## **PART A**

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504 FE60 EIVED
Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

JAN 22 2014

APPLICATION (excluding Household Goods	and Common Carrier Brokers) WASH IIT & TD COMM								
(excitaing rouss, fold decade									
Reception Number: <b>149040</b> Safety:	Carrier ID#: 7672								
111 0268 200 02 275·W Insurance:	Employee:								
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority								
Transfer of Existing Permit Number									
\$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								
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE									
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 277209								
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard ☑ Visa Expiration Date _								
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): NAVJOT SINGH Signature: Name (printed): Name (	Date: 01/20/14								
Signatura: N	Title: OWNER								
Signature. 70.33									
CC#: US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
65262 00001	(203345405								
APPLICANT NAME: NAVJOT SINGH	PHONE#: (206)-778-5803								
	FAX #:								
didia: BAWA	1700.11								
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 429 32	nd ST NE								
(city, state, zip)  AWBURN WA 9800									
PHYSICAL ADDRESS: (street address, if different	)								

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✓ INDIVIDUAL	. 🗆 PAR	RTNERSHI	IP  CORPOR STATE O		N (LP, LLP, LLC) CORPORATION			
NAME	TITLE		<u>ADDRESS</u>			STOCK DISTRIBUTION OR PERCENTAGE OF SHARE		
			via a svieting p	emit	to a new awner. List no	eme of current permit		
holder an	d permit nui the permit	nber to be	transferred. The	currer	to a new owner. List na nt permit holder must sig	gn below to authorize the		
NAME ON PERM	<b>Л</b> ІТ:				PERMIT NU	JMBER:		
Signature of cu	rrent permit	holder	· · · · · · · · · · · · · · · · · · ·			Date		
		والمستعدد والمستعدد والمراسعة	والمنافعة					
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 hazardou any quantity any quantity.		ill not haul us materials in utity. You will vehicles with a f 10,000 pounds You must obtain o in Public Liability perty Damage e. You must e Part B.	haza requ Pub Prop Insu com	You will haul ardous materials uiring \$1 million in lic Liability and perty Damage urance. You must aplete Part C, Sections and 2.	☐ You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.			
UNIT#	LICEN	ISE#	STATE			/IN#		
1	B74858Z		WASHINGTON JHMFA3			(297 <b>50</b> 15370		
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		·····	-	$\dashv$				
					Annual Company of the			
operate and th	at no opera and affirm	tions ma	y be conducted u	ntil a	n does not in itself co permit is received fro in this application is ti	m the Commission. I		
Negt :	Signat	ure(s)				1/20/14 Date		

ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

7672 Donting

DATE (MM/DD/YYYY)

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

PRODUCER 206-20				CONTACT Edward Hadley					_	
Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 424 Third Ave W Seattle, WA 98119 Lovsted Worthington LLC		206-285-3461	PHONE (A/C, No. Ext): 206-838-1017 FAX (A/C, No): 206-2							
			E-MAIL ADDRESS: edward@lovstedworthington.com							
			INSURER(S) AFFORDING COVERAGE							
			INSURER A : Mutual of Enumclaw							
Navjot Singh 1429 32ND Street Auburn, WA 98002		INSURER B :								
		INSURER C:								
Aubum, WA 30002				INSURER D :						
			ا	INSURE	RE:					
				INSURE	RF:					
			ENUMBER:				REVISION NUMBER:			
HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY SERTIFICATE MAY BE ISSUED OR MA XCLUSIONS AND CONDITIONS OF SUC	REQUII Y PERT H POLI	REME TAIN,	NT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ECT TO	WHICH THI	
TYPE OF INSURANCE	INSE	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS		
GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	5		
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	mence) \$			
CLAIMS-MADE OCCUR						MED EXP (Any one person)	5			
	_					PERSONAL & ADV INJURY	5			
							GENERAL AGGREGATE	. 5:		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	1		
POLICY PRO- JECT LOC		+	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>		COMBINED SINGLE LIMIT	\$		
A X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS		BAP0003539		40/20/42	10/30/14	(Es accident)	\$	1,000,		
		BAP0003535				10/30/13	BODILY INJURY (Per person)	) S	<del> </del>	
	1					BODILY INJURY (Per accident PROPERTY DAMAGE	5	<del> </del>		
							PROPERTY DAMAGE (Per accident) UIM/UM	3	4 000	
UMBRELLA LIAB OCCUP	+-	+-							1,000	
- OCCOR							EACH OCCURRENCE	5		
CLAIMSHIA	3E						AGGREGATE	\$		
WORKERS COMPENSATION	+	1					WC STATU- OTH	- 5		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N						TORY LIMITS   ER	+		
OFFICER/MEMBER EXCLUDED?	N/A	4					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE	+		
DESCRIPTION OF OPERATIONS below	+	+	<u> </u>			<del> </del>	E.L. DISEASE - POLICY LIMIT	\$		
	1									
-	ľ				1	1	l e			
CRIPTION OF OPERATIONS / LOCATIONS / VE	ICLES (	Attach	ACORD 101. Additional Remarks Co	chedule	If more space la	required)				
CRIPTION OF OPERATIONS/LOCATIONS/VEI 2007 Honda Civic VIN#: idence of Insurance				chedule,	If more space is	required)				

CERTIFICATE HOLDER

WASHU-2

Washington Utilities & SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attn: Tina
PO Box 47250
Olympia, WA 98504

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