



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2011

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 Marsh & McLennan Agency LLC 1031 W 4th Avenue P: (907) 276-5617 Suite #400 F: (907) 276-6292 Anchorage, AK 99501 Attn: Nancy Hayes, 100084-NH-Liab-1112	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Sparta Insurance Company</td> <td>20613</td> </tr> <tr> <td>INSURER B:</td> <td>Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C:</td> <td>Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER D:</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER E:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>INSURER F:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Sparta Insurance Company	20613	INSURER B:	Starr Indemnity & Liability Company	38318	INSURER C:	Lexington Insurance Company	19437	INSURER D:	N/A	N/A	INSURER E:	_____	_____	INSURER F:	_____
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INSURER E:	_____	_____																			
INSURER F:	_____	_____																			
INSURED Cartile Transportation Systems Inc Asay Trucking 1800 E. 1st Avenue Anchorage, AK 99501																					

COVERAGES **CERTIFICATE NUMBER:** SEA-001954568-03 **REVISION NUMBER:** 7

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Washington Stop Gap Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			060GL00001	07/01/2011	07/02/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Trailer Interc			050TU00001	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ Trailer Interchange \$ 75,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SISIGCE50022111	07/01/2011	07/01/2012	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			050WK00001	07/01/2011	07/01/2012	Y/N N/A <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Motor Truck Cargo Warehouse Legal Liability			003879472	07/01/2011	07/01/2012	Motor Truck Cargo \$ 1,000,000 Warehouse Legal \$ 25,000,000

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 of Marsh USA Inc. Judy Chadwick <i>Judy Chadwick</i>

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ADDITIONAL INFORMATION

SEA-001954569-03

DATE (MM/DD/YY)
07/13/2011

PRODUCER

**Marsh & McLennan Agency LLC
1031 W. 4th Avenue P: (907) 276-5617
Suite #400 F: (907) 276-6292
Anchorage, AK 99501
Attn: Nancy Hayes
100084-NH-Liab-1112

INSURED

Carlisle Transportation Systems Inc
Asay Trucking
1800 E. 1st Avenue
Anchorage, AK 99501

INSURERS AFFORDING COVERAGE

NAIC #

INSURER G:

INSURER H:

INSURER I:

INSURER J:

TEXT

This is evidence of evidence of insurance procured and developed under the Alaska Surplus Lines Law, AS 21.34. It is not covered by the Alaska Guaranty Association Act, AS 21.80. Coverage placed by following Surplus Lines Broker: Marsh & McLennan Agency LLC, License 82353. This coverage applies to carrier C only.

CERTIFICATE HOLDER

Evidence of Coverage

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Judy Chadwick



File No 21967-D

State of Alaska
Department of Community and Economic Development
Division of Banking, Securities and Corporations

CERTIFICATE
OF
AMENDMENT
Business Corporation

The undersigned, as Commissioner of Community and Economic Development of the State of Alaska, hereby certifies that Articles of Amendment to the Articles of Incorporation, duly signed and verified pursuant to the provisions of the Alaska Corporations Code, have been received in this office and have been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Community and Economic Development, and by virtue of the authority vested in me by law, hereby issues this Certificate of Amendment to the Articles of Incorporation of

CARLILE TRANSPORTATION SERVICES, INC.

and attaches hereto the original copy of the Articles of Amendment changing the corporate name to

CARLILE TRANSPORTATION SYSTEMS, INC.

IN TESTIMONY WHEREOF, I execute this certificate and
affix the Great Seal of the State of Alaska on
JUNE 7, 2001.



Deborah B. Sedwick
Commissioner of Community
and Economic Development

State of Alaska
Department of Community and Economic Development
Division of Banking, Securities and Corporations

**CERTIFICATE
OF
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The undersigned, as Commissioner of Community and Economic Development of the State of Alaska, hereby certifies that Articles of Amendment to the Articles of Incorporation, duly signed and verified pursuant to the provisions of the Alaska Corporations Code, have been received in this office and have been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Community and Economic Development, and by virtue of the authority vested in me by law, hereby issues this Certificate of Amendment to the Articles of Incorporation of

CARLILE ENTERPRISES, INC.

and attaches hereto the original copy of the Articles of Amendment changing the corporate name to

CARLILE TRANSPORTATION SERVICES, INC.

IN TESTIMONY WHEREOF, I execute this certificate and
affix the Great Seal of the State of Alaska on
MARCH 22, 2001

Deborah B. Sedwick


Deborah B. Sedwick
Commissioner of Community
and Economic Development

CORPORATE RESOLUTION OF
CARLILE ENTERPRISES, INC.

The Board of Directors of Carlile Enterprises, Inc. met (telephonically) on June 29, 2000, at 9:30 a.m., pursuant to notice as provided in the bylaws to consider changing the corporate name.

On motion duly made and seconded it was resolved that the corporate name be changed to Carlile Transportation Systems, Inc. The President was instructed to work with corporate counsel, Roy Longacre, to effectuate the name change with the State of Alaska.

DATED: June 29, 2000


Karl Hoenack, Corporate Secretary

PART A

TV# 111443

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

RECEIVED

AUG 08 2011

WASH. UT. & TP. COMM

Check # 034389

FOR OFFICIAL USE ONLY

Reception Number: 033420	Safety: 8-9-11	Carrier ID#: 6571
111 0268 200 02 275.-	Insurance: Form E	Employee: KVC

TYPE OF APPLICATION (check one)

<input type="checkbox"/> New Common Carrier Permit Authority, or <u>Transfer</u> of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date _____

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.

Name (printed): Lisa Marquiss Date: 8-3-11
 Signature: [Signature] Title: Corporate Director of Safety & Compliance

MOTOR CARRIER IDENTIFICATION

CC#: 60256	US DOT# 190356	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601552175
APPLICANT NAME: CARLILE TRANSPORTATION SYSTEMS INC		PHONE#: 907-276-7797
d/b/a:		FAX #: 907-278-7301
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1800 E. 1 ST AVENUE		
(city, state, zip) ANCHORAGE, AK 99501		
PHYSICAL ADDRESS: (street address, if different)		

UNIT_ID	CLASS	EMPTY_WEIGHT	HOME_TERMINAL
C1075	P-TRACTOR	-	TERMTAC
C1148	P-BOXTRUCK	10,710.00	TERMTAC
C1257	P-TRACTOR	15,329.00	TERMTAC
C1258	P-TRACTOR	15,329.00	TERMTAC
C1259	P-TRACTOR	15,329.00	TERMTAC
C1260	P-TRACTOR	15,334.00	TERMTAC
C1264	P-TRACTOR	27,700.00	TERMTAC
C1285	P-TRACTOR	19,644.00	TERMTAC
C1286	P-TRACTOR	19,494.00	TERMTAC
C1287	P-TRACTOR	13,940.00	TERMTAC
C1294	P-TRACTOR	21,773.00	TERMTAC
C1296	P-TRACTOR	20,203.00	TERMTAC
C1314	P-BOXTRUCK	10,810.00	TERMTAC
C1340	P-TRACTOR	16,463.00	TERMTAC
C1367	P-TRACTOR	15,822.00	TERMTAC
C1368	P-TRACTOR	15,798.00	TERMTAC
C1449	P-TRACTOR	18,297.00	TERMTAC
C1450	P-TRACTOR	18,292.00	TERMTAC
C1495	P-TRACTOR	-	TERMTAC
C1710	P-TRACTOR	22,469.00	TERMTAC
C1711	P-TRACTOR	22,474.00	TERMTAC
C1730	P-BOXTRUCK	17,532.00	TERMTAC
C2015	P-TRACTOR	60,000.00	TERMTAC
C2024	P-TRACTOR	-	TERMTAC
C2025	P-TRACTOR	-	TERMTAC
C2026	P-TRACTOR	-	TERMTAC
C2027	P-TRACTOR	-	TERMTAC
C2033	P-TRACTOR	-	TERMTAC
C2035	P-TRACTOR	-	TERMTAC
C2037	P-TRACTOR	-	TERMTAC
C2047	P-TRACTOR	17,630.00	TERMTAC
C2058	P-TRACTOR	20,240.00	TERMTAC
C2063	P-TRACTOR	20,380.00	TERMTAC
C902	P-TRACTOR	14,890.00	TERMTAC
C903	P-TRACTOR	14,990.00	TERMTAC
C904	P-TRACTOR	15,000.00	TERMTAC
C906	P-TRACTOR	15,660.00	TERMTAC
MP1518	P-TRACTOR	17,152.00	TERMTAC
MP1519	P-TRACTOR	22,000.00	TERMTAC

OK

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION AK *AK **

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
W. Harry McDonald	CEO	1800 East 1 st Ave Anchorage AK 99501	42.8%
John C. McDonald	VP Admin	Same as above	42.6%
Linda A. Leary	President	Same as above	8.4%
Karl G. Hoenack	Sec/Treas	Same as above	5.1%

T-Smith *sec* - **TRANSFER OF PERMIT NUMBER** *Pal 1.1 Per separate*

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: CARLILE ENTERPRISES PERMIT NUMBER: CC-60256

Dpa Marquis 8.3.11
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input checked="" type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
			See attached Vehicle List

Signature

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Jusa Marguies

Signature(s)

8-3-11

Date

PART B

SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Controlled Substances and Alcohol Testing

Name: LISA MARQUISS Position: COPORATE DIRECTOR OF SAFETY AND COMPLIANCE

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

Commercial Drivers License (CDL) Requirements

Name: LISA MARQUISS Position: COPORATE DIRECTOR OF SAFETY AND COMPLIANCE

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or

- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Driver Qualification Requirements

Name: LISA MARQUISS Position: COPORATE DIRECTOR OF SAFETY AND COMPLIANCE

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

Drivers Hours of Service

Name: LISA MARQUISS Position: COPORATE DIRECTOR OF SAFETY AND COMPLIANCE

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Vehicle Inspection, Repair, and Maintenance

Name: LISA MARQUISS Position: COPORATE DIRECTOR OF SAFETY AND COMPLIANCE

Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

Signature

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

Lisa Marquiss Signature of applicant 8/3/11 Date

PART C – SECTION 1

SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey.

- Name the person or position responsible for maintaining and understanding current hazardous material regulations.
LISA MARQUISS COPORATE DIRECTOR OF SAFETY AND COMPLIANCE
- Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No
- Are drivers trained in the use of Emergency Response Information? Yes No
- Is the Emergency Response Information carried in the vehicle? Yes No
- Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
LISA MARQUISS COPORATE DIRECTOR OF SAFETY AND COMPLIANCE
- Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes No
- Who is responsible for completing hazardous materials shipping papers?
SHIPPER AS PER (172.200(a))
- Where are hazardous material shipping papers located during transportation?
IN THE VEHICLE WITH THE DRIVER AS PER (177.817(e))
- If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
LISA MARQUISS COPORATE DIRECTOR OF SAFETY AND COMPLIANCE
- Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

OK - Attached LWC 8-9-11

Signature

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

8-3-11

Date

PART C – SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:

- Petroleum or petroleum products in bulk in tank-type vehicles Yes No
- Radioactive substances Yes No
- Explosives Yes No
- Corrosives Yes No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No

- If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No
- If yes, which governmental agency will issue the permit? _____
- If yes, please explain what you intend to build: _____

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:

- a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?
 Yes No
 - b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?
 Yes No
 - c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?
 Yes No
- If your answer to a, b, or c is no, please explain: _____

RECEIVED

JUL 05 2011

D/R

WASH. UT. & TP. COMM Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

6571

This is to certify that the SPARTA Insurance Company
(Name of Company)
(herein after called Company) of City Place II 185 Asylum St ,Hartford ,CT ,06103
(Home Address of Company)

has issued to CARLILE TRANSPORTATION SYSTEMS, INC. of 1800 E. 1ST AVENUE ,ANCHORAGE ,AK ,99501
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/01/2011 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at City Place II 185 Asylum St
9th Floor
Hartford CT 06103 This 29th day of Jun 20 11
(Address) (Day) (Month) (Year)

Insurance Company File No. 050TU00001
(Policy No)

Diane Parlante
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00

