

6906

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Quadruplicate)

RECEIVED

JUN 23 2012

WASH. UT. & TP. COMM

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX (hereinafter called Commission)  
(Name of Commission)

THIS IS TO CERTIFY, THAT the Canal Insurance Company

**P.O. BOX 7 GREENVILLE, SC 29602**

(hereinafter called Company) of

has issued to BUTLER SEATTLE LLC of 14030 NE 145th Street Woodinville, WA 98072  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 6/20/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. BOX 7 GREENVILLE SC 29602  
(Street Address) (City) (State) (Zip Code)

this 20th day of June 2012

*Jimmy [Signature]* Company Representative

Insurance Company File No. PIP00131101  
(Policy Number)

IRB 3639 B  
UFC - 1



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JL2

DATE (MM/DD/YYYY)

06/22/12

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).

<b>PRODUCER</b> Sprague Israel Giles 1501 Fourth Avenue, Suite 2000 Seattle, WA 98101-1637 Nick King		206-623-7035  206-682-4993	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BUTLE-2
<b>INSURED</b> Butler Seattle, LLC PO Box 77793 Seattle, WA 98177		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Canal Insurance Company</b>	
		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PIG03057101	05/17/12	05/17/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	<b>AUTOMOBILE LIABILITY</b> <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			PIP00131101	05/17/12	05/15/13	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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)  
 2011 Ford Federal 1FDXE4FS0CDA52561

**CERTIFICATE HOLDER****CANCELLATION**

Utilities & Transportation  
 Commission  
 PO Box 47250  
 Olympia, WA 98504

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

© 1988-2009 ACORD CORPORATION. All rights reserved.

Replacement Page

**SECTION 1 - APPLICANT INFORMATION**

Name of Applicant: BUTLER SEATTLE LLC *OK*

Trade Name(s) (if applicable): BUTLER SEATTLE

**Mailing Address:**

**Physical Address:**

Street PO BOX 77793

Street 2114 160<sup>th</sup> PL SE

City SEATTLE

City Mill Creek WA

State/Zip WA 98177

State/Zip WA

Phone Number: 206 679-3754

Fax Number: 425 - 883 - 0870

UBI #: 603-206-909 *OK*

E-Mail: jeremy@butlerseattle.com

**Type of business structure:**

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

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>JEREMY BUTLER</u>	<u>President</u>	<u>50</u>
<u>STUART BUTLER</u>	<u>VP</u>	<u>50</u>

List other certificates or permits held with the commission: NONE

List your USDOT # 2313324 *OK* (If you don't have one you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

FMCSA Registration tracking # 6749551 TID# 8Q73EE7C

**SECTION 2 - EQUIPMENT**

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>AIM7242</u>	<u>2012</u>	<u>EX-1</u>	<u>24</u>

From: "Lloyd, Nancy" <nancy.lloyd@sos.wa.gov>  
Subject: BUTLER SEATTLE LLC  
Date: May 15, 2012 10:56:04 AM PDT  
To: <Jeremy@butlerseattle.com>

1 Attachment: 5 KB



May 15, 2012

Congratulations:

Your online filing has been completed.

Company Name: **BUTLER SEATTLE LLC**  
UBI Number: **603-206-909**  
Effective date: **5/14/2012**  
Application ID: **2377339**

You will receive a certificate and a copy of your filed documents via US Mail.

Registering your business with the Secretary of State was your first step. Now, you may need to be registered with the Business Licensing Service to address taxes, employment, and specific licensing requests. Please visit <http://bls.dot.wa.gov/> for more information. Be sure to use your new Unified Business Identifier (UBI) listed above on all state registrations.

Thank you for using our online filing service!

Corporations Division  
801 Capitol Way S.  
Olympia, WA 98504-0234

[corps@sos.wa.gov](mailto:corps@sos.wa.gov)  
360-725-0377

DOT (360) 596-3810

fmcsa.dot.gov/online-registration



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

Butler Valet, Inc.  
PO Box 77793  
Seattle WA 98177

June 1, 2012

**2<sup>nd</sup> Notice of Deficient Application – TE-120643**

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

- X You need to have a USDOT number. You can obtain one online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or you can contact (360)596-3810 for assistance.
- 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 can contact me at 360-664-1170 or e-mail at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov). Our fax number is 360-586-1181.

Sincerely,

Tina Leipski  
Licensing Services

*6/6 he called  
will be changing  
the name of the  
business*



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

Butler Valet, Inc.  
PO Box 77793  
Seattle WA 98177

May 4, 2012

**Notice of Deficient Application – TE-120643**

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

- X You need to have a USDOT number. You can obtain one online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or you can contact (360)596-3810 for assistance.
- 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 contact me at 360-664-1170 or e-mail at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov). Our fax number is 360-586-1181.

Sincerely,

Tina Leipski  
Licensing Services



UTILITIES AND TRANSPORTATION  
COMMISSION

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason For Not Uploading: Aspen vehicle inspection

1. Investigator(s): Alan Dickson 2. Assignment No.: 112107

3. Current Date: 7-18-12 4. Date of Activity: 7-17-12

5. Carrier Name: BUTLER Butler Seattle LLC d/b/a Butler Seattle

6. Permit: \_\_\_\_\_ 7. New Entrant date of authority: \_\_\_\_\_

8. MOTCAR No.: ID 6906 9. Carrier is:  Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2313324

12. MC No.: \_\_\_\_\_

13.  **Destination Check**

- Copy of the Destination Check Safety Plan is attached.
- Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Any special emphasis placed on the destination check  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- What might we do differently to increase our success at the next destination check:  
\_\_\_\_\_

14.  **Safety Complaint**

- Attach a copy of the Individual Safety Complaint Plan.
- What activity did staff complete for this safety complaint:
  - Compliance review
  - Technical assistance
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - Unannounced terminal visit
  - Other (please explain): \_\_\_\_\_

15.  **New Entrant – Charter, Auto Transportation**

- Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No
- Is this carrier based in another state, requesting intrastate authority:  Yes  No
- Is this carrier based in Washington, requesting intrastate authority:  Yes  No
- Did staff complete the following:
  - ◆ Inspect all vehicles between three and nine months?  Yes  No
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and nine months?  Yes  No  SI  SA

16.  **New Entrant- HHG**

- Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No
- Is this carrier based in another state, requesting intrastate authority:  Yes  No
- Is this carrier based in Washington, requesting intrastate authority:  Yes  No
- Did staff complete the following:
  - ◆ Inspect all vehicles between three and eighteen months?  Yes  No
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - ◆ Conduct a SI/SA between three and eighteen months?  Yes  No  SI  SA
  - ◆ Conduct technical assistance within three months?  Yes  No

17.  **CSA Investigation**

- Full Investigation
- Focused Investigation
- Basic is for:**  Passenger Carrier  HHG Carrier  Solid Waste Carrier
- Basic Threshold Percentile is;**
- Unsafe Driving \_\_\_\_\_%
- Fatigued Driving (HOS) \_\_\_\_\_%
- Crash \_\_\_\_\_%
- Driver Fitness \_\_\_\_\_%
- Drug/Alcohol \_\_\_\_\_%
- Vehicle Maintenance \_\_\_\_\_%

18.  **Individual Safety Plan Only:**

- What activity did staff complete for this safety complaint?
- Attach a copy of the Individual Carrier Safety Plan.
  - Safety Investigation
  - Technical assistance
  - Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_
  - Unannounced terminal visit
  - Other (please explain): \_\_\_\_\_

19.  **Safety Investigation:**

**Safety Audit:**

- SI Rating:  Satisfactory  Unsatisfactory  Conditional
- SA Rating:  Pass  Fail
- Number of vehicles operated: \_\_\_\_\_
- Number of drivers operated: \_\_\_\_\_
- Total miles for prior year: \_\_\_\_\_
- Recordable accidents for prior year: \_\_\_\_\_
- Accident Ratio: \_\_\_\_\_



20.  **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21.  **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections			1								
Defective Vehicles			0								
OOS Vehicles			0								
Level			5								

22.  **Vehicle Inspection Violations:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

---

---

---

---

---

---

---

**25. Findings:**

I conducted a level 5 terminal inspection for this new charter/excursion applicant. The minibus checked free of defects and a CVSA safety sticker was issued. I provided the safety manual and reviewed the regulations with the owner Jeremy Bulter during this inspection.

---

---

---

**26. Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

**27. Is this carrier considered a high risk carrier as a result of this activity?**

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

**28. Additional Comments:** Forward to licensing services for certificate processing.

---

---

---

Investigator's Signature: Alan Dickson

Initial Review By: [Signature]

Date: 7-20-12

Reviewer's Recommendation: I concur with recommendation to issue authority

Final Review By: D Pratt Date: 7/22/12

Reviewer's Recommendation:  
Agree with recommendations  
close & file  
\* OK to issue permit.

OFFICE USE ONLY

Date Closed: 7/20/12 By: CAC

Company Name: Butler Seattle LLC d/b/a Butler Seattle

Assignment #: 112107

Staff Assigned: Alan Dickson

cc: Licensing



DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.3.9

Washington State Patrol
Commercial Vehicle Enforcement Section
P O Box 42614
Olympia, WA 98504-2614
Phone 360 596-3819 Fax 360 596-3828

Report Number: WAU006000233
Inspection Date: 07/17/2012
Start: 1:20:00 PM PT End: 1:45:00 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

BULTER SEATTLE LLC
P O BOX 77793
SEATTLE, WA 98177
USDOT#: 02313324
MC/MX#:
State#:
Location: TERMINAL
Highway:
County: KING, WA

Phone#:
Fax#:

MilePost:
Origin:
Destination:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
Shipper:
Bill of Lading:
Cargo:

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate #, Equipment ID, VIN, GVWR, CVSA #, CVSA Issued #, OOS Sticker. Row 1: 1, BU, FORD, 2012, WA, AIM7242, X-1, 1FDXE4FS0CDA52561, 14,500, 17288306

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows for Axle # 1 and 2, and Chamber HYDR.

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: Title: Date:

Report Prepared By: ALAN DICKSON

Badge #: J553

Copy Received By:

Page 1 of 1

x Alan Dickson

x #1313063



02313324 WA WAU006000233