



1300 South Evergreen Park Drive SW  
 PO Box 47250  
 Olympia, WA 98504-7250  
 Phone 360-664-1222  
 Fax 360-586-1181  
 Web Site: [www.utc.wa.gov](http://www.utc.wa.gov)  
[transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

**COMMON CARRIER OF PROPERTY**  
 (Excluding Household Goods Carriers and Brokers)

**APPLICATION FOR REINSTATEMENT – FEE \$100.00**  
 (Per WAC 480-14-220)

Applications for Reinstatement of a Cancelled Common Carrier permit must be within 10 months of the cancellation date of the permit. **If over 10 months**, you must submit a new application form.

Common Carrier # 43992 to be reinstated.

Legal Name: Michaelis Trucking & Excavating LLC

Trade Name(s), dba(s), if any: \_\_\_\_\_

Business (Mailing) Address: P.O. BOX 15057 TUMWATER, 98511

Physical Address (if different): \_\_\_\_\_

Phone number: 360-790-0109 Fax Number: 360-956-0550

Email address: michaelistrucking@juno USDOT #: 1066793

Unified Business Identifier Number (UBI): 602896473

**Type of Business Structure:**

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

| NAME                      | TITLE        | ADDRESS                          | PERCENTAGE OF SHARES |
|---------------------------|--------------|----------------------------------|----------------------|
| <u>Angela K Michaelis</u> | <u>owner</u> | <u>po box 15057 Tumwater wa.</u> | <u>100%</u>          |

|                       |                               |                         |
|-----------------------|-------------------------------|-------------------------|
| For Official Use Only | Received Date: <u>7/15/17</u> | ID: <u>5917</u>         |
| 111-0268-200-02       | Insurance: <u>MD</u>          | Docket TV- <u>01430</u> |
| Receipt ID:           | Payment ID:                   |                         |

**CERTIFICATE OF LIABILITY INSURANCE**

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<br>JSI Insurance Services, LLC<br>1020 36th St.<br>Fargo, ND 58103<br>701-526-2806               | CONTACT NAME: <b>Jeffrey Larson</b>  |
|   | PHONE (A/C, No, Ext): <b>701-526-2805</b> FAX (A/C, No): <b>701-526-2818</b> |
|   | E-MAIL ADDRESS: <b>jeffry.larson@usi.biz</b>                                 |
|   | INSURER(S) AFFORDING COVERAGE  |
| INSURED:<br><b>Michaelis Trucking and Excavating LLC</b><br><b>PO Box 308</b><br><b>Trenton, ND 58853</b> | INSURER A : <b>Western National Mutual Insuran</b> NAIC # <b>15377</b>       |
|   | INSURER B :  |
|   | INSURER C :  |
|   | INSURER D :  |
|   | INSURER E :  |
|   | INSURER F :  |

**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.

| INSURER | TYPE OF INSURANCE   | ADDL SUBR INSR WVD  | POLICY NUMBER                  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|---------|---|---|--------------------------------|-------------------------|-------------------------|--|
| A       | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>   |   | CPP108153000                   | 10/10/2013              | 10/10/2014              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A       | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |   | CPP108152400                   | 10/10/2013              | 10/10/2014              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|         | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$  | <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE | UMB101357400                   | 10/10/2013              | 10/10/2014              | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>\$   |
| A       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> N N/A                                  | CPP108153000 ND<br>ND STOP GAP | 10/10/2013              | 10/10/2014              | WC STATUTORY LIMITS OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000   |
| A       | Empl Practices  |   | CPP108153000                   | 10/10/2013              | 10/10/2014              | 100,000  |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Washington Utilities and Transportation Commission<br>1300 S. Evergreen Park Dr. S.W.<br>PO Box 47250<br>Olympia, WA 98504 | <b>CANCELLATION</b><br><br>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<br><br>   |