

# May C Travel LLC

1205 N 10<sup>th</sup> PI #2325

Renton WA 98057

E-Mail: Support@seattlemaytravel.com

(206) 569-4127 office

(206) 234-8995 mobile

(425) 207-8917 fax


To: Tina Leipski Date: 02-12-14

Company Name: WUTC From: May C

Fax No #: 360-586-1181 Pages: 4

Please receive the Certificate of Liability Insurance and our bus info of May C Travel LLC.

Kind regards,



# May C Travel LLC

1205 N 10<sup>th</sup> Pl #2325  
Renton WA 98057  
E-Mail: [Support@seattlemaytravel.com](mailto:Support@seattlemaytravel.com)

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February 12, 2014

Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
Olympia, WA 98504

Dear Tina,

Happy New Year!

My name is May Zhang, president of Seattle May Travel and vice president of May C Travel LLC.

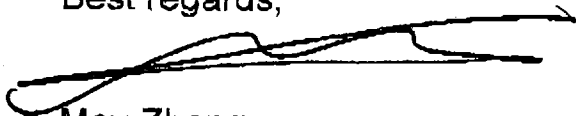
I would like to extend many thanks to Utilities and Transportation Commission, for your trust and support in the past years. We have been working very well with you. Seattle May Travel is grateful for your kind and consistent help.

Outbound travel from China continues to increase in 2013. Based on our own records, the number of tour groups has increased 32% last year. Recently, we bought a new bus and set up a new company, named May C Travel LLC. In accordance with WUTC management procedure, please receive the Certificate of Liability Insurance and our new bus info.

I hope all of the info meets your need. If you have any questions, please feel free to contact me.

Your helps are greatly appreciated.

Best regards,



May Zhang



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/7/2014

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> Key Insurance LLC 5200 Southcenter Blvd, Ste 110  Tukwila WA 98188	<b>CONTACT NAME:</b> Sue Yun <b>PHONE (A/C No. Ext.):</b> (206) 420-4270 <b>FAX (A/C No.):</b> (206) 420-3264 <b>E-MAIL ADDRESS:</b> sue@keyinsure.net																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>CONTINENTAL DIVIDE INSURANCE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	CONTINENTAL DIVIDE INSURANCE		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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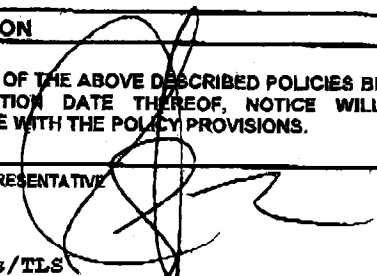
**COVERAGES**      **CERTIFICATE NUMBER:** CL142703074      **REVISION NUMBER:**

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	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			05APM003662	1/28/2014	1/28/2015	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 DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$
A	<b>TIM</b>			05APM003662	1/28/2014	1/28/2015	\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
2013 STARCRAFT vIN # 5XEXW3KX7DE170707

**CERTIFICATE HOLDER**      **CANCELLATION**

<b>WUTC</b> 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.
	<b>AUTHORIZED REPRESENTATIVE</b>   Steve Jones/TLS

## Here is the information of 32 Passenger Bus:

**Business Name:** MAY C TRAVEL LLC

**Vehicle Type:** 32 Passenger

**Model:** STARCRAFT XL

**Year of Manufacture of Vehicle:** 2013

**VIN:** 5WEXWSKK7DH170707

**License Plate:** APJ1106

**USDOT number:** 2470719

**WUTC number:**

**Insurance Policy Number:** 05 APM 003662