

Leipski, Tina (UTC)

From: Stella Bisette <stella@vernfonk.com>
Sent: Friday, June 01, 2012 12:07 PM
To: Leipski, Tina (UTC)
Subject: RE: INSURANCE CERTIFICATE FOR JJ LIMOUSINE SERVICE, INC

NEVERMIND ON THE AI . INSRD JUST SAID THEY DO NOT NEED IT

Stella Bisette

stella@vernfonk.com

23830 Pacific Hwy S Suite 104 | Kent, WA 98032

Phone: 206 859-4894 | Fax: 206 859-4899



<http://www.vernfonk.com>



Join us on Facebook

From: Leipski, Tina (UTC) [mailto:TLeipski@utc.wa.gov]
Sent: Friday, June 01, 2012 7:50 AM
To: Stella Bisette
Subject: FW: INSURANCE CERTIFICATE FOR JJ LIMOUSINE SERVICE, INC

Once again, I received the same fax I received earlier. Still not enough coverage.

This Certificate only shows \$1,150,000. They need to have minimum \$1,500,000

Thanks!
Tina

From: Leipski, Tina (UTC)
Sent: Thursday, May 31, 2012 2:58 PM
To: 'stella@vernfonk.com'
Subject: INSURANCE CERTIFICATE FOR JJ LIMOUSINE SERVICE, INC

Hi Stella,

I received the Certificate of Liability for JJ Limousine Services, Inc. Unfortunately, it's not enough coverage for what is required with the charter/excursion certificate.

The minimum is \$1.5 mil. I will need to get a certificate that shows the correct amount.

If you have any questions, just let me know.

Sincerely,

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



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98512-7250
(360) 664-1160 • TTY (360) 586-6003

*5/31
6/1 sent and then
email to Stella
not enough
coverage!*

JJ Limousine Services Inc.
2423 124th Place NE
Bellevue WA 98005

May 29, 2012

3rd Notice of Deficient Application - TE-120383

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X **FINAL NOTICE!** Please note that this is your second and final notice. You must provide the required information by **June 29, 2012** or your application may be dismissed.
- X Your application is missing some information from Page 4. I'm attaching another copy for you to complete and return to our office.
- X Your Department of Revenue account is still closed. This will have to be re-opened before we can issue authority.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above.
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Tina Leipski
Licensing Services

*Please see
att
Stella*



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

JJ Limousine Services Inc.
2423 124th Place NE
Bellevue WA 98005

May 29, 2012

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- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,


Tina Leipski
Licensing Services

Please see
att
Sheila



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2012

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 Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, WA 98032	CONTACT NAME: STELLA BISSETTE
	PHONE (A/C No. Ext): 206-859-4894 FAX (A/C, No): 206-859-4899
	E-MAIL ADDRESS: stella@vernfonk.com
	INSURER(S) AFFORDING COVERAGE
INSURED JJ LIMOUSINE SERVICES INC 2423 124TH PLACE NE BELLEVUE, WA 98005	INSURER A: NORTHLAND INSURANCE COMPANY
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

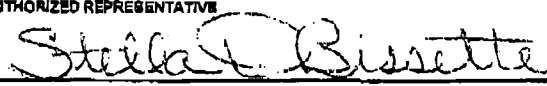
COVERAGES **CERTIFICATE NUMBER:** 00130985-0 **REVISION NUMBER:** 1

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	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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 (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N N	TP256548	05/15/2012	05/15/2013	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- 2007 LINCOLN TOWN CAR 1LNHM82W67Y634699
- 2007 MERCURY GRAND MARQUIS 2MEFM74W47X614677
- 2007 CADILLAC ESCALADE 1GYFK86887R208518
- 2006 FORD E350 1FDAF58P86EC86708
- 2007 CHEVY 5500 LIMO BUS 1GBJ5V12X7F406984
- 2004 LINCOLN TOWN CAR 1LNHM81W74Y623580

CERTIFICATE HOLDER WASHINGTON UTILITIES AND TRANSPORTATION COMM PO BOX 47250 OLYMPIA, WA 98504	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  (STE)



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

JJ Limousine Services Inc.
2423 124th Place NE
Bellevue WA 98005

May 29, 2012

3rd Notice of Deficient Application - TE-120383

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X **FINAL NOTICE!** Please note that this is your second and final notice. You must provide the required information by **June 29, 2012** or your application may be dismissed.
- X Your application is missing some information from Page 4. I'm attaching another copy for you to complete and return to our office.
- X Your Department of Revenue account is still closed. This will have to be re-opened before we can issue authority.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above.
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services



STATE OF WASHINGTON

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(360) 664-1160 • TTY (360) 586-8203

JJ Limousine Services Inc.
2423 124th Place NE
Bellevue WA 98005

April 26, 2012

Notice of Deficient Application – TE120383

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Your application is missing some information. I previously sent you the part that needs to be completed. If you need another copy, let me know.
- X Your Department of Revenue account is still **closed**. You will have to contact their agency to reopen this account before we can issue your charter certificate.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above.
- X After we have a Uniform Motor Carrier Certificate on file, our Compliance staff we will contact you to set up a CVSA safety inspection of your vehicle(s).

-nothing
5/24 still closed
5/18 still closed

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

JJ Limousine Services Inc.
2423 124th Place NE
Bellevue WA 98005

March 22, 2012

Notice of Deficient Application – TE-120383

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Your application is missing some information. Please complete the highlighted areas and return to our office.
- X Your Department of Revenue account is currently **closed**. You will have to re-open this account before we can issue your charter certificate.
- X The Certificate of Liability of Insurance that was included with your application does not have enough coverage. Because your vehicle is over 16 passengers, you will need to have \$5 million in Combine Single Limit insurance.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above.

*4/26
Still
inactive*

Who do I contact if I have questions?

You may contact me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services