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CERTIFICATION: I, the undersigned that I am authorized to execute and valid.	d, under penalty for false file this document on be	half of the applica	nt, and that all infi	information is true ornation on file is c	and correct, Frent and
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l, as applicant.	understand	that the	filing of this applic	eatlon does not in itself con	etituta authority to
operate and the	et no operat	ions may	be conducted un	til a permit is received from	n the Commission. I
hereby declare	and affirm (that the li	nformation contain	ned in this application is tru	ie to the best of my
knowledge and	Deller.	$\Lambda \setminus_{-}$			
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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 8, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 836-1650.

 Willamelte 	Traffic Bureau,	16303 NE Camero	on Blvd, Portia	nd, OR 97230-4	5030, www.wibiraf C 20401, www.gp	No.com, (503) 2	236-1183.
		Charles Hitele	44-51.77487-7-1	Tianal/Attratara	Hel Meta		
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- 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.

						
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\$1,000,000

FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with

WASHINGTON COMMISSION

UTILITIES

TRANSPORTATION (hereinafter called Commission)

This is to certify, that the

GREAT WEST CASUALTY COMPANY

(hereinafter called Company)

P.O. BOX 277 SO SIOUX CITY NE 68776

LEO V BOT DBA BEST OVERLAND TRUCKING

18403 BALLANTRAE DRIVE

has issued to:

ARLINGTON, WA 98223

a policy or policies of insurance effective from 94/01/14 12:01 A.M. standard time at the address of the insured stated in seld policy or policies and continuing until canceled 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 commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776

this 1ST

day of APRIL

. 2014

Insurance Company File No.

1011p

GWP89129C (Policy Number)

Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2).