carrier service
Number of Vehicles: 2	X \$25.00 = \$ 50.00

PRIME PARKING SYSTEMS and AFFILIATED COMPANIES Combined Balance Sheet

As of September 30, 2012

	Sep 30, 12
ASSETS	
Current Assets	
Checking/Savings	
1000 · Ops Checking #9978	69,212.18
1100 · Payroll Account #2556	52,508.76
Total Checking/Savings	121,720.94
Accounts Receivable	
1200 · Accounts Receivable	423,679.91
Total Accounts Receivable	423,679.91
Other Current Assets	
1500 · Undeposited Funds	358,259.01
Total Other Current Assets	358,259.01
Total Current Assets	903,659.86
Fixed Assets	
1600 · Accum. Depreciation	-422,775.11
1620 · Office Furn./Equip.	19,003.95
1640 · Communications	707.20
1660 · Computers	11,764.44
1680 - Equipment	252,321.60
1690 · Vehicles	340,164.69
Total Fixed Assets	201,186.77
TOTAL ASSETS	1,104,846.63
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	224,212.83
Total Accounts Payable	224,212.83
Credit Cards	
1700 - US Bank FlexPerks VISA	43,296.39
Total Credit Cards	43,296.39
Other Current Liablities	
1900 · B&O Tax Payable	7,001.16
1950 · Sales Tax Payable	4,255.54
2100 · Payroll Liabilities	110,493.24
Total Other Current Liabilities	121,749.94
Total Current Liabilities	389,259.16
Long Term Liabilities	
2305 · 2012 Gavin's Jeep	34,450.02
2310 · Vehicle-2010 Jeep (Robert)3.9%	21,688.89
2320 · Vehicle-2009 E150 9.99%	15,779.10
2340 · Vehicle-2010 F350 0%	4,337.36
2345 2012 Ford E350 (4.24%)	41,362.58
2348 2012 Ford E350 (4.24%)	41,362.58
2390 · 2012 Ford Econo E150 (4.24%)	23,638.32
Total Long Term Liabilities	182,618.85
Total Liabilities	571,878.01
Equity	
3100 · Owner's Capital	-410,500.00
3500 - Retained Earnings	503,854.63
Net Income	439,813.99
Total Equity	532,968.62
TOTAL LIABILITIES & EQUITY	1,104,846.63

PRIME PARKING SYSTEMS and AFFILIATED COMPANIES Combined Profit and Loss

January through September 2012

	Jan - Sep 12
Ordinary Income/Expense	
Income	
4000 · Sales	8,553,616.36
4400 · Reimbursed Expenses	938.26
Total Income	8,554,554.62
Cost of Goods Sold	
5000 - PAYROLL EXPENSES	6,262,790.46
5700 · Subcontractor	968,190.50
5800 - Supplies	363,074.51
Total COGS	7,594,055.47
Gross Profit	960,499.15
Expense	
6010 · Advertising/Marketing	766.50
6100 · Automobile Expense	86,011.78
6120 · Bank Service Charges	19.00
6140 · Contributions	2,600.00
6160 · Dues and Subscriptions	17,552.14
6165 · Employee Screening	11,613.20
6175 · Gifts	558.75
6180 · Insurance	37,632.25
6200 · Interest Expense	6,836.36
6230 · Licenses and Permits	40.00
6245 · Office Supplies	14,233.07
6250 · Postage and Delivery	13.12
6265 · Professional Development	269.86
6270 · Professional Fees	36,732.29
6290 · Rent	17,781.56
6300 · Repairs	4,668.52
6400 - Sanitation	242.71
6500 · Storage	2,511.00
6600 · Taxes	157,958.69
6700 · Telephone	61,000.44
6750 · Training	951.79
6800 - Travel & Ent	31,907.68
6850 - Uniforms	27,333.26
6900 · Utilities	1,651.19
Total Expense	520,885.16
Net Income	439,613.99

PRIME PARKING SYSTEMS, LLC

BUSINESS OVERVIEW

Prime Parking was Co-Founded by Scott Scribner and Gavin Yost in December 2011 with the idea that bringing to market a parking company that utilized both technology and five star service delivery was needed in Seattle and surrounding areas.

Both Scribner and Yost have had over 35 years of combined experience working with property managers and owners in the Seattle/Bellevue area, delivering services related to and including; Security, Building Maintenance, Landscaping, and Tenant Improvements.

Hugh Koskinen joined Prime Parking January 2012 with over 15 years experience in commercial parking and commercial client service delivery specifically possesses a robust understanding of industry knowledge.

Capitalizing on the relationships both Scribner and Yost have formed with property manager and owners over the years they have successfully held an audience that has lead to proposal consideration, with over 40 potential clients in just 90 days.

The core focus group/locations for Prime Parking are; parking garages, surface parking lots, valet services, and shuttle services.

Coupled with the client contacts, understanding of client expectations in the service sector, and a cogent knowledge of service delivery including parking needs and requirements, Prime Parking is well positioned for immediate tactical and strategic growth opportunities.

Tariff No.	. <u>1</u>		Original Page No1
		TARIFF	NO. <u>1</u>
			of
		Company Name: Prime Parking Sy	stems, LLC
		Certificate Number:	
	Between t	ne University of Washington Medical	engers in the following territory: Center (UWMC) and satellite clinics, including those in the te Neighborhood.
		Issu	ed by:
		Name:Prime Parking Systems, L	LC
		Address: _13654 NE 16th St. Suite A	
		City, State/Zip: _Bellevue, WA, 98005	<u> </u>
		Telephone No: <u>(206)</u> 372-4546	
		Telefacsimile No. <u>(425) 747-9201</u>	
Is	ssue Date: 0	1-12-2013	Effective Date:
Is	ssued By: Pr	ime Parking Systems, LLC, 206-372-4	546 13654 NE 16th St. Suite A, WA, 98005
		(For Offi	cial Use Only)
Effectiv	e:	TC	LSN
Order/C	Other		By:

Tariff No. <u>1</u>	Original Page No. 2	
Company Name: Prime Parking System	ns, LLC	
	PASSENGER RULES	
	ovided as a free service for the University of Washington Medical Cent WMC staff and faculty, and students. The following rules apply to the Service.	er
(b) Passengers may board and discha	rge only at authorized shuttle stops.	
	ll shuttles: Smoking; littering, playing portable media devices w/o sengers or the driver; defacing or damaging the shuttle; animals (except	
(d) Passengers must yield seats close	to the exit and in the wheelchair accessible area to those in need.	
(e) In the event of an emergency, driven must comply with driver requests for	vers will contact the appropriate emergency service responders. Passeng safety.	gers .
Issue Date: 04-12-2013	Effective Date:	
Issued By: Prime Parking Systems, LL	C, 206-372-4546 13654 NE 16th St. Suite A, WA, 98005	
-	(For Official Use Only)	
Effective:	TC LSN	
Order/Other	By:	

Tariff No. <u>1</u>	Origina	al Page No3_			
Company Name: Prime Parking Sys	stems, LLC				
	RATE SCHEDULE				
		rs. Service will be contracted through the University of Washington patients, their families, staff and students.			
Issue Date: 04-12-2013		Effective Date:			
Issued By: Prime Parking Systems,	LLC, 206-372-4546 13654 NE 16th St. S	Suite A, WA, 98005			
	(For Official Use Only)				
Effective:	TC	LSN			
Order/Other	By:				

Tariff No. 1			Original Page No4	
Company Name: Prin	ne Parking Systems, L	LC		
	TIME S	CHEDULE NUME	BER 1	
		Cancels		
	Т	ime Schedule Numb	ber <u>N/A</u>	
		of		
	Compa	ny Name: <u>Prime Par</u> i	king Systems, LLC	
	_			
		s: 13654 NE 16th St. St		
	City/Sta	ite/Zip: <u>Bellevue, WA</u>		
		TERRITOI	RY:	
Between the Univers	ity of Washington Med	dical Center (UWM) Neighborho	C) and satellite clinics, including those in the bod.	e Northgate
	В	Y THE FOLLOWI	ING ROUTE:	
FROM:	TO:	MILEAGE:		
UWMC	Northwest Hospital	6.7 miles		
UWMC	Northgate	6.3 miles		
Northgate	Northwest Hospital	1.8 miles		
Northwest Hospital	Northgate	1.8 miles		
Northgate	UW Towers	3.6 miles		
UW Towers	Roosevelt Clinic	0.2 miles		
Roosevelt Clinic	UWMC	1.0 miles		
Digital link to route a			6506.0004d8dd6f11942cc2ebb&msa=0	
Issue Date: (04-12-2013		Effective Date:	
Issued By: Pr	rime Parking Systems,	LLC, 206-372-4546	6 13654 NE 16th St. Suite A, WA, 98005	
		(For Official Use	e Only)	·
Effective:		TC	LSN	
Order/Other		By: _		

Tariff No1	Original Page No	<u>5</u>
Company Name: Prime Parking Systems, LLC		
TIME SCHEDULE NUMBER	1	

ARRIVAL AND DEPARTURE TIMES:

PURPLE ROUTE UWMC - McMurray Bidg - Northgate Clinic (SB) - UW Tower - Roosevelt - UWMC							
Departs UWMC	McMurray Bldg	Northgate Clinic Southbound	UW Tower	Roosevelt Clinic	Arrive at UWMC		
4		6:35	6:50	6:52	7:00		
7:20		7:35	7:50	7:52	8:03		
8:20		8:35	8:50	8:52	9:03		
9:20		9:35	9:50	9:52	10:03		
10:05	10:20	10:35	10:50	10:52	11:03		
11:05	11:20	11:35	11:50	11:52	12:03		
12:05	12:20	12:35	12:50	12:52	1:03		
1.05	1:20	1:35	1:50	1:52	2:03		
1112,06	2:20	2:35	2:50	2:52	3:03		
11 19:05	3:20	3:35	3:50	3:52	4:03		
4:05	4:20	4:35	4:50	4:52	5:03		
5:05	5:20	5:35	5:50	5:52	6:03		
exes	1.5	6:20		100	401 401		
	orthgate Clinic (NB)	GOLD R	1.11	W Tower - Roosevelt	SVIAC TO		

Depart UMMC Northgate Clinic McMurray Bldg Northgate Clinic **UW Tower** Roosevelt Clinic Arrive at UWMC NB 7:10 6:50 7:00 7:25 7:28 7:34 7:45 8:00 8:10 8:25 8:28 8:34 8:35 8:50 9:00 9:10 9:25 9:28 9:34 9:35 9:50 10:00 10:10 10:25 10:28 10:34 10:35 10:50 11:00 11:10 11:25 11:28 11:34 11:35 11:50 12:00 12:10 12:25 12:28 12:34 12:50 1:00 1:10 1:25 1:28 1:34 1:50 2:00 2:10 2:25 2:34 2:50 3:00 3:10 3:25 3:28 3:34 3:50 4:00 4:10 4:25 4:28 4:34 4:50 5:00 5:10 5:25 5:28 5:55 6:05 6:08 6:35

Issue Date: 04-12-2013 Effective Date:

Issued By: Prime Parking Systems, LLC, 206-372-4546 13654 NE 16th St. Suite A, WA, 98005 (For Official Use Only)

Effective:	TC-	LSN		
		·		
Order/Other	Bv·			

PRIMEPAR1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 833734

DATE (MM/DD/YYYY)

03/06/2012

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).

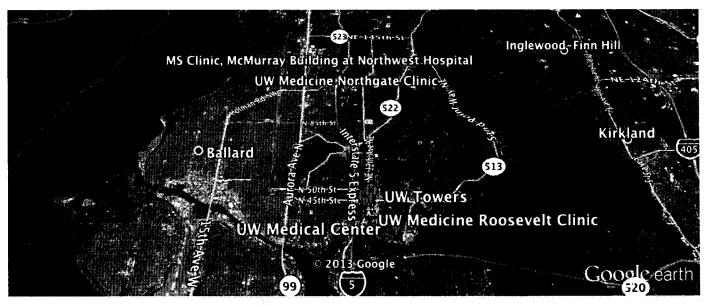
certificate holder in lieu of such endorsement(s).					
PRODUCER Kibble & Prentice, a USI Co 601 Union Street, Suite 1000	CONTACT NAME: PHONE (A/C, No, Ext): 206 441-6300 E-MAIL ADDRESS: FAX (A/C, No): 610-362-8530				
Seattle, WA 98101	INSURER(S) AFFORDING COV	ERAGE	NAIC #		
	INSURER A : Scottsdale Ins. Co. A+ XV		41297		
INSURED	INSURER B : Western Surety Company	INSURER B: Western Surety Company 13			
Prime Parking Systems, LLC 13654 NE 16th Street, Suite A	INSURER C: Zurich American Ins. Co. A+	XV	16535		
	INSURER D :				
Bellevue, WA 98005	INSURER E:				
	INSURER F:				

Delievue, WA 30003				INSURER E:				
				INSURER F:				
CO	COVERAGES CERTIFICATE NUMBER: 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.								
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
Α	GENERAL LIABILITY		CPS1541154			EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000	
	CLAIMS-MADE X OCCUR				Ì	MED EXP (Any one person)	\$5,000	
	X Stop Gap					PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
ł	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
	POLICY PRO- LOC						\$	
c	AUTOMOBILE LIABILITY		BAP9221583	03/02/2012	03/02/2013	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 2,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
Ì	AS 196						\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$	1					\$	
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			1	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Dishonesty Bond		71242732	03/06/2012	03/06/2013	\$25,000		
	-			l '				
Ĺ								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI							
	Board of Regents of the Univer	sity of W	ashington is named as	additional insure	ed with resp	pects the		
ope	erations of the named insured.							
1								
CERTIFICATE HOLDER CANCELLATION								
Board of Regents of the University of Washington 3917 University Way NE Seattle, WA 98105-6692 SHOULD ANY OF THE ABOVE DESCRIBED POLICIE THE EXPIRATION DATE THEREOF, NOTICE NACCORDANCE WITH THE POLICY PROVISIONS AUTHORIZED REPRESENTATIVE						EREOF, NOTICE WILL B		
l								

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argila D. Donoson



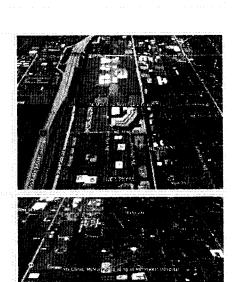


Start address:

End address:

UW Medicine Northgate Clinic -

MS Clinic, McMurray Building at Northwest Hospital -





UW Towers -

UW Medicine Roosevelt Clinic -

UW Medical Center -





