PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSIBLE EIVED

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 586-11&1 x Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT Wash ut & TP **comm** Check # LOOB 11 (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Carrier ID#: Safety () Reception Number: Employee: 111 0268 200 02 Insurance: TYPE OF APPLICATION (check one) **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or **Transfer of Existing Permit Number** X **GENERAL COMMODITIES, including** \$100 \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE **GENERAL COMMODITIES, including** \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: Auth #: (Must be filed within 10 months of cancellation) TYPE OF PAYMENT **Expiration Date** ☐ Discover ☐ Mastercard ☐ Visa ☐ Money Order ☐ Amex ☐ Check 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. Date: 08/06/13 Name (printed): Lynn Bruch Title: Vice-President Signature: (MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# CC#: 600 468 712 1842961 PHONE#: APPLICANT NAME: 360-452-5388 BRUCH & BRUCH CONSTRUCTION, INC. FAX #: d/b/a: 360-452-5433 **BUSINESS (MAILING) ADDRESS:** 1706 Hwy 101 W. Port Angeles, WA 98363 PHYSICAL ADDRESS: (street address, if different) Same as above

		TYPE OF BUSINES			n)	
☐ INDIVIDUAL	□ PARTNER	SHIP 🛭 CORPOR	ATION (LP, LLF	P, LLC)	-	
		STATE O	F INCORPORA	ATION <u>Washi</u>	ington	
<u>NAME</u>	TITLE	ADDRE	<u>ESS</u>		CK DISTRIBUTION	
Jennifer Bru	ch President	1706 Hwy	101 W PA,		50%	
Lynn Bruch	Vice-Pres	ident 1706 Hwy	101 W PA,	WA 98363	50%	
		TRANSFER OF D	SOMET ALLERA	DEB.		
Complete this sec		TRANSFER OF PI			me of current per	mit
holder and permit of the permit number	number to be trai	nsferred. The current	permit holder m	nust sign belov	v to authorize the	transfer
NAME ON PERMI	'T:			_ PERMIT NU	JMBER:	
Signature of curr	ent permit holder				Date	
		RANCE REQUIREM ill not be issued until a			ed	
☐ You will not hau	ıl 🗵 Yo	u will not haul	☐ You will ha	ul	☐ You will haul hazardous mate	riale
hazardous materia quantity. You will o		rdous materials in Juantity. You will	hazardous ma requiring \$1 m		requiring \$5 milli	ion in
operate vehicles v	with a opera	ate vehicles with a	Public Liability	y and	Public Liability a Property Damag	
GVWR of less that pounds. You must	,	R of 10,000 pounds ore. You must obtain	Property Dam Insurance. Yo		Insurance. You	must
\$300,000 in Public	c Liability \$750	,000 in Public Liability	complete Part	t C, Sections	complete Part C Sections 1 and 2	
and Property Dam Insurance. You do	· ·	Property Damage ance. You must	1 and 2.		Declions Fand A	- .
need to complete	Part B. comp	olete Part B.				
UNIT#	MOTOR VE	EHICLE LIST (Attac	n additional p		/IN#	
		<u> </u>				
*** Please S	see attached					
Signature Signature						
operate and tha	t no operations and affirm that t	the filing of this appl may be conducted u he information conta	ıntil a permit is	received froi	m the Commissi	ion. i
\mathcal{O}	1					
- Fran	n Sun	<u></u>		08/06		
Lynn Bruch,	Signature(s) Vice-Presid	ent			Date	

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: David Benoff Position: Truck Foreman Office 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: David Benoff Position: Truck Foreman Office 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	Requirer	nents			
Name:	Chelsey Pruss Kelly Manning	Position:	Office Manager Payroll Specialist			
Each covehicles	ompany must maintain a complete Driver Qualificat is as required by FMCSR Part 391.51 and by the W wely in intrastate commerce within Washington haverstate operations must maintain a complete file on	ion File for SP in WAC e limited ex	each employee authorized to drive motor 2446-65-010. Owner/operators that work temptions. Owners/operators that conduct			
	Drivers Hours	of Service				
Name:	Chelsey Pruss Kelly Manning	Position:	Office Manager Payroll Specialist			
Each co	Relly Manning ompany must maintain true and accurate hours of sas required by the FMCSA in 49 CFR, Part 395.16	service reco	ords for each individual that drives a motor			
	Vehicle Inspection, Repa	air, and M	aintenance			
Name:	Sam Wood	Position:	Lead Mechanic			
required compar	ompany must prepare a written "Driver Vehicle Inspections of the FMCSA in 49 CFR, Part 396.11 and by the my must maintain certain required records for each in 49 CFR, Part 396.3 and by the WSP in WAC 4 ldentification of the vehicle. The nature and due date of various inspections in the vehicle of the vehicle.	e WSP in V vehicle tha 46-65-010: tion and ma	VAC 446-65-010. In addition, each t includes the following, as required by the aintenance operations to be performed.			
	npanies must conduct periodic inspections as requing WAC 446-65-010.	red by the I	FMCSA in 49 CFR, Part 396.17 and by the			
	Signat	ure				
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.						
Signaty	ure of applicant (Lynn Bruch, Vice-Presi	dent)	08/06/2013 Date			

BRUCH & BRUCH COMMERCIAL MOTOR VEHICLES						
UNIT#	PLATE#	STATE	VIN#			
1	B46354G	WA	1XKDPR0X1WR759909			
2	A37790B	WA	5926432			
3	A21210P	WA	1NKWL29XXHS244107			
4	A5017OU	WA	1599375			
5	A06888S	WA	1NKDLB9X0LS540072			
6	A54858K	WA	5935419			
7	A6944OE	WA	S941169			
8	B05852A	WA	1NKDXB0X17R159832			
9	B55758A	WA	AXKWD29X9HS341524			
10	86607X	WA	119002			
16	B36262V	WA	1FD0X5HT9CEB261088			
17	A62024F	WA	2NKWLB9X8FM913242			
18	A71339R	WA	1FDXF47P24EC59603			
75	B78635N	WA	1XKWD69XXRS620782			
76	B78185N	WA	1XKWD69X9RS620787			

Client#: 57170

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2013

\$1,000,000

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	CONTACT Anna Reid					
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933	FAX (A/C, No): 866.577.1326				
Tacoma Commercial Insurance	E-MAIL ADDRESS: amr@propelinsurance.com					
1201 Pacific Ave, Suite 1000	INSURER(S) AFFORDING C	OVERAGE NAIC #				
Tacoma, WA 98402	INSURER A: Valley Forge Insurance Co	ompany				
INSURED	INSURER B : Continental Casualty Com	pany 20443				
Bruch & Bruch Construction Inc 1706 Highway 101 West	INSURER C : Chartis Specialty Insurance	ce Co. 26883				
	INSURER D : American Casualty Co of Reading					
Port Angeles, WA 98362	INSURER E :					
	INSURER F:					

CO	/ERAGES CERT	TIFICA	ΑΤΕ	NUMBER:		I	REVISION NUMBER:	
IN CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH	QUIRE! ERTAII	MEN N, 1	T, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY T	CONTRACT OF HE POLICIES N REDUCED	R OTHER DOO DESCRIBED H	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Х	X	2083361476	05/14/2013	05/14/2014	EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO-							\$
D	AUTOMOBILE LIABILITY			2083361493	05/14/2013	05/14/2014	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	AS 150							\$
В	X UMBRELLA LIAB X OCCUR			4029254009	05/14/2013	05/14/2014	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE				1		AGGREGATE	\$3,000,000
	DED X RETENTION \$10000							s
Α	WORKERS COMPENSATION			2083361476	05/14/2013	05/14/2014	WC STATU- OTH-	

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

18637215

X

WA Stop Gap ONLY

CERT	TFICA	TE H	OLDER

AND EMPLOYERS' LIABILITY

(Mandatory in NH)

Contractors

Pollition Liab.

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

> Washington Utilities & Transportation Commission 1300 S. Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

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.

E.L. EACH ACCIDENT

05/14/2013 05/14/2014 \$1,000,000 Ea. Loss Lmt

E.L. DISEASE - EA EMPLOYEE \$1,000,000

E.L. DISEASE - POLICY LIMIT | \$1,000,000

\$1,000,000 Aggregate

AUTHORIZED REPRESENTATIVE

Brest E. Heiler

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