

PART A

TV# 130762

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)

CK# 0940783

FOR OFFICIAL USE ONLY

Reception Number: 045109	Safety:	Carrier ID#: 110088
111 0268 200 02 275.00	Insurance:	Employee: cat

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input 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 checked="" 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
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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): LEE E SCHORNO Date: 05/10/2013
 Signature: _____ Title: PRESIDENT

MOTOR CARRIER IDENTIFICATION

CC#: <u>34768</u>	US DOT# <u>194997</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-665-161</u>
APPLICANT NAME: <u>QUALITY TRANSPORT, INC.</u>		PHONE#: <u>510.657.4267</u>
d/b/a:		FAX #: <u>510.354.3941</u>
BUSINESS (MAILING) ADDRESS: <u>45051 INDUSTRIAL DRIVE, FREMONT, CA 94538</u>		
PHYSICAL ADDRESS: (street address, if different)		

2013 MAY 13 AM 8:58
 STAFF
 UTIL. AND
 COMM. DIV.

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
 STATE OF INCORPORATION CALIFORNIA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
ALBERT E SCHORNO	CEO	45051 INDUSTRIAL DR	25
CAROLYNE JOYCE SCHORNO		45051 INDUSTRIAL DR	25
OTHER INDIVIDUALS		45051 INDUSTRIAL DR	50

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current 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

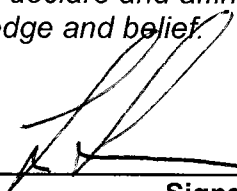
<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input checked="" type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
			SEE ATTACHED

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.



 Signature(s)

05/10/2013

 Date

Murphy, Catrina (UTC)

From: Howard Gosch <hgosch@qatp-trh.com>
Sent: Friday, May 17, 2013 6:12 AM
To: Murphy, Catrina (UTC)
Subject: RE: HAZ MAT
Attachments: POC 2013.pdf

Please see attached for the Proof of Coverage.

The other shareholders:

Galen C Clifford	12.50%
Greg Clifford	12.50%
Randall Clifford	12.50%
Steve Clifford	12.50%

I mailed the WA Foreign Corporation application yesterday.

Thank you for your assistance.

**QUALITY TRANSPORT, INC.
TRUCK-RAIL HANDLING, INC.**

Howard L. Gosch

Howard L. Gosch
Vice President, Finance Administration
Voice: 510.657.4267 ext 105
Fax: 510.354.3941
e-mail: hgosch@qatp-trh.com

From: Murphy, Catrina (UTC) [mailto:Cmurphy@utc.wa.gov]
Sent: Thursday, May 16, 2013 4:33 PM
To: Howard Gosch
Subject: RE: HAZ MAT

Hello Howard,

I was wondering if you are able to provide me an insurance form that shows the amount that they have in Public Liability and Property Damage. Also, on the business structure they are to list all shares; they listed Albert and Carolyn Schorno, then "other individuals" @ 50%, I need the names of those persons that have the majority of the shares.

Thank you.

Catrina Murphy

From: Howard Gosch [<mailto:hgosch@qatp-trh.com>]
Sent: Wednesday, May 15, 2013 10:44 AM
To: Murphy, Catrina (UTC)
Subject: RE: HAZ MAT

The Foreign Corporation application with the WA Secretary of State will take some time: I need a Certificate of Status from California. I am applying for the CA Certificate today.

Thank you for your patience.

**QUALITY TRANSPORT, INC.
TRUCK-RAIL HANDLING, INC.**

Howard L. Gosch

Howard L. Gosch
Vice President, Finance Administration
Voice: 510.657.4267 ext 105
Fax: 510.354.3941
e-mail: hgosch@qatp-trh.com

From: Murphy, Catrina (UTC) [<mailto:cmurphy@utc.wa.gov>]
Sent: Wednesday, May 15, 2013 10:25 AM
To: Howard Gosch
Subject: RE: HAZ MAT

Thank you Howard.

From: Howard Gosch [<mailto:hgosch@qatp-trh.com>]
Sent: Wednesday, May 15, 2013 9:49 AM
To: Murphy, Catrina (UTC)
Subject: HAZ MAT

Please find attached the current USDOT Hazardous Materials Permit and the Excess Insurance (filed electronically).

I will contact the WA Secretary of State next.

Thank you for your help.

**QUALITY TRANSPORT, INC.
TRUCK-RAIL HANDLING, INC.**

PART B

SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Controlled Substances and Alcohol Testing

Name: MICHAEL PARAS Position: SAFETY AND COMPLIANCE MANAGER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

Commercial Drivers License (CDL) Requirements

Name: MICHAEL PARAS Position: SAFETY AND COMPLIANCE MANAGER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Driver Qualification Requirements

Name: MICHAEL PARAS Position: SAFETY AND COMPLIANCE MANAGER

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

Drivers Hours of Service

Name: MICHAEL PARAS Position: SAFETY AND COMPLIANCE MANAGER

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Vehicle Inspection, Repair, and Maintenance

Name: MICHAEL PARAS Position: SAFETY AND COMPLIANCE MANAGER

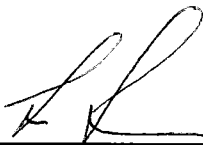
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

Signature

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

05/10/2013

Date

PART C – SECTION 1

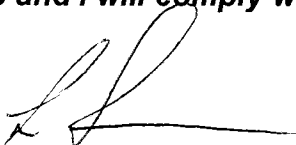
SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.
MICHAEL PARAS
2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No
3. Are drivers trained in the use of Emergency Response Information? Yes No
4. Is the Emergency Response Information carried in the vehicle? Yes No
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
NORTHWEST TERMINAL MANAGER
6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes No
7. Who is responsible for completing hazardous materials shipping papers?
CUSTOMER SERVICE, DISPATCH
8. Where are hazardous material shipping papers located during transportation?
IN THE TRACTOR, WITH THE DRIVER, WITHIN ARM'S REACH
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
NOT APPLICABLE
10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.
NOT APPLICABLE

Signature

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

05/10/2013

Date

PART C – SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:
 - Petroleum or petroleum products in bulk in tank-type vehicles Yes No
 - Radioactive substances Yes No
 - Explosives Yes No
 - Corrosives Yes No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No
 - If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No
 - If yes, which governmental agency will issue the permit? _____
 - If yes, please explain what you intend to build: _____

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:
 - a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?
 Yes No
 - b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?
 Yes No
 - c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?
 Yes No
 - If your answer to a, b, or c is no, please explain: _____

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
INTRASTATE COMMON CARRIER OPERATING AUTHORITY

PART A

MOTOR VEHICLE LIST

Quality Transport, Inc. ("QTI") does not own any tractors in Washington. QTI is 100% owner operator based and all power units are owned and operated by independent contractors.

<u>OWNER OPERATOR</u>	<u>UNIT</u>	<u>YEAR/MAKE</u>	<u>LICENSE</u>	<u>VIN NUMBER</u>
K.M. PERRY TRUCKING, INC.	100C	2004 Freightliner	25339RP	1FUJA6CV54LL97553
K.M. PERRY TRUCKING, INC.	104	1993 Kenworth	65352PR	1XKAD69XXPS613600
K.M. PERRY TRUCKING, INC.	108	2001 Freightliner	84087PR	1FUJAHAS41PJ24452
K.M. PERRY TRUCKING, INC.	103	1998 Kenworth	84086PR	1XKADR9X7WR768385
K.M. PERRY TRUCKING, INC.	115	2007 Volvo	TEMP	4V4NC9GH77N462294
MDN ENTERPRIZES, LTD.	105	1995 Kenworth	26716RP	1XKDDDB9X9SS642617
MDN ENTERPRIZES, LTD.	107	1999 Freightliner	74363PR	1FUYDWEB3XPA44981
MDN ENTERPRIZES, LTD.	109	1999 Kenworth	19242RP	1XKDDU9X2XR794488
MDN ENTERPRIZES, LTD.	112	2002 Peterbilt	15264RP	1XPGDU9X62D571562
MDN ENTERPRIZES, LTD.	114	2010 Intl Harvester	32942RP	3HSDJSJR8CN607354

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2012-2015**

Registrant: QUALITY TRANSPORT INC
Attn: JASON MINETTI
45051 INDUSTRIAL DR
FREMONT, CA 94538

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 050812 551 086UW Issued: 05/08/2012 Expires: 06/30/2015
HM Company ID: 031001

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Client#: 309236

QUALTRAN2

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2013

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(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).

PRODUCER Hub International HUB Int'l Insurance Serv. Inc. 4371 Latham Street #101 Riverside, CA 92501	CONTACT NAME: Irene McCleary	PHONE (A/C, No, Ext): 877 825-2681	FAX (A/C, No): 951 231-2572
	E-MAIL ADDRESS: Cal.CPU@hubinternational.com		
INSURED Quality Transport, Inc. Truck-Rail Handling, Inc. 45051 Industrial Drive Fremont, CA 94538	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Admiral Insurance Company		44318
	INSURER B : Lexington Insurance Company		19437
	INSURER C : Companion Prop and Cas Ins Co		12157
	INSURER D : Starr Indemnity & Liability Com		38318
	INSURER E : Steadfast Insurance Company		26387
INSURER F : Carolina Casualty Insurance Com		10510	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CA00001745801	03/01/2013	03/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
F	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CBN360635	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			021391521	03/01/2013	03/01/2014	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CPCA16529 California WC CPTX16530 Texas WC	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Pollution Liability			EPC926391501	03/01/2013	03/01/2016	Each Event: \$5,000,000 Aggregate: \$5,000,000 Ded Ea Event: \$25,000

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

INSR LTR "D": Type of Insurance: Motor Truck Cargo
Policy No.: MASHBN00003313: Policy Effective: 03/01/2013 to 03/01/2014
Motor Truck Cargo Limit: \$500,000 - Deductible: \$2,500; Terminal - \$5,000
Loading/Unloading & Contamination - \$10,000

(See Attached Descriptions)

CERTIFICATE HOLDER *Verification of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Sarah McCleary</i>

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DESCRIPTIONS (Continued from Page 1)

INSR LTR "B": Type of Insurance: Truckers Auto Physical Damage
Policy No.: 020413059: Policy Effective: 03/01/2013 to 03/01/2014
Comprehensive Deductible: \$2,000; Collision Deductible: \$5,000

INSR LTR "B": Type of Insurance: Warehouse Legal Liability
Policy No.: 020413059: Policy Effective: 03/01/2013 to 03/01/2014
Policy Limit: \$1,000,000; Deductible: \$5,000

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Carolina Casualty Insurance Company
(Name of Company)
(herein after called Company) of 4600 Touchton Road, Bldg 1, Suite 400, Jacksonville, FL, 32246
(Home Address of Company)

has issued to QUALITY TRANSPORT, INC. of 45051 INDUSTRIAL DR., FREEMONT, CA, 94538
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/15/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the Insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 4600 Touchton Rd. E.
Bldg. 100 Ste. 400
Jacksonville FL 32246 This 15th day of May 20 13
(Address) (Day) (Month) (Year)

Insurance Company File No. 360635
(Policy No)

Kathleen D. Webb
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00

Kathleen D. Webb