WASHINGTON
and the second sec
UTILITIES AND TRANSPORTATION
COMMISSION

APPLICATION FOR CHA

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

AND EXCURSION CARRIER SERVICE

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

CERTIFICATE

Passenger Charter and E	cursion Carrier Services	Fee Required
Application fee (Application for new certificate, to a an existing certificate to a new own	c H 6585 reinstate a previously canceled certificate, or er or business structure)	to transfer \$200.00
Name Change (Application to change a company's or change the surname of an individ	corporate name, change a trade name, add lual owner or partner)	S 35.00 NIA- a new trade name,
Regulatory Fee (per vehicle)	\$ 25.00 × 10=250
<u> </u>	TYPE OF PAYMENT	
🗆 Cash 🗆 Check	Money Order AMEX IN	lasterCard 🗆 Visa Exp Date
Credit Card Information (if annlic	able)	Month/Year
Amount \$ 450	Company Name: JMT_L	IMOUSINE INC.
CERTIFICATION: I, the under information is true and correct, applicant, and that all information	signed, under penalty for false stateme that I am authorized to execute and fill on on file is current and valid.	ent, certify that the following this document on behalf of the -1/24/1-
Cardholder's signature:	he Mur.	ate: 01072372015
	I Committed I	Docket TE-
(For Commission Use Only) 111 0268 232 01		-
111 0268 232 02	Date Filed. 7 Del 15	Safety Inspection:
111 0268 232 03	Reg Fees, QL X 10	Insurance
111 0268	DOL	sos: ON

<u>SECTION 1 – APP</u>	PLICANT INFORMATION
Name of Applicant: TMI	LIMOUSINE, INC.
Trade Name(s) (if applicable):	
Mailing Address:	Physical Address:
Street 3737 SW 117 112	Street SAME
City Beaverton	City
State/ZipOR	State/Zip
Phone Number: 07005	Fax Number: <u>503-644-3858</u>
UBI#: (034103108)	E-Mail: Johnnymeeke @ JMIInsurance
Type of business structure:IndividualPartnership	X Corporation Other (LP, LLP, LLC)
List the name, title, and percentage of partn stockholders:	
<u> //A</u>	Stock Distributions <u>Title</u> or Percentage of Shares
Johnney Mckee	- Owner 10095
List other certificates or permits held with t	he commission:
List your USDOT # <u>23,0034(0</u> online at <u>www.fmcsa.dot.gov/online-registr</u> 596-3812 for assistance.)	(If you don't have one you can go ration or contact the Washington State Patrol at 360-

<u>SECTION 2 – EQUIPMENT</u> (Attach additional sheets if necessary)

_		(Anach auanto	mui	sheets if necessary)	r
	License Number	Year And Make O Vehicle	f	Vehicle ID Number	Seating Capacity
		See at	fo	iched	
		* 11	8	<i>+</i> *	
Γ					

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: MISTING BANKS Position: Computation Might
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: MANY MEEKE Position: West dutt 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 MngR.

1

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.

Meeke Printed name of applicant Signature of applicant County, State WASHINGTON, OP. 97005 Date

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

USINE INC

Company Name

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

10 x 25.00 = \$ /

There is a minimum fee of \$25.00.

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

OP ID: CB

									-															01 10.00
A	COR	D	VÈ	HI	CLE	E S	CH	E	DU	LE											1			ATE
PROD		ME	Ext): 503							APPLICANT											1	12/1/2014		
JMI	NSURAN			-07	1-5500					(First Named JMI Limousine, Inc.														
3737	SW 117 1	TH							[In:	eured))													
	VERTON,		97005							FFEC	TIVE D	ATE	EXPIR	ATION	DATE		DIRECT	BILL		PAY	MENT PL	.AN	<u> </u>	AUDIT
Johr	G. Meek	9								10/	/20/1	4	10)/20/1	5	X	AGENCY							
									FC	DR DM(PAI	NY						•			· · · · · ·				
CODE			-	ຮບເ	B CODE:				Ū	SE ON	LÝ													
	CY CUSTOME	RID							ļ															
JMI-																								
VEH	# YEAR	_								100	ny .				_									
		<u> </u>	E: Linco							BO								.	<u> </u>		SYM/AG	Ę	CC	DST NEW
1	2003	MOL	EL: Limo	pusi	ne		LIC	TE	RR 1	V.I.		IL1FM	181 1		560 [.] .ass	101	SIC	FAC	TOR	SEAT C	P RAD	<u>\$</u>	FAD	15,000 THEST TERM
ZIP W	STATE, HERE GED						STATE	01	i					•••			0.0			8	7!		1.40	
DRIVE		USE		<u> </u>	COMMIL	CHEC	K		ADD'L I FAULT	NO-	X	DRINS		F		LSP	DEDUCT			<u> </u>		X SPEC		NISC R/CR:
	< 15 MILES		PLEASURE		RETAIL	V	LIAB		HAULI MED P		Ťά	OTOR DWING LABOR		FT		COMP			ST AM	1		고 C OF		OTAL PREM
	15 MILES +		FARM	}	SERVICE		NO- FAULT							FTW		COLL	s	L] 0	\$10		CO		
VEH	# YEAR	MAN	E: Ford			- i cind			MOLOI	BO	DY PE:		<u></u>							Ī	SYM/AG			DST NEW
2	2000	MOD	EL: BUS						_	V.I.		1FDXE	45F	XYH	B24	970						s		30,000
CITY,	STATE, Here						LIC	TE	RR		GVW	IGCW		CI	ASS		SIC	FAC	TOR	SEAT C	P RAD	US	FAR	THEST TERM
GARA	GED			<u></u>				0.									_		l	14	7!	-		
DRIVE	VSCHOOL	USE			COMIN'L	CHEC	K RAGES		ADD'L FAULT	NO-	<u>^ M</u>	NDRINS OTOR		F		LSP	DEDUCI	TIBLES		×	СОМР	X SPEC	_	AISC)R/CR;
	< 15 MILES		PLEASURE	!	RETAIL		LIAB		MED P	E	8	OWING LABOR		FT		COMP	<u>مەلا</u> م	· L_	STAM	T 510	00		_ '	OTAL PREM
	15 MILES +		FARM		SERVICE		NO- FAULT		UNINS MOTO			PEC OF L		FTW	1	COLL	\$		<u>.</u> .	<u> \$10</u>		<u></u>	_	
VEH			E: Ford							<u> TY</u>	DY PE:										SYMIAG	E	C	DST NEW
3	2006	MOL	EL: Limo	ousi	ne		LIC	TE	RR	V.I.		1F1NU	<u>1405</u>)46 .Ass	907	SIC		CTOR	SEAT C	P RAD		EAD	35,000
ZIP W							STATE				GVN	ngcw			~33		310	```			7		FAR	THEST LENIN
GARA	TO	USE		1		CHE	ж		ADD'L	NÔ-	-10	NDRINS		-			DEDUCI	TIBLES		14 	COMP		CI	AISC DR/CR:
WOR	USCHOOL				COMMIL		CK ERAGES		FAULT	┈┝	Т	OTOR OWING		F	x	LSP								OR/CR:
	< 15 MILES		PLEASURE	┡	SERVICE		LIAB NO- FAULT	x	MED P.		&	LABOR PEC OF L	\vdash	FT FTW	Ê	COMP	ls m		43,00			со		
VEH	15 MILES + # YEAR	MAL		oln	SERVICE		FAULT		MOTO	BC	YQC	OFL		FIV					40,00		SYMIAG			ÓST NEW
4	2005				ine					_	<u>(PE;</u> I.N.:	1LNH	V181	W55)	622	2212	3					s		25,000
спту.	STATE.						LIC	TE	RR			VIGCW		_	LASS		SIC	FA	CTOR	SEAT C	P RAD	IUS	FAF	THEST TERM
ZIP W GAR	HERE							0	17											12	_7			
DRIV	TO VSCHOOL	USE			COMMIL	CHE	CK ERAGES		ADD'L FAULT	NO-	Ň	NDRINS		F		LSP	DEDUC	TIBLES	AC	>v	СОМР	X SPE	₽.[]	MISC DR/CR:
	< 15 MILES		PLEASUR	E	RETAIL		LIAB		MED P			OWING		FT		СОМР	P AA	X	ST AM	π \$1(000		1	TOTAL PREM
	15 MILES +		FARM		SERVICE		NO- FAULT	X	UNINS MOTO		XS	PEC OF L		FTW		COLL			43,00	0 \$10		<u></u> co		
VEH	¢ YEAR	MAI	(E: Linc	oln							ODY YPE:										SYMAC	JE	c	OST NEW
5	2003	MO	DEL: Lime	ous	ine		1.00			v .		1L1FN	/181V	· · · ·							P RAD	5		15,000
ZIP W	STATE, HERE						STATE		IRR		GVV	N/GCW			LASS	•	SIC	FA	CTOR	SEAT			FAI	RTHEST TERM
GAR	AGED	USE		- <u> </u>	T	CHE	СК	0	17 ADD'L	NO-	VIL	INDRINS		<u> </u>	1	<u></u>	DEDUC	TIBLES		8	r - hann f	5 SPE C O	c	MISC DR/CR:
WOR	K/SCHOOL		ŀ		COMMIL	<u>cov</u>	ERAGES	┝┥	FAULT	۲ ' -	- ⊣₽	OTOR		F	x	LSP	<u> </u>		STAN]СОМР[_ 000			DR/CR: TOTAL PREM
	< 15 MILES		PLEASUR	۲		X X	LIAB NO- FAULT	\vdash	MED F UNINS MOTO		- 8	LABOR FEC		FT FTW	Î	COM		`			000		ou :	\$
VE	15 MILES +		FARM		SERVICE		FAULT	1_1	мото			BUS	<u> </u>	FIW	1	TCOLL	-1.				SYM/A		_	SOST NEW
6			DEL: Whi	te				_		- 1		1HVB	EAE	M5W	/H5:	3075	8	·				s		25,000
	STATE,	1 410			<u> </u>		LIC	Т	ERR	<u> </u>		NIGCW			LASS		SIC	FA	CTOR	SEAT	CP RAI	วเบร	FA	RTHEST TERM
ZIP V	HERE								17											22	7	5		
DRIV		US	2	Τ-	COMMIL	CHE	CK		ADD'L	NO-	X	JNDRINS		F	Τ	LSP	DEDUC	TIBLES	A	cv X	COMP	SPE C O		MISC DR/CR:
	< 15 MILES		PLEASUR	E	RETAIL	X	LIAB		MED P	YAY	1	I LABOR] ਜਾ	X	сом	iP 🗌 A/	A [ST AN	AT \$1	000			TOTAL PREM
	15 MILES +		FARM		SERVICE	X	NO- FAULT		UNINS					FTW	X	COLL	LS			\$1	000			\$
VEI	f# YEAR	MA	KE: Int'l					-			YPE:	BUS									SYNJA	0E	C	OST NEW
7	2007	мо	DEL: Har	vest	ter					<u> v</u> .	.I.N.:	1HVB	TAA									\$		80,000
	, STATE, VHERE						LIC	1	ERR		GV	WIGCW		6	LAS	5	SIC	FA	CTOR	SEAT			FA	RTHEST TERM
GAR	AGED	1		-1		CHE			17			UNDRINS			.	┯┈┤	DEDUC	1		22	┯┅┷	7 <u>5</u>	EC T	MISC
WOR	KISCHOOL	US	า	\vdash		COV	ERAGES		ADD'L FAUL		പ	MOTOR TOWING	·	F	-	LSP			- <u> </u> ^]COMP []čo	ԴԲ Լ∣_	DR/CR:
<u> </u>	< 15 MILES	\vdash	PLEASUR	۲E	RETAIL	X	LIAB NO-		MED I			& LABOR		FT	X	-		▲ L			000			
1	15 MILES +	1	FARM	1	SERVICE		FAULT.	1 1	MOTO	ΣR İ	i li	SPEC C OF L	1	FTW	X	COLI	L \$			1 \$1	000	C(OLL	3

ACORD 129 (1/98)

©ACORDCORPORATION1993

OP ID: CB

																						T		OP ID: CB
<u>A</u>	<u>C</u>	<u> ORI</u>	D	VE	HI	CLE	S	CH	EDL	JL	Ε													DATE 1/2014
PRODU	-			(xt): 503-							ICANT	<u>r</u>									-	1		1/2014
IML	NG		_		-0/1	-3300			, , ,	(First Named JMI Limousine, Inc.														
		/ 117 T								เกรมก				,										
		RTON,		7005						EFF	ECTIV	EDATE	EXPIR	ATION	DATE		DIRECT B			PAY	MENT	PLAN		AUDIT
John	G.	Meeke	3							1	0/20	1/14	1/	0/20/1	5	x	AGENCY							
										FOR					<u> </u>	1	AGENCI						<u> </u>	
CODE:					SIID	CODE:				COMP	PANY													
	CY C	USTOME	R																					
JMI-	200																							
	_	EDES	CRIP	TION			-		┈┈╴╴				· · · ·											
VEH	_	YEAR		E: Chrys	sier			······			BODY	ZEBR	A								SYMA	GE	(COST NEW
8		2006		EL: 300						- 1.	V.I.N.;			156H4	252	64				_			4	27,000
CITY, S	TAT							LIC	TERR	┱┷		WW/GCW			ASS	Ť	SIC	FAC	TOR	BEAT CI	RA	DIUS		RTHEST TERM
CITY, S ZIP WI GARA	IERE 3ED							JIAIE	017	1			-							8		75		
DRIVE	ŤŎ /SCH	1001	USE			COMMIL	CHEC	K RAGES	ADD FAUL	L NO.	X		Т	F	1		DEDUCTI	BLES	AC		COMP	XS	PEC	MISC DR/CR:
		MILES		PLEASURE		RETAIL	~	LIAB	MED			TOWING & LABOR		FT		OMP			ST AMT	<u> </u>	- 1			TOTAL PREM
	15 M	ILES +		FARM		SERVICE	X	NO- FAULT	UNIN	S	X	SPEC C OF L		FTW		OLL	s	L		\$10			COLL	\$
VEH		YEAR	MAK	E: Chry	sler						BODY	LIMO					1*			T.	SYMA	_		COST NEW
9		2008	MOD	EL: 300N	1						V.I.N.;	2C3K	A530	388H1	247	35						- I,	\$	30,000
CITY, S	STAT							LIC	TERR	Τ	G	ww.gcw		CL	ASS		SIC	FAC	TOR	SEAT C	P RA	ເວເນຣ	FA	ARTHEST TERM
ZIP WI GARA		1							017											10	•	75		
DRIVE	TO /SCI	IOOL	USE			COMML	CHE	RAGES	ADD FAUL	LNO	X	UNDRINS	T	F	T.	SP.	DEDUCTI	BLES	AC	v l	COMP	XS	PEC	MISC DR/CR;
		MILES		PLEASURE		RETAIL		LIAB	MED			TOWING & LABOR		FT		OMP			ST AMI	s10	00			TOTAL PREM
		ILES +		FARM	X	SERVICE		NO. FAULT	UNIN		X	SPEC C OF L		FTW		OLL	s		_	\$10		•	COLL	\$
VEH		YEAR	MAK	E: Ford							BODY		1	استقلقها							SYM/			COST NEW
10		2014		EL: F-75	0						V.I.N.:		F7FL	5DV7	860	45							s	200,000
CITY,	STAT	TE.						LIC	TERR	- <u></u>		WW/GCW		r	ASS	T	SIC	FAC	TOR	SEAT C	P RA	DIUS	F/	ARTHEST TERM
ZIP WI	HERI	1							017											38		75		
DRIVE	TO	IOOL	USE			COMMIL	CHE	ERAGES	ADD	L NO	X	UNDRINS		F	l	.SP	DEDUCT	BLES	AC	v	COMP	X	PEC	MIŚĆ DR/CR:
		MILES		PLEASURE		RETAIL	~	LIAB	1.1	PAY		TOWING & LABOR		FT		COMP			ST AM	r s10	00			TOTAL PREM
	15 N	ILES +		FARM	X	SERVICE	X	NO- FAULT		IS OR	X			FTW	X	OLL	s			\$10	00		COLL	s
VEH	#	YEAR	MAN	:E:							BODY	h									SYM/	AGE		COST NEW
			MOE	EL:							V.I.N.:												\$	
CITY, ZIP W	STA	TE,						STATE	TERR		0	3VW/GCW		CL	ASS		SIC	FAC	TOR	SEAT C	P R/	ADIUS	F/	ARTHEST TERM
GARA	GED	E										<u>.</u>							, I					
DRIVE		HOOL	USE			COMML	CHE COV	CK ERAGES		'L NO LT				F	l	.SP	DEDUCT	TBLES	AC	٧	СОМР		SPÉC C OF L	MISC DR/CR;
	< 15	MILES		PLEASURE		RETAIL		LIAB		PAY	·	TOWING		FT		COMF	> ^		STAM	T S				TOTAL PREM
	15 M	AILES +		FARM		SERVICE		NO- FAULT	UNIN	OR_		SPEC C OF L		FTW		COLL	s			s			COLL	\$
VEH	#	YEAR	MA	KE:							BODY				-				·		SYM/	AGE		COST NEW
			MO	DEL:							V.I.N.	:											<u>s</u>	
CITY, ZIP W								STATE	TERR		(GVW/GCW		CI	ASS		SIC	FAC	TOR	SEAT C	PR	ADIUS	F/	ARTHEST TERM
GARA	GE)			·	·	-					1	<u></u>	<u> </u>	T	_1								MISC
DRIV	s to KVSC	HOOL	USE	· ·		COMMIL	CHE	CK ERAGES			"		'⊢	F		LSP	DEDUCT	IBLES		~ —	COMP		SPEC C OF L	
	< 1	5 MILES		PLEASURE	E	RETAIL	\square	LIAB		PAY				FT		СОМІ			STAM					TOTAL PREM
	_	MILES +	<u> </u>	FARM		SERVICE		NO- FAULT	UNI MO	IOR_	BODY			FTW		COLL				5			COLL	COST NEW
VEH	1#	YEAR	MA	KE:							TYPE										SYM	AGE		COST NEW
			MO	DEL:				LIC		-1	V.I.N.				400		810		TOP	REAT		A DIVIS	S c	ADTIEST TERM
CITY,	STA	.TE, IE						STATE	TERR		1	GVW/GCW		C	LASS		SIC	PA	CTOR	SEAT	~ R	ADIUS	"	ARTHEST TERM
GAR/	\GE)	Tue			·····	CMA	CK		L NO		UNDRIN	s - T		<u> </u>		DEDUCI			L.,	<u> </u>	.	SPEC.	MISC
WOR	k/sc	HOOL	USI		\vdash	COWWL	COV	CK ERAGES		LT	-	TOWING		F		LSP			A		COMP	·لــــا	SPEC C OF L	TOTAL PREM
		5 MILES	┣	PLEASUR	E	RETAIL	┝─┤	LIAB NO-) PAY NS	` 	8 LABOR	'	FT		COM			STAN					4
VE		MILES +		FARM		SERVICE		FAULT	MO		BOD			FTW	1	COLI	L S	·	<u> </u>	5	SYM	AGE	COLL	COST NEW
		I CAR	MA						<u></u>		TYPE	l:									{		•	
		L	MO	DEL:				LIC	TERR	-₁-∔	V.I.N.	.: gvw/gcw			LASS	—1	SIC	FA	CTOR	SEAT	CP R	ADIUS	S F	ARTHEST TERM
CITY ZIP V	HEF	RE						STATE	. unn			2111001									· "		'	
GAR	E TO)	USI			0000	CHE	CK)-] -	UNDRIN	S	F] LSP	DEDUC	TIBLES			COMF		SPEC C OF L	MISC
WOR		CHOOL	-	1	┢──	COMML	<u> co</u> \	ERAGES	FAU	ILT		TOWING		-1	\vdash	COM				·	JCOMP		COFL	TOTAL PREM
		5 MILES MILES +	\vdash	PLEASUR	1-	SERVICE	$\left - \right $	LIAB NO- FAULT		D PAY	\vdash	SPEC	'	FT FTW		COM			_ 31 AM	" <u>-</u>			COLI	-{
	. 12			• • • • • • • • • • • • • • • • • • •					1 BAC3	TOR														

ACORD 129 (1/98)

CACORDCORPORATION1993

Insurance Company File No.	Countersigned at	This certificate and the e be effected by the Company from the date notice is actua	Whenever requested, the	a policy or policies of insurance effective from policy or policies and continuing until cancelec Liability Insurance Endorsement, has or have imposed upon such motor carrier by the provis accordance therewith.		of		has issued to	(hereinafter called Company) of	This is to certify, that the		Filed with W			TP263953	
o. TP263953 (Policy Number) Authorized Company Representative	One Tower Square, Hartford, CT 06183 this 24th day of July, 2015	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 run from the date notice is actually received in the office of the Commission.	Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.	a policy or policies of insurance effective from <u>06/15/2015</u> 12:01 a.m. standard time at the address of the insured stated in said 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.	(Address of Motor Carrier)	3737 SW 117TH AVE BEAVERTON OR 97005	(Name of Motor Carrier)	(Home Office Address of Company) JMI LIMOUSINE INC	One Tr	NORTHLAND INSURANCE COMPANY	(Name of Commission)	WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)	(Executed in Triplicate)	Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE	US 2360346 REFILE	



CERTIFICATE OF LIABILITY INSURANCE

JMI-200 C

OP ID: CB

DATE	(MM/DD/YYYY)
06	/23/2015

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR AL	TER THE CO	VERAGE AFFOR	RDED BY THE	POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy	is an AD , certain	DITIONAL INSURED, the policies may require an e	policy(ies) must ndorsement. A s	be endorsed. atement on th	If SUBROGATIC is certificate doe	ON IS WAIVED as not confer r	, subject to ights to the
certificate holder in lieu of such endor PRODUCER	sement(s	<u>i).</u>	CONTACT John (. Meeke		<u></u>	
JMI INSURANCE INC.			NAME: JONN (PHONE (A/C, No, Ext): 503-1			FAX (A/C, No): 503-64	44-3858
3737 SW 117 TH BEAVERTON, 0R 97005			E-MAIL ADDRESS: Christi	ne@imiinsu			
John G. Meeke					RDING COVERAGE		NAIC #
	_		INSURER A : North	field Insuran	ice Company		
INSURED JMI Limousine, Inc.			INSURER B : Pacifi	c Internation	al UW'S Inc		
3737 SW 117th Ave Beaverton, OR 97005-89	06		INSURER C : Ohio	Casualty Ins	urance Comp		
			INSURER D :	······································			
· · ·			INSURER E :				······
COVERAGES CEI			INSURER F :		REVISION NUM	DED.	(
THIS IS TO CERTIFY THAT THE POLICIE		E NUMBER: JRANCE LISTED BELOW HA	VE BEEN ISSUED	TO THE INSURI			ICY PERIOD
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMI PERTAIN	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACED BY THE POLIC	T OR OTHER IES DESCRIBE	DOCUMENT WITH D HEREIN IS SUB	RESPECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUB	R POLICY NUMBER	POLICY EFI (MM/DD/YYY	POLICY EXP () (MM/DD/YYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENC		1,000,000
CLAIMS-MADE X OCCUR	X	WS232594	03/11/201	5 03/11/2016	DAMAGE TO RENTE PREMISES (Ea occur	rrence) \$	EXCLUDED
					MED EXP (Any one p		EXCLUDED
					PERSONAL & ADV IN		EXCLUDED
POLICY PRO- JECT LOC					GENERAL AGGREG	······································	2,000,000
					PRODUCTS - COMP	/OP AGG \$	2,000,000
AUTOMOBILE LIABILITY		·····			COMBINED SINGLE		5,000,000
B X ANY AUTO	x	PIU	10/20/201	4 10/20/2015	(Ea accident) BODILY INJURY (Per	r person) \$	0,000,000
ALLOWNED SCHEDULED					BODILY INJURY (Per		
AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	E S	97930 0 maaagaada maraan Aaroon Annin
						\$	·
UMBRELLA LIAB OCCUR					EACH OCCURRENC	E \$	
EXCESS LIAB CLAIMS-MAD					AGGREGATE	<u>s</u>	
DED RETENTION S					000	<u>\$</u>	· · · · · · · · · · · · · · · · · · ·
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER STATUTE	OTH- ER	
C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	OHIO CASUALTY	03/11/201	5 03/11/2016			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA E		
DESCRIPTION OF OPERATIONS below					EL DISEASE - POLI	CY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	,			ore space is requi	rød)		
The City of Portland, its Officers, Ag	ents & E	mployee's are include	das				
Additional Insureds as respects to on holders work as a for hire transport in accordance with the attached add	ation cor	npany, covered by suc	h policies				
in accordance with the attached add all policy terms, conditions & exclus	litional in	nsured endorsement si	ubject to				
an poncy terms, conditions a exclus	nona.	,					
CERTIFICATE HOLDER			CANCELLATIO	NI		·····	
	<u> </u>		CANCELLATIO				
City of Portland its Offic	ers,		THE EXPIRATI	ON DATE TH	DESCRIBED POLICI EREOF, NOTICE CY PROVISIONS.		
Agents & Employee's 111 SW Columbia St Ste	600				7		
Portland, OR 97201			AUTHORIZED REPRE John G. Meek		MAS		
New York (1997)			© 19	8-2014 ACOF	O CORPORATIO	ON. All rights	reserved.

The ACORD name and logo are registered marks of ACORD

Leipski, Tina (UTC)

From:
Sent:
To:
Subject:

Christine Banks <christine@jmiinsurance.com> Wednesday, July 22, 2015 2:41 PM Leipski, Tina (UTC) RE: JMI LIMOUSINE REINSTATEMENT

Yes please process. Pay the 450 to reinstate 🙂

From: Leipski, Tina (UTC) [mailto:tleipski@utc.wa.gov]
Sent: Tuesday, June 30, 2015 9:08 AM
To: Christine Banks
Cc: Johnny Meeke
Subject: RE: JMI LIMOUSINE REINSTATEMENT

I still have your application on my desk waiting to proceed. Please let me know if I can charge your credit card or not.

Thanks!

Tina Leipski Utilities & Transportation Commission Licensing Services 360-664-1170 fax 360-586-1181

From: Leipski, Tina (UTC) Sent: Tuesday, June 23, 2015 10:49 AM To: 'Christine Banks' Subject: RE: JMI LIMOUSINE REINSTATEMENT

Unfortunately, because you have 10 vehicles, it will be the \$450.00.

Let me know how to proceed. Thanks! Tina

From: Christine Banks [mailto:christine@jmiinsurance.com] Sent: Tuesday, June 23, 2015 10:45 AM To: Leipski, Tina (UTC) Subject: RE: JMI LIMOUSINE REINSTATEMENT

Here is the correct form. How much will it be??? it won't be the \$450.00 will it??? please advise me before charging! Thank you for all your help!

From: Leipski, Tina (UTC) [mailto:tleipski@utc.wa.gov] Sent: Friday, June 19, 2015 1:23 PM To: Christine Banks

Cc: sandra@piuinc.com Subject: RE: JMI LIMOUSINE REINSTATEMENT

Hi Christine,

Unfortunately, you have completed the wrong application. You need to complete the application for a charter/excursion since that's the authority you held before. I'm attaching a blank copy of the application.

Sincerely,

Tina Leipski Utilities & Transportation Commission Licensing Services 360-664-1170 fax 360-586-1181

From: Christine Banks [mailto:christine@jmiinsurance.com] Sent: Friday, June 19, 2015 12:24 PM To: Leipski, Tina (UTC) Cc: sandra@piuinc.com Subject: JMI LIMOUSINE REINSTATEMENT

Attached is the reinstatement for the utc and the Form E should be sent over as soon as this is reinstated. Thank you

Christine Banks Compliance Manager <u>JML LIMOUSINE</u> Secretary <u>OREGON LIVERY ASSOCIATION</u> Insurance Agent <u>JMI INSURANCE</u>

JMI

3737 SW 117th Ave. | Beaverton, OR 97005 -Direct: 971-327-4693 | Office: 503-671-9966 ext. 180 Fax: 503-644-3858 | Cell: 503-914-8461(After Hours) Email: <u>christine@jmiinsurance.com</u>

This E-mail is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521 and is legally privileged. This information is confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. Please immediately notify JMI Insurance, and destroy the message.