

Reinstate

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)	CH 65854 \$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 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 #124080 Exp Date _____ Month/Year _____	
Amount \$ <u>450⁰⁰</u> Company Name: <u>JMI LIMOUSINE INC.</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>7/24/15</u> 06/23/2015

(For Commission Use Only) 111 0268 232 01	Company ID: <u>16794</u>	Docket TE-
111 0268 232 02	Date Filed: <u>7/24/15</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>25 x 10</u>	Insurance: <u>[Signature]</u>
111 0268	DOL: <u>[Signature]</u>	SOS: <u>[Signature]</u>

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 #: 603463168 E-Mail: johnnymeeke@

JMIInsurance.com

Type of business structure:

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

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>		
<u>Johnny Meeke</u>	<u>owner</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2360346 (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 an 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 12/1/19 County, State WASHINGTON, OR. 97005

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

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name JMI LIMOUSINE INC.

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
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There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Certificate No:
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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	BODY TYPE	V.I.N.	SYM/AGE	COST NEW					
1	2003	Lincoln	Limousine		1L1FM81W13Y660101		\$ 15,000					
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	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$
2	2000	Ford	Bus		1FDXE45FXHB24970		\$ 30,000					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
			017					14	75			
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$
3	2006	Ford Excursion	Limousine		1F1NU40S55ED46907		\$ 35,000					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
			017					14	75			
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$
4	2005	Lincoln	Limousine		1LNHM81W55Y6222123		\$ 25,000					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
			017					12	75			
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA	X	\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$43,000		COLL \$
5	2003	Lincoln	Limousine		1L1FM81W33Y643753		\$ 15,000					
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	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$
6	1998	Int'l	White	BUS	1HVBEABM5WH530758		\$ 25,000					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
			017					22	75			
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$
7	2007	Int'l	Harvester	BUS	1HVBTAAM57H506467		\$ 80,000					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
			017					22	75			
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X		TOWING & LABOR			AA		\$1000		TOTAL PREM
15 MILES +	FARM	SERVICE	X		SPEC C OF L	FTW	X			\$1000		COLL \$

ACORD™ VEHICLE SCHEDULE

DATE
12/1/2014

PRODUCER PHONE (A/C, No, Ext): 503-671-9966 JMI INSURANCE INC. 3737 SW 117 TH BEAVERTON, OR 97005 John G. Meeke	APPLICANT (First Named Insured) JMI Limousine, Inc.										
CODE: AGENCY CUSTOMER ID JMI-200	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:10%;">DIRECT BILL</td> <td style="width:30%;">PAYMENT PLAN</td> <td style="width:10%;">AUDIT</td> </tr> <tr> <td>10/20/14</td> <td>10/20/15</td> <td>X</td> <td>AGENCY BILL</td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT	10/20/14	10/20/15	X	AGENCY BILL	
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
10/20/14	10/20/15	X	AGENCY BILL								
FOR COMPANY USE ONLY											

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: Chrysler	MODEL: 300	BODY TYPE: ZEBRA	V.I.N.: 2C3KA63H56H425264	SYM/AGE	COST NEW					
						\$ 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	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X									TOTAL PREM
15 MILES +	FARM	SERVICE	X				X			\$1000		
										COLL	\$	
VEH #	YEAR	MAKE: Chrysler	MODEL: 300M	BODY TYPE: LIMO	V.I.N.: 2C3KA53G88H124735	SYM/AGE	COST NEW					
						\$ 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	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X									TOTAL PREM
15 MILES +	FARM	SERVICE	X				X			\$1000		
										COLL	\$	
VEH #	YEAR	MAKE: Ford	MODEL: F-750	BODY TYPE: LIMO	V.I.N.: 3FRXF7FL5DV786045	SYM/AGE	COST NEW					
						\$ 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	COMML	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	X									TOTAL PREM
15 MILES +	FARM	SERVICE	X				X			\$1000		
										COLL	\$	

TP263953

US 2360346

REFILE

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)
(hereinafter called Company) of One Tower Square, Hartford, CT 06183
(Home Office Address of Company)

has issued to JMI LIMOUSINE INC (Name of Motor Carrier)
of 3737 SW 117TH AVE BEAVERTON OR 97005
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/15/2015 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.

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 One Tower Square, Hartford, CT 06183 this 24th day of July, 2015
(Address)

Insurance Company File No. TP263953 (Policy Number)

Authorized Company Representative



JMI-200 OP ID: CB

CERTIFICATE OF LIABILITY INSURANCE

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

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 E-MAIL ADDRESS: Christine@jmiinsurance.com FAX (A/C, No): 503-644-3858		
INSURED JMI Limousine, Inc. 3737 SW 117th Ave Beaverton, OR 97005-8906		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Northfield Insurance Company		
		INSURER B: Pacific International UW'S Inc		
		INSURER C: Ohio Casualty Insurance Comp		
		INSURER D:		
		INSURER E:		

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	WS232594	03/11/2015	03/11/2016	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/OP AGG \$ 2,000,000
B	X AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X	PIU	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 EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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 <input type="checkbox"/> N/A	OHIO CASUALTY	03/11/2015	03/11/2016	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)

The City of Portland, its Officers, Agents & Employee's are included as Additional Insureds as respects to claims, in the course of the permit holders work as a for hire transportation company, covered by such policies in accordance with the attached additional insured endorsement subject to all policy terms, conditions & exclusions.

CERTIFICATE HOLDER

City of Portland its Officers,
Agents & Employee's
111 SW Columbia St Ste 600
Portland, OR 97201

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

Leipski, Tina (UTC)

From: Christine Banks <christine@jmiinsurance.com>
Sent: Wednesday, July 22, 2015 2:41 PM
To: Leipski, Tina (UTC)
Subject: 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
JMI LIMOUSINE
Secretary
OREGON LIVERY ASSOCIATION
Insurance Agent
JMI INSURANCE

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: christine@jmiinsurance.com

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