



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

PASSENGER CHARTER AND EXCURSION CARRIER SERVICES

This application packet contains the following information:

- Application Forms
- Checklist
- WAC 480-30 Passenger Transportation Rules
- “Your Guide to Achieving a Satisfactory Safety Record”

You **may not begin** operations as a charter and excursion carrier service until you are granted authority and a certificate is issued to you by the Utilities & Transportation Commission (UTC). You must also obtain a USDOT number from the **Federal Motor Carrier Safety Administration (FMCSA)**.

Insurance/Bond: Contact your insurance agent to provide verification of bodily injury and property damage insurance (Form E) or surety bond (Form G) covering each motor vehicle you operate in Washington. The insurance or a surety bond must be at the following minimum levels:

Motor vehicles that:	Must have insurance or a surety bond at the following minimum levels:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

Regulatory Fees: Initial regulatory fees of \$25 per vehicle are due at the time application is submitted. Thereafter, annual regulatory fees of \$25 per vehicle are due by May 1 of each year.

Equipment List/Inspection: Describe the equipment that will be used. Once all application and insurance requirements are met, our compliance staff will contact you to make arrangements to have your vehicles inspected. Vehicles must be inspected and have a valid Commercial Vehicle Safety Alliance (CVSA) decal attached before a charter and excursion carrier service certificate will be issued.

CHECKLIST

Please complete and/or include the following items with your Passenger Charter and Excursion Carrier Services application:

Indicate the type of Application

- If applying for a new certificate, complete entire application and pay applicable fee along with the regulatory fee for each vehicle.
- If applying for a transfer, complete the entire application, pay applicable fees and include Attachment A.

Section 1 – Applicant Information

- Legal name must match your registered name with **Business Licensing Services**.
- Trade name(s) if any. If you plan on using other names than your legal name, include them on the application. They also must be registered with Business Licensing Services.
- Include mailing address and physical address, if different.
- Record your Unified Business Identifier (UBI# / business license number).
- If corporation or LLC, you must be registered with the **Secretary of State's Office**. Also list the names, titles, and percentages of ownership/members of business.
- Record your **USDOT number**. This is a requirement for intrastate passenger carriers. The legal name and trade name must match exactly.
- Describe the type of tours/excursions you plan on providing (attach additional sheets if needed).

Section 2 - Equipment

- List all vehicles that will be used to transport passengers. The equipment will be inspected once all requirements are met and we have insurance on file.

Section 3 – Safety and Operations

- Indicate the name and position of the person that will be responsible for these requirements.

Section 4 – Declaration of Applicant

- Sign and date.

Insurance

- Contact your insurance agent and request a **Form E filing** (combined single limit of public liability and property damage). The insurance must be in your **legal name**. We will accept a Binder or Certificate of Liability (COI) for up to 60 days or until the Form E is received. The Binder or COI must show the Washington Utilities & Transportation Commission as the certificate holder. Mail, or email to the above address or email address. **See insurance requirements.**

Once all requirements are met and insurance is received, we will set up an inspection of your vehicles.



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APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

FOR OFFICAL USE ONLY				
Date Filed:	Company:	Docket #:		
Receipt ID:	Payment ID:	App Fee:	Reg Fee:	Total Paid:
111 0268	111 0268 232 01	111 0268 232 02		111 0268 232 03

Passenger Charter and Excursion Carrier Services WAC 480-30	Fee Required
<input checked="" type="checkbox"/> New Authority – Complete this application. <input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. Complete this application in addition to Attachment A – Joint Application for Transfer of Charter/Excursion Authority . <input type="checkbox"/> Reinstate a previously cancelled certificate; WAC-480-30-121 .	\$200
Additional Fees	
Regulatory Fee - 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.	
Total number of vehicles to be operated x \$25 per vehicle	= \$25
Total due (\$200, plus, \$25 per vehicle)	= \$225
<input type="checkbox"/> Name Change - WAC 480-30-146 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. New Company Name:	\$35

FILING YOUR APPLICATION

- Select **one** of the following:
- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov or,
 - Mail your application **with** your check or money order to the following address:
 UTC, PO Box 47250, Olympia, WA 98504-7250
 - PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

ACH on-line (no service fee) or credit card on-line at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION



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Section 1 - APPLICATION

Legal Name: **Elite Tours LLC**

Trade Name, if applicable: **Elite Tours**

Physical Address: **177 Katie Ln**

Mailing Address: **177 Katie Ln**

Telephone Number: **509-969-7128** Email: **Chuck7J@gmail.com**

Contact Name: **Chuck Johnson** Website:

USDOT#: **3986104** If you do not have a USDOT number, go online at <https://cms8.fmcsa.dot.gov> to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue? No Yes

Business License/UBI#: **604322576**

Business Structure

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation
Washington ▼

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

Name	Title	Stock Distribution/% of Shares
Chuck Johnson	Owner	100%
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Operations

1. Describe the type of tours/excursions you plan on providing:

The focus will be tours around the Yakima valley and trips to Seattle/Portland from Yakima.

2. Have you or your company ever been cited for business-related violations of state laws or commission rules by the UTC or any other federal or state agency? No Yes If yes, please explain:



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3. Will you be employing CDL drivers? Yes No

If "yes" you must submit proof of enrollment in a drug and alcohol testing program.

Section 2 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before a permit is granted. All fields are required. Per WAC 480-30-036 (2), "Party Bus" means any motor vehicle whose interior enables passengers to stand and circulate throughout the vehicle because seating is placed around the perimeter of the bus or is nonexistent and in which food, beverages, or entertainment may be provided. A motor vehicle configured in the traditional manner of forward-facing seating with a center aisle is not a party bus.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity	Party Bus
1994	Ford Econoline	BOH6975	1FDKE30G5RHC20169	15	YES <input checked="" type="radio"/>

**attach additional pages if necessary*

Section 3 - SAFETY

Identify 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 the publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

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. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

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: **Chuck Johnson**

Position: **Owner**



Section 4- OPERATIONAL RESPONSIBILITIES

Identify 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 financial report with the commission and pay regulatory fees by May 1 of each year.

Name: Chuck Johnson	Position: Owner
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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: Chuck Johnson	Position: Owner
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Section 5 - DECLARATION OF APPLICANT

INITIAL

- CRJ I understand that filing this application **does not** in itself constitute authority to operate as a passenger charter and excursion carrier.
- CRJ 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.
- CRJ 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.
- CRJ I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name: Chuck Johnson	Date: 2/10/23
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Section 6 – ADDITIONAL REQUIRED ATTACHMENTS

For Transfer an existing certificate to a new owner or business structure: include “attachment A – JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY”.



PNW FINANCIAL

Tel (888) 494-3308 | Fax (206) 686-4022 | Support@pnwfinancial.net

February 13th, 2023

Charles Johnson

177 Katie Lane

Selah, WA 98942

Dear Chuck,

Thank you for choosing PNW Financial to support your insurance needs, a provider of comprehensive financial services. Effective March 23rd, 2023, we are pleased to confirm coverage for you with the following confirmation of binding. This confirmation is offered in accordance with your instructions and in reliance upon the statements made in your application. Please review carefully. Thank you for your business, the policy should follow within 30 days.

Sincerely,

PNW Financial



CONFIRMATION OF BINDING

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. THIS INSURANCE DOCUMENT SUMMARIZES THE POLICY REFERENCED BELOW AND IS NOT INTENDED TO REFLECT ALL THE TERMS AND CONDITIONS OR EXCLUSIONS OF THE REFERENCED POLICY. IN THE EVENT OF A CLAIM, COVERAGE WILL BE DETERMINED BY THE REFERENCED POLICY, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. MOREOVER, THE INFORMATION CONTAINED IN THIS DOCUMENT REFLECTS BOUND COVERAGE AS OF THE EFFECTIVE DATE OF THE REFERENCED POLICY AND DOES NOT INCLUDE SUBSEQUENT CHANGES BY THE INSURER OR CHANGES IN THE APPLICABLE RATES FOR TAXES OR GOVERNMENTAL FEES.

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 08, 2023

Producer: ASC0109
PNW Financial Benefits & Ins Services
701 5th Ave Ste 4200

Seattle, WA 98104

Insured:
Elite Tours LLC
177 Katie Lane

Selah, WA 98942

Description of Risk: Luxury Transport - wine tours, weddings, company outings

Location of Risk: 177 Katie Lane, Selah, WA 98942

Insurer: Columbia Insurance Company [71]

Assigned Policy or Certificate Number: **71APR413162**

Effective Period: 3/23/2023 to 3/23/2024

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: 2 vans / 100 mile radius

Terms/Conditions: Endorsements / Notable Exclusions:

Business Auto Coverage form

Binding Requirement / 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.

Acceptable MVR

Accurate VIN is required for all scheduled equipment

Fully completed and signed application

Medical DOT card or ACORD medical statement for all drivers over 65

PIP selection/rejection form

UM/UIM selection/rejection form

Vehicle inspection completed by an impartial certified mechanic on all units over 25 years old, including trailers.

No losses

NO FILINGS

All other terms and conditions apply per form.

Agent Commission: 10%

Premium: \$8,217.00

Fees: Broker Fee \$300.00

Taxes:

Total Due: \$8,517.00

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.

PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to RT Specialty

Name of Premium Finance Company:	Imperial Premium Financing Solutions (IPFS)
Premium Fiance Account Number:	WAB-212242

PRODUCER COMPENSATION:

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured in performing those services. Our fees are fully earned and non refundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Inurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. The fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all client placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variable in the agreements, we often have no accurate way at the time of placement to determine that amount of additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RT Specialty affiliate may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claim adjuster, consultant or services provider. If you need additional information about the compensation agreements for services provided by Ryan Specialty Group, LLC affiliate, please contact your RT Specialty representative.

A handwritten signature in black ink, appearing to be 'J.C. Hill'.

AUTHORIZED REPRESENTATIVE, RT Specialty
INSURED: Elite Tours LLC **DATE ISSUED:** Feb 08, 2023 **SUBMISSION #:** 23002348D