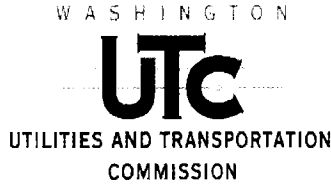


TE-160173-CT

RECEIVED  
RECORDS MANAGEMENT

2016 FEB -2 AM 9:53

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



STATE OF WA  
UTIL. AND TRANSPORTATION  
COMMISSION

e-mail: Transportation@utc.wa.gov

### APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	300.00	Company ID: 17447	Docket TE- 160173
111 0268 232 02	200.00	Date Filed: 2/2/16	Safety Inspection:
111 0268 232 03		Reg Fees: 01 x 12	Insurance: 010
111 0268		DOL:	SOS:
Receipt ID: 057620		Payment ID: 021325	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li><input type="checkbox"/> If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <u>WAC-480-30-121</u> .	<b>\$200.00</b>
<b>Plus,</b>	
<input type="checkbox"/> <b>Regulatory Fee</b> - In accordance with <u>RCW 81.70.350</u> "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.	
Total number of vehicles to be operated <u>12</u> x \$25 per vehicle	= \$ <u>300</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ <u>500</u>
<input type="checkbox"/> <b>Name Change</b> - <u>WAC 480-30-146</u>	<b>\$ 35.00</b>
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.	
Company Name: _____	

**TYPE OF PAYMENT**

**NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.**

Check     Money Order                      Amount: \$ 500.00

Amex    CCV# \_\_\_\_\_ (four digit code on front of card)    Expiration Date: \_\_\_\_\_

Discover     Mastercard     Visa                      CCV # \_\_\_\_\_ (three digit code on back of card)

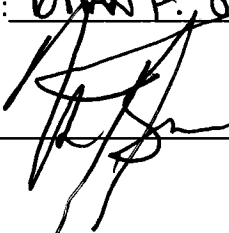
Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Company Name: We Drive U, Inc.

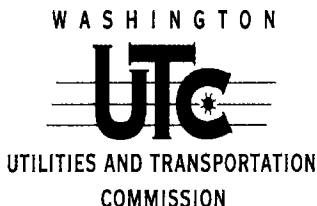
Name (printed): Bryan F. Souds.                      Date: 1/29/16

Signature:                       Title: CEO

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission  
P.O. Box 47250  
Olympia, WA 98504-7250



**SECTION 1 – APPLICANT INFORMATION**

Legal Name: WeDriveU, Inc.  
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): \_\_\_\_\_  
Trade name(s) must be registered under your UBI number

**Mailing Address:**

**Physical Address:**

Street 700 Airport Blvd. Ste 250 Street \_\_\_\_\_  
City Burlingame, CA. City \_\_\_\_\_  
State/Zip CA. 94010 State/Zip \_\_\_\_\_

Phone Number: 650-645-6800 Fax Number: 650-579-5895

UBI #: 002810723 E-Mail: brian.soves@wedriveu.com

Website: www.wedriveu.com

**Type of business structure**

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

If a Partnership, Corporation, or Other, 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>Dennis O Carlson</u>	<u>CEO - President</u>	<u>99.5</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # 2286995 If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3810 for assistance.

**Business Operations**

Describe the type of tours/excursions you plan on providing: Providing Transportation Shuttle Services to Corporate Companies Employees from Transportation points to Corporate Camps Under Contract.

**SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<i>See Attached Sheet</i>			

**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.

<b>Name:</b> <i>Greg Mohr</i>	<b>Position:</b> <i>Director Safety &amp; Fleet</i>
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**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: Pat Mc Conn Position: Controller.

**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: Brian F. Sover Position: CFO

**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 Brian F. Sover

Signature of applicant [Signature]

Date 1/28/2016 County, State San Mateo, CA.

*Vehicle  
attachment*

**WeDriveU Vehicle Listing Washington State**

<b>Unit #</b>	<b>Year</b>	<b>Model</b>	<b>Vin</b>	<b>Plate</b>	<b>PAX</b>	<b>Location</b>
8203598	2014	Starcraft	1FD4E4FS1EDB19974	C44708C	24	18712 Bothell Everest Highway, Bothell, WA 98012
8203599	2014	Starcraft	1FD4E4FS0EDB19965	C44709C	24	18713 Bothell Everest Highway, Bothell, WA 98012
W08697	2015	Starcraft	1FD4E4FS3FDA08697	C02454F	24	18714 Bothell Everest Highway, Bothell, WA 98012
8302139	2015	Ameritrans	1FVACWDT0GHHB8326	C48036F	38	18715 Bothell Everest Highway, Bothell, WA 98012
8302140	2016	Ameritrans	1FVACWDT5GHHB9892	C48035F	38	18716 Bothell Everest Highway, Bothell, WA 98012
8302141	2016	Ameritrans	1FVACWDT4GHHB3268	C48243F	38	18717 Bothell Everest Highway, Bothell, WA 98012
8302142	2016	Ameritrans	1FVACWDT8GHHB3273	C48244F	38	18718 Bothell Everest Highway, Bothell, WA 98012
8302143	2016	Ameritrans	1FVACWDT7GHHB3278	C69713F	38	18719 Bothell Everest Highway, Bothell, WA 98012
8302144	2016	Ameritrans	1FVACWDT0GHHB3283	C69714F	38	18720 Bothell Everest Highway, Bothell, WA 98012
W41370	2015	TX 45 Van Hool	YE2YC22B6F2077370	C48034F	52	18722 Bothell Everest Highway, Bothell, WA 98012
W41371	2015	TX 45 Van Hool	YE2YC22B8F2041371	C48033F	52	18723 Bothell Everest Highway, Bothell, WA 98012
W41336	2015	TX 45 Van Hool	YE2YC21B4F2041336	C48005F	52	18724 Bothell Everest Highway, Bothell, WA 98012

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **NATIONAL UNION FIRE INSURANCE CO OF PA** (hereinafter called Company)  
of **175 Water Street, NEW YORK, NY 10270**

has issued to **WeDriveU Inc. of 700 Airport Blvd Suite 250, Burlingame, CA 94010**

a policy or policies of insurance effective from **04/01/2015** 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 **1200 Abernathy Road, N.E., Bldg 600, Atlanta, GA 30328**

this **29** day of **January**, 20**16**

Insurance Company File No. **3814933**  
(Policy Number)

**Bill Fahrner**  
(Authorized Company Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2015

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 LIC #0B29370      1-925-244-7700 Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch ID 14605] P.O. BOX 5003  San Ramon, CA 94583	CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): (925) 244-7700      FAX (A/C, No): (925) 901-0671 E-MAIL ADDRESS: EPICcerts@epicbrokers.com														
INSURED WeDriveU Holdings, Inc., WeDriveU, Inc., WeDriveU Leasing, Inc. and WeDriveU Canada, Inc. 700 Airport Blvd, Suite 250  Burlingame, CA 94010	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: BURLINGTON INS CO</td> <td>23620</td> </tr> <tr> <td>INSURER B: NATIONAL UNION FIRE INS CO OF PITTS</td> <td>19445</td> </tr> <tr> <td>INSURER C: LEXINGTON INS CO</td> <td>19437</td> </tr> <tr> <td>INSURER D: NORTH AMER CAPACITY INS CO</td> <td>25038</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: BURLINGTON INS CO	23620	INSURER B: NATIONAL UNION FIRE INS CO OF PITTS	19445	INSURER C: LEXINGTON INS CO	19437	INSURER D: NORTH AMER CAPACITY INS CO	25038	INSURER E:		INSURER F:	
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**COVERAGES**      **CERTIFICATE NUMBER: 45379079**      **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HGL0039774	11/01/14	04/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <b>Any Bus</b>		3814933	04/01/15	04/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ <b>1.5</b> PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		048883368 (XS Any Bus)	11/01/14	04/01/16	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	XS GL & XS Excess Bus		ELX000012402	11/01/15	04/01/16	\$6Mil Occ    6MilAgg
B	Sched Bus Phy Dmg		3814933	04/01/15	04/01/16	Actual Cash Value    5KComp/Coll

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

<b>CERTIFICATE HOLDER</b>  *Evidence of Coverage*	<b>CANCELLATION</b>  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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2015

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<b>PRODUCER</b> <b>Edgewood Partners Insurance Centers (EPIC)</b> [San Mateo - Branch ID 14605] P.O. BOX 5003  <b>San Ramon, CA 94583</b>	<b>CONTACT NAME:</b> Certificates Department	
	<b>PHONE</b> (A/C, No, Ext): (925) 244-7700	<b>FAX</b> (A/C, No): (925) 901-0671
<b>E-MAIL ADDRESS:</b> EPICcerts@epicbrokers.com		
<b>INSURED</b> <b>WeDriveU Holdings, Inc., WeDriveU, Inc.,</b> <b>WeDriveU Leasing, Inc. and WeDriveU Canada, Inc.</b> 700 Airport Blvd, Suite 250  <b>Burlingame, CA 94010</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Catlin Specialty Insurance Comp	
	<b>INSURER B:</b> RSUI Indemnity Company	
	<b>INSURER C:</b> Beazley Insurance Company, Inc.	
	<b>INSURER D:</b> Federal Insurance Company	
	<b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 45379080

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> \$50K SIR <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>XAC918730417</b>	<b>11/01/15</b>	<b>04/01/17</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$3,000,000</b> BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<b>B</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCC <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			<b>NHA239068 - Over Non-Owned Auto</b>	<b>11/01/15</b>	<b>04/01/17</b>	EACH OCCURRENCE <b>\$2,000,000</b> AGGREGATE <b>\$2,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
<b>C</b>	<b>E&amp;O and Cyber Liab.</b>			<b>V15WIP150701</b>	<b>11/01/15</b>	<b>04/01/17</b>	<b>\$2Mil Limit / \$25K Ded</b>
<b>D</b>	<b>3rd Party Crime</b>			<b>82245319</b>	<b>11/01/15</b>	<b>11/01/16</b>	<b>\$1Mil Limit / \$5K Ded</b>

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

**CERTIFICATE HOLDER****CANCELLATION**

\*Evidence of Coverage\*

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



# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> Edgewood Partners Insurance Centers (EPIC) [San Mateo Branch] P.O. BOX 5003  San Ramon, CA 94583		<b>CONTACT NAME:</b> Certificates Department	
		<b>PHONE</b> (A/C, No, Ext): (925) 244-7700	<b>FAX</b> (A/C, No): (925) 901-0671
		<b>E-MAIL ADDRESS:</b> EPICcerts@epicbrokers.com	
<b>INSURED</b> WeDriveU Holdings, Inc., WeDriveU, Inc., WeDriveU Leasing, Inc. and WeDriveU Canada, Inc. 700 Airport Blvd, Suite 250  Burlingame, CA 94010		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> NAT'L UNION FIRE INS CO OF PITTS	<b>NAIC #</b> 19445
		<b>INSURER B:</b> NEW HAMPSHIRE INS CO	23841
		<b>INSURER C:</b> Columbia Insurance Company	27812
		<b>INSURER D:</b> CHUBB CUSTOM INS CO	38989
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 45379081

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCC <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N			039901570 - CA	04/01/15	04/01/16	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
<b>B</b>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N/A			039901569 - AOS	04/01/15	04/01/16	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
<b>C</b>	Hired Auto Liab.			71APR327850	11/01/15	04/01/16	\$1Mil Limit
<b>D</b>	XS Hired Auto & GL			79965267	11/01/15	11/01/16	\$4Mil Limit

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

**CERTIFICATE HOLDER****CANCELLATION**

\*Evidence of Coverage\*

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2015

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 LIC #0B29370 1-925-244-7700 Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch ID 14605] P.O. BOX 5003  San Ramon, CA 94583	CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): 925-244-7700 FAX (A/C, No): 925-901-0671 E-MAIL ADDRESS: EPICcerts@epicbrokers.com														
INSURED WeDriveU Holdings, Inc., WeDriveU, Inc., WeDriveU Leasing, Inc. and WeDriveU Canada, Inc. 700 Airport Blvd, Suite 250  Burlingame, CA 94010	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE AMER INS CO</td> <td>22667</td> </tr> <tr> <td>INSURER B: TORUS SPECIALTY INS CO</td> <td>44776</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE AMER INS CO	22667	INSURER B: TORUS SPECIALTY INS CO	44776	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**

CERTIFICATE NUMBER: 45378134

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHFD38341509002 (Foreign)	05/01/15	05/01/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PHFD38341509002 (Foreign)	05/01/15	05/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>Medical Payments</b> \$ 50,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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		PHFD38341509002 (Foreign)	05/01/15	05/01/16	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>Employment Practices Liab.</b>		30720D151ASP	07/25/15	07/25/16	Limit: \$1,000,000 Ret: 50,000
B	<b>Directors and Officers Liab.</b>		30720D151ASP	07/25/15	07/25/16	Limit: \$1,000,000 Ret: 25,000

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

**CERTIFICATE HOLDER****CANCELLATION**

\*Evidence of Coverage\*

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AUTHORIZED REPRESENTATIVE

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## Leipski, Tina (UTC)

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**From:** Brian Sours <brian.sours@wedriveu.com>  
**Sent:** Wednesday, February 03, 2016 4:31 PM  
**To:** Leipski, Tina (UTC)  
**Cc:** Chris Jones; Greg Mohr  
**Subject:** RE: CHARTER/EXCURSION APPLICATION

WeDriveU, Inc. UBI is 602810723 as requested below. Additionally we had our insurance broker send a Form E to the UTC and they said they had no application or filing to attach the form E. I will forward that email from the respective UTC contact on that issue. If you could follow this application to that individual that would be helpful.

Best,  
Brian F. Sours  
VP Finance  
**WeDriveU, Inc.**  
Transportation Management & Staffing  
700 Airport Blvd.Suite 250  
Burlingame, CA. 94010  
Direct 650-645-6815  
Email - brian.sours@wedriveu.com  
Website - <http://www.wedriveu.com>

**From:** "Leipski, Tina (UTC)" <[tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov)>  
**Date:** February 3, 2016 at 2:32:53 PM PST  
**To:** "chrisj@wedriveu.com" <[chrisj@wedriveu.com](mailto:chrisj@wedriveu.com)>  
**Subject:** CHARTER/EXCURSION APPLICATION

Hi there,

I'm hoping you can help me. We've received an application for a charter/excursion certificate in Washington state for WeDriveU, Inc. The application is almost complete but it's missing the Unified Business Identifier (UBI#) for Washington state. Do you happen to have one?

Also, are you planning on using any trade names? They must be registered with us if you are. Let me know. Thanks!

Sincerely,

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