PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504 C250 ED Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APR 21 2014

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) WASH IIT & TP COMM								
FOR OFFICIAL USE ONLY								
Reception Number:	049916	Safety:		Carrier ID#: 787				
111 0268 200 02	275.00	Insurance:		Employ	ee: MS			
	T	YPE OF APPLIC	ATION (checke	ne)				
	n Carrier Permit er of Existing Pe		Extension of	Common	Carrier Permit Authority			
≦ \$275 GEN	NERAL COMMODITI	ES ONLY			OMMODITIES, including AR SERVICE			
	ERAL COMMODITION ORED CAR SERVICE	ES, including		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
	ERAL COMMODITATION ARDOUS MATERIALS		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:								
TYPE OF PAYMENT								
©YCheck ☐ Mor	☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard ☐ Visa							
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): RUPERT M CHIBWE Date: 04/15/2014								
Name (printed): RUPERI M CHIBWE Date: 04/15/2014 Signature: Who ala Title: OWNER								
MOTOR CARRIER IDENTIFICATION								
CC#: 65382 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
LEGAL NAME: PHONE#: 206731 9561								
d/b/a: RMC FREIGHILINE FAX#: 253 796 1357								
BUSINESS (MAILING) ADDRESS: Q303 KENT WA 98032								
PHYSICAL ADDRESS: (street address, if different)								
EMAIL ADDRESS: rupertchibue@hotmail.com								

	(che		PE OF BUSINE		[마마리 : 18] 2017년 세월 2017년 대부터 18일 18일 2017년 1	ion			
(check individual or complete partnership/corporation information) ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (LP, LLP, LLC)									
			STATE C	F INC	ORPORATION				
NAME	TIT	LE	<u>ADDRI</u>	<u>ESS</u>	STO	OCK DISTRIBUTION OR			
RUPERT M CHIBUE OWNER 2711 48TH PL S Q303 KENT WA 98032									
		S							
Complete this so	ection if you		ANSFER OF P			ame of <u>current</u> permit			
holder and perm	nit number to					w to authorize the transfer			
of the permit nu									
NAME ON PER	MIT:			······································	PERMIT N	UMBER:			
Signature of cu	irront normit	holder			***************************************	Date			
Signature of Co			Melakiae Mikia	MEN.	(S (must check one)				
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received									
You will not haul You will not haul You will haul You will haul hazardous materials in hazardous materials hazardous materials									
quantity. You wi	quantity. You will only any quantity. You will requiring \$1 million in requiring \$5 million in								
	operate vehicles with a								
pounds. You mu \$300,000 in Pub			You must obtain in Public Liability		rance. You must plete Part C, Sections	Insurance. You must complete Part C,			
and Property Da	amage	and Prop	erty Damage	1 and		Sections 1 and 2.			
Insurance. You need to complet		Insurance complete	e. You must Part B						
11000				h add	itional pages if nece	ssary)			
UNIT#	LICEN	ISE#	STATE		VIN#				
1	752 NO	\geq \triangleright	WA		JN1CA21D2V	T80538			
	<u> </u>								
4.00			- 1						
			Signa	uure"					
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.									
	04/15/2014								
Signature(s) Date									



CERTIFICATE OF LIABILITY INSURANCE

RUPER-1

OP ID: EH

DATE (MM/DD/YYYY)

03/18/14

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).

206-285-7735 CONTACT Edward Hadley FAX (A/C, No): 206-285-3461 PRODUCER PHONE (A/C, No, Ext): 206-838-1017 Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 206-285-3461 E-MAIL ADDRESS: edward@lovstedwortyhington.com 424 Third Ave W Seattle, WA 98119 Lovsted Worthington LLC NAIC# INSURER(S) AFFORDING COVERAGE 14761 INSURER A: Mutual of Enumclaw INSURER B: Rupert Chibwe INSURED DBA; RMC Freightline 27111 48th PL S #Q303 INSURER C: INSURER D : Kent, WA 98032 INSURER E : INSURER F

	REVISION NUMBER:											
CERTIFICATE NUMBER.						IE POLICY PERIOD						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY EXP. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
E	CLU	SIONS AND CO	NDIT	IONS OF S	OUCH P	ADDL	ILO.	Lilvii 10 ono titti	PÓLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
INSR LTR		TYPE OF I	NSUR	ANCE	ئلــــــــــــــــــــــــــــــــــــ	NSR	WVD	POLICY NUMBER	(MIM/JOUTTTI)	(WHAT DOTT ! ! ! !	EACH OCCURRENCE	5
GENERAL LIABILITY									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
COMMERCIAL GENERAL LIABILITY			1						MED EXP (Any one person)	\$		
i		CLAIMS-MAE	DE [OCCUR	İ					1	PERSONAL & ADV INJURY	\$
											GENERAL AGGREGATE	\$
				DDI IES DED							PRODUCTS - COMP/OP AGG	\$
ļ	GEN	rL AGGREGATE LI	1001 M	1 1		ļ						\$
			Ω- CT_	LOC							COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	-	OMOBILE LIABILIT	Y					BAP0003774	03/17/14	03/17/15	BODILY INJURY (Per person)	\$
Α	A X ANY AUTO SCHEDULED		D			DAF 0003714			BODILY INJURY (Per accident)	\$		
}		AUTOS	-	NON-OWN	ED						PROPERTY DAMAGE (Per accident)	\$
	X	HIRED AUTOS	X	AUTOS							UIM/UM	s 1,000,00
-	-	UMBRELLA LIAS	1	000115			-				EACH OCCURRENCE	\$
	-	EXCESS LIAB		OCCUF							AGGREGATE	\$
				, 110 02						WC STATU- OTH-	\$	
DED RETENTION \$ WORKERS COMPENSATION									TORY LIMITS ER	 		
	AN	DEMPLOYERS' LIA	VBILI I	ΓY	Y/N						E.L. EACH ACCIDENT	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. DISEASE - EA EMPLOYEE	I.			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
	VE	SCRIPTION OF OF		10.10								
	1						l		<u> </u>		<u></u>	
DE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
RE	RE: 1997 Nisan Maxima VIN#: JN1CA21D2VT80538 Evidence of Insurance											
C	CERTIFICATE HOLDER CANCELLATION											
	WASHU-2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						CHOIR D ANY O	E THE ABOVE	DESCRIBED POLICIES BE			

RTIFICATE HOLDER		CANCELLATION			
Washington Utilities & Transportation Commission	WASHU-2	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		AUTHORIZED REPRESENTATIVE			
PO Box 47250 Olympia, WA 98504		Edward Hadly			
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