



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00 ✓
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00 N/A
Regulatory Fee (per vehicle)	\$ 25.00 x 10 = 250 ^{ac} ✓
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Exp Date _____ Credit Card # _____	
Amount \$ <u>450⁰⁰</u> Company Name: <u>JMT LIMOUSINE</u>	#108352
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.	
Cardholder's signature: <u>[Signature]</u>	Date: <u>12/1/14</u>

(For Commission Use Only) 111 0268 232 01	Company ID: <u>16794</u>	Docket TE-
111 0268 232 02	Date Filed: <u>12/2/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>25 x 10</u>	Insurance:
111 0268	DOL:	SOS:

Replacement
page

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: JMI LIMOUSINE, INC.

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street 3737 SW 117th

Street SAME

City Beaverton

City _____

State/Zip OR.

State/Zip _____

Phone Number: 97005

Fax Number: 503-644-3858

UBI #: _____

E-Mail: johnnymeeke@jmiinsurance.com

Type of business structure:

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distributions or Percentage of Shares
<u>N/A</u>		
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: _____

List your USDOT # 231003410 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	<u>See attached</u>		
	<u>* list *</u>		

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Johnny meeke

Trade Name(s) (if applicable): JMI LIMOUSINE

Mailing Address:

Physical Address:

Street 3737 SW 117th

Street SAME

City Beaverton

City _____

State/Zip OR.

State/Zip _____

Phone Number: 97005

Fax Number: 503-644-3858

UBI #: _____

E-Mail: johnnymeeke@jmiinsurance.com

Type of business structure:

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>N/A</u>		

List other certificates or permits held with the commission: _____

List your USDOT # 231003410 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
	<u>See attached</u>		
	<u>* LIST *</u>		

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Christine Banks Position: Compliance Mnggr.

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Johnny Meeke Position: President

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Christine Banks Position: Compliance mnggr.

SECTION 4 – DECLARATION OF APPLICANT

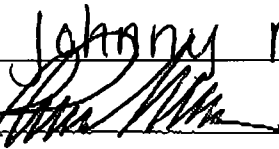
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Johnny Meeke

Signature of applicant 

Date 12/1/14 County, State Washington, OR. 97005

ACORD™ VEHICLE SCHEDULE

DATE
12/1/2014

PRODUCER JMI INSURANCE INC. 3737 SW 117 TH BEAVERTON, OR 97005 John G. Meeke	PHONE (A/C, No. Ext): 503-671-9966	APPLICANT (First Named Insured) JMI Limousine, Inc.
EFFECTIVE DATE 10/20/14		EXPIRATION DATE 10/20/15
DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		PAYMENT PLAN _____
AUDIT _____		
FOR COMPANY USE ONLY		
CODE:	SUB CODE:	
AGENCY CUSTOMER ID JMI-200		

VEHICLE DESCRIPTION														
VEH #	YEAR	MAKE:	MODEL:	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	SYMWAGE	COST NEW
1	2003	Lincoln	Limousine		017					8	75			15,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT			AA		\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW	X	COLL			\$1000	COLL \$
2	2000	Ford	Bus		017					14	75			30,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT			AA		\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW	X	COLL			\$1000	COLL \$
3	2006	Ford Excursion	Limousine		017					14	75			35,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT	X	COMP	AA	X	\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW		COLL			\$1000	COLL \$
4	2005	Lincoln	Limousine		017					12	75			25,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT			AA	X	\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW		COLL			\$43,000	COLL \$
5	2003	Lincoln	Limousine		017					8	75			15,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT	X	COMP	AA		\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW	X	COLL			\$1000	COLL \$
6	1998	Int'l	White		017					22	75			25,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT	X	COMP	AA		\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW	X	COLL			\$1000	COLL \$
7	2007	Int'l	Harvester		017					22	75			80,000
CITY, STATE, ZIP WHERE GARAGED		DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	MISC DR/CR:
		< 15 MILES		PLEASURE	RETAIL	X		FT	X	COMP	AA		\$1000	TOTAL PREM
		15 MILES +		FARM	SERVICE	X		FTW	X	COLL			\$1000	COLL \$

ACORD™ VEHICLE SCHEDULE				DATE 12/1/2014	
PRODUCER JMI INSURANCE INC. 3737 SW 117 TH BEAVERTON, OR 97005 John G. Meeke		PHONE (A/C, No, Ext): 503-671-9966		APPLICANT (First Named Insured) JMI Limousine, Inc.	
CODE: JMI-200		SUB CODE:		EFFECTIVE DATE: 10/20/14 EXPIRATION DATE: 10/20/15 DIRECT BILL: <input checked="" type="checkbox"/> PAYMENT PLAN: AUDIT:	
AGENCY CUSTOMER ID		FOR COMPANY USE ONLY		AGENCY BILL: <input checked="" type="checkbox"/>	

VEHICLE DESCRIPTION													
VEH #	YEAR	MAKE: Chrysler				BODY TYPE: ZEBRA				SYM/AGE		COST NEW	
8	2006	MODEL: 300				V.I.N.: 2C3KA63H56H425264						\$ 27,000	
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
				017						8	75		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:	TOTAL PREM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$ 1000
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT				\$ 1000
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$					\$ 1000
VEH #	YEAR	MAKE: Chrysler				BODY TYPE: LIMO				SYM/AGE		COST NEW	
9	2008	MODEL: 300M				V.I.N.: 2C3KA53G88H124735						\$ 30,000	
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
				017						10	75		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:	TOTAL PREM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$ 1000
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT				\$ 1000
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$					\$ 1000
VEH #	YEAR	MAKE: Ford				BODY TYPE: LIMO				SYM/AGE		COST NEW	
10	2014	MODEL: F-750				V.I.N.: 3FRXF7FL5DV786045						\$ 200,000	
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
				017						38	75		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:	TOTAL PREM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$ 1000
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT				\$ 1000
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$					\$ 1000
VEH #	YEAR	MAKE:				BODY TYPE:				SYM/AGE		COST NEW	
		MODEL:				V.I.N.:						\$	
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:	TOTAL PREM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT				\$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$					\$
VEH #	YEAR	MAKE:				BODY TYPE:				SYM/AGE		COST NEW	
		MODEL:				V.I.N.:						\$	
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:	TOTAL PREM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT				\$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$					\$

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name JMI LIMOUSINE

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

10

2 Total Regulatory Fees owed (enter amount from line 1)

10 x 25.00 = \$250.⁰⁰

There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Certificate No:
--	------------	-----------------



JMI-200

OP ID: CB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2014

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).

PRODUCER JMI INSURANCE INC. 3737 SW 117 TH BEAVERTON, OR 97005 John G. Meeke	CONTACT NAME: John G. Meeke
	PHONE (A/C, No., Ext): 503-671-9966
INSURED JMI Limousine, Inc. JMI Transportation LLC 3737 SW 117th Ave Beaverton, OR 97005-8906	FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Northfield Insurance Company
	INSURER B : Pacific International UWS Inc
	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.

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WS143804	03/11/2014	03/11/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OF AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TP259668	10/20/2014	10/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 6,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Commercial Applica						

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

CERTIFICATE HOLDER

CANCELLATION

JMI Limousine 3737 SW 117th AVE Beaverton, OR 97005	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 John G. Meeke
---	--



JMI-200

OP ID: CB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2014

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).

PRODUCER JMI INSURANCE INC. 3737 SW 117 TH BEAVERTON, OR 97005 John G. Meeke	CONTACT NAME: John G. Meeke	
	PHONE (A/C, No, Ext): 503-671-9966	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Pacific International UWS Inc		
INSURER B : Northfield Insurance Company		
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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		WS143804	03/11/2014	03/11/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ EXCLUDED MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		TP259668	10/20/2014	10/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER STATEWA State of Washington Department of Licensing Po Box 9039 Olympia, WA 98507-9039	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 John G. Meeke



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

**APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE
CERTIFICATE**

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00 ✓
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00 <i>N/A</i>
Regulatory Fee (per vehicle)	\$ 25.00 $\times 10 = 250$ ⁰⁰ ✓
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Exp Date _____ Month/Year _____	
Amount \$ <u>450⁰⁰</u>	Company Name: <u>JMT LIMOUSINE</u>
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.	
Cardholder's signature: <u>[Signature]</u>	Date: <u>12/1/14</u>

(For Commission Use Only) 111 0268 232 01 <u>250.00</u>	Company ID:	Docket TE-
111 0268 232 02 <u>200.00</u>	Date Filed: <u>12-3-14</u>	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268 <u>53062</u>	DOL:	SOS:

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Johnny meeke

Trade Name(s) (if applicable): JMI LIMOUSINE

Mailing Address:

Physical Address:

Street 3737 SW 117th

Street SAME

City Beaverton

City _____

State/Zip OR.

State/Zip _____

Phone Number: 97005

Fax Number: 503-644-3858

UBI #: _____

E-Mail: johnnymeeke @ JMIinsurance.com

Type of business structure:

- Individual
- Partnership
- Corporation
- Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>N/A</u>		

List other certificates or permits held with the commission: _____

List your USDOT # 23103410 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
	<u>See attached</u>		
	<u>* list *</u>		