

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 SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <u>807</u>	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

024656

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. 	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - 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>1</u> x \$25 per vehicle	= \$ 25.00
Total due (\$200, plus, \$25 per vehicle)	= \$225.00
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 35.00
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: <u>Escapades Northwest LLC</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: ESCAPADES NORTHWEST LLC _____
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): ESCAPADES NORTHWEST _____
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 936 N 34th St, STE 400

Street 5657 S 328th Pl

City SEATTLE

City AUBURN

State/Zip WA 98103

State/Zip WA 98001

Phone Number: 425 753 8789

Fax Number: NONE

UBI #: 604080206

E-Mail: nick@escapadesnw.com

Website: www.escapadesnorthwest.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>NICHOLAS SMITH</u>	<u>MEMBER</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: NONE

USDOT # 2962357 If you don't have a USDOT #, go online at 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: Day sightseeing, hiking and snowshoeing excursions from Seattle to Mt Rainier national park, Olympic national park, Mt St Helens national monument, US2 and I90 corridor including Stephens and Snoqualmie Pass, and Leavenworth, and city tours of Seattle

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
BEC6625	2016 Ford Transit 350	1FBAX2CG7GKB08347	15

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: NICHOLAS SMITH

Position: CEO

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

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 NICHOLAS SMITH

Signature of applicant N. Smith

Date 3/2/2017 County, State AUBURN WA



National Indemnity group of insurance companies
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102-1944



Commercial Auto Insurance Binder

ESCAPADES NORTHWEST, LLC.
 DBA: ESCAPADES NORTHWEST
 936 N 34TH STREET #4F
 SEATTLE, WA 98103

Policy Term: 03/01/2017 12:01 AM to 03/01/2018 12:01 AM
 Policy Number: 71APR347424
 Minimum Earned Premium: \$0
 Business Description: SIGHTSEEING TOURS

Total Policy Premium: \$4,848.00

Issued by: Griffin Underwriting Services (Bellevue, WA)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.
 Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 03/01/2017 12:01 AM with Columbia Insurance Company.

Coverage Information

<u>Coverage</u>	<u>Limit</u>
Liability (BI & PD) Liability applies to scheduled autos only.	\$1,500,000 Combined Single Limit
Underinsured Motorist (BI & PD)	\$1,000,000 Combined Single Limit (BI/PD)
Medical Payments	\$5,000
Personal Injury Protection	
Medical & Hospital Expense	Not Covered
Funeral Expense	Not Covered
Income Continuation	Not Covered
Loss of Services	Not Covered
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.

Vehicle Information

1. 2016 FORD TRANSIT-350 WAGON	VIN: 1FBAX2CG7GKB08347	with UMPD
Physical Damage Stated Value: \$35,000	Comprehensive / Collision Deductibles: \$1,000 / \$1,000	

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

CONFIRMATION OF BINDING - REVISED

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

Date Issued: Feb 27, 2017

Producer: AGT6559
Quality Risk Mgmt - Seattle
22727 Highway 99, Ste. 207
Edmonds, WA 98026

Insured:
Escapades Northwest, LLC
5657 328th Pl
Auburn, WA 98001

Description of Risk: Sighting seeing

Insurer: Columbia Insurance Company [71]

Assigned Policy or Certificate Number: 71APR347424

Effective Period: 3/1/2017 to 3/1/2018

Term: 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

Coverage: AUTO LIABILITY

Limits: Per the attached

Deductible: Per the attached

Exposures: 1 passenger van / 150 mile radius

Terms/Conditions: Endorsements / Notable Exclusions:

Schedule auto coverage

Binding Requirements / Subject To:

Quote subject to revision upon receipt of application.

Coverage can be bound no earlier than the postmark date of the signed, completed application and an Agency check for the Down Payment.

No flat cancellations.

Fully complete and signed application

Acceptable mvr's

Single state filing only

Please forward signed M-5755 Rejection form to complete our underwriting file.

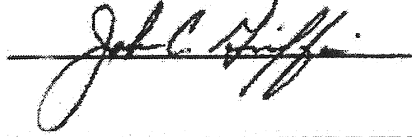
All other terms and conditions apply per policy forms.

Agent Commission: 10%

Total Premium: \$4,848.00

Financing is available through IFC; please contact our Accounting Dept. for terms.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

A handwritten signature in cursive script, reading "John C. Griffin", is written over a solid horizontal line.

AUTHORIZED REPRESENTATIVE, GRIFFIN UNDERWRITING SERVICES
INSURED: Escapades Northwest, LLC DATE ISSUED: Feb 27, 2017 SUBMISSION #: 17011836E

**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 71 COMPANY
Columbia Insurance Company

POLICY NUMBER 71 APR 347424 EFFECTIVE DATE 03/01/2017 12:01 AM EXPIRATION DATE 03/01/2018 12:01 AM

YEAR 2016 MAKE/MODEL FORD TRANSIT-350 WAGON VEHICLE IDENTIFICATION NUMBER 1FBAX2CG7GKB08347

GENERAL AGENCY ISSUING CARD
Griffin Underwriting Services
1980 112th Ave NE, Ste 210
Bellevue, WA 98004

INSURED
ESCAPADES NORTHWEST, LLC. DBA: ESCAPADES NORTHWEST
936 N 34TH STREET #4F
SEATTLE, WA 98103

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

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IDENTIFICATION CARD**

COMPANY NUMBER 71 COMPANY
Columbia Insurance Company

POLICY NUMBER 71 APR 347424 EFFECTIVE DATE 03/01/2017 12:01 AM EXPIRATION DATE 03/01/2018 12:01 AM

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claims@nationalindemnity.com

CUT ALONG THIS LINE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Mar 02, 2017

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
Quality Risk Mgmt - Seattle
22727 Highway 99, Ste. 207
Edmonds, WA 98026
INSURED
Escapades Northwest, LLC
936 N 34th Street #4F
Seattle, WA 98103

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE: NAIC #

INSURER A: **Columbia Insurance Company [71]**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			71APR347424	3/1/2017	3/1/2018	EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	POLICY PROJECT LOC						GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY						PRODUCTS-COMP/OP AGG. \$
	ANY AUTO X SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
	ALL OWNED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE						PROPERTY DAMAGE (per accident) \$
DED RETENTION \$			EACH OCCURRENCE \$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							AGGREGATE \$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N						WC STATUTORY LIMITS OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	PHYSICAL DAMAGE			71APR347424	3/1/2017	3/1/2018	\$35,000 1000 COMP/COLL DED

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

Certification hold is named as Designated Insured

CERTIFICATE HOLDER

Nicolas Smith
5657 328th PL
Auburn, WA 98001

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLCY PROVISIONS.

AUTHORIZED REPRESENTATIVE