

# REINSTATEMENT

TV 140350

## 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)

*one  
2/4/13*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>049415</b>	Safety:	Carrier ID#:
111 0268 200 02 <i>100.00</i>	Insurance: <i>owner</i>	Employee: <i>[Signature]</i>

#### TYPE OF APPLICATION (check one)

<input type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<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 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 checked="" type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT</b> (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: <i>165 983</i>
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#### TYPE OF PAYMENT

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): *Kristine Graves* Date: *2/26/14*

Signature: *Kristine Graves* Title: *agent*

#### MOTOR CARRIER IDENTIFICATION

CC#: <i>CC-064100</i>	US DOT#: <i>2099457</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602 364 579</i>
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APPLICANT NAME: <i>Jason G Deems dba Sunset Delivery</i>	PHONE#: <i>206-854-3704</i>
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d/b/a: <i>Sunset Delivery dba</i>	FAX #:
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>17253 SE Petrovsky Rd</i> (city, state, zip) <i>Renton, WA 98058</i>
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PHYSICAL ADDRESS: (street address, if different) <i>13506 SE 37th St Bellevue WA</i>
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EMAIL ADDRESS: <i>jasondeems625@gmail.com</i> <i>98006</i>
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**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

NAME                      TITLE                      ADDRESS                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Jason Deems              owner              17253 SE Petrovsky R  
Renton, WA 98058

**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)**

(Permit will not be issued until acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating - \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	B32566Z	WA	1FVACWC87H438109
2	B51979V	WA	1HTMMAAL76H216431

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.

Jason Deems  
Signature(s)

2/26/14  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/26/2014

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).

<b>PRODUCER</b> <b>GRAVES INSURANCE AGENCY</b> <b>POB 3341</b> <b>Renton, WA 98056</b>	<b>CONTACT NAME</b> PHONE (A/C, No. Ext): <b>425-999-2079</b>		<b>FAX (A/C, No.): 425-228-1400</b>
	<b>E-MAIL ADDRESS: tomgraves2@hotmail.com</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: United Financial Casualty Company</b>	<b>NAIC#</b> <b>11770</b>
<b>INSURED</b> <b>Jason G Deems</b> <b>DBA Sunset Delivery</b> <b>13506 SE 37th St</b> <b>Bellevue, WA 98006</b>			
<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>			


**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			01305855-0	01/12/14	07/12/14	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/OF AGG \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY/AUTO ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01305855-0	01/12/14	07/12/14	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Cargo</b>			01305855-0	01/12/14	07/12/14	\$100,000/ \$1,000 Ded

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

**RE: CC-064100 Note: Uniform Motor Carrier Certificate of Insurance (Form E) has been requested and will be sent directly to you from the carrier.**

<b>CERTIFICATE HOLDER</b> <b>Washington Utilities and Transportation Commission</b> <b>Permits and Insurance</b> <b>PO Box 47250</b> <b>Olympia, WA 98504-7250</b>	<b>CANCELLATION</b> 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 
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