

STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 5. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

Full Circle Natural Products, Inc. 15356 Produce Lane Mt. Vernon, WA 98273

October 16, 2013

Insurance Binder Notification

State law requires you to file and maintain proof of public liability and property damage insurance to keep your permit active with the Washington Utilities and Transportation Commission. We have received an insurance binder that is valid for up to 60 days. You must file a Form E insurance certificate within these 60 days or your permit will be suspended.

What happens if a Form E insurance certificate is not filed within 60 days? If your insurance certificate (Form E) is not filed by December 1, 2013 we will send you

an order suspending your operating authority.

What happens if my operating authority is suspended?

If your operating authority is suspended, you must stop your operations until we receive proof of insurance (Form E) and send you an order that removes the suspension. If you do not file proof of insurance within 30 days after the service date of the suspension order we will cancel your authority without further notice.

What if I do not agree with the suspension or cancellation of my permit?

If you do not agree you may file a written request for a hearing within 10 days following the date of this notification. Once we receive your written request we will notify you of the date, time and location of the hearing. **NOTE:** At the hearing the only issues we can address are whether you had proof of insurance on file during the period of suspension, and whether you have proof of insurance on file to avoid cancellation.

Where do I send my request for a hearing?

Washington Utilities and Transportation Commission PO Box 47250 Olympia, WA 98504-7250

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>, or fax to 360-586-1181.

Thank You.

PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7256 ECEIVED

	22 – Fax (360) 586-1181 rier Operating Authority OCT 16 2013					
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	and Common Carrier Brokers) WASH UT & TP COM					
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111 0268 200 02 276.00 Insurance:	Employee:					
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New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #:					
ACCORDANGE OF THE PROPERTY OF	PAYMENT					
☑ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard □ Visa Expiration Date					
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, ehalf of the applicant, and that all information on file is current and					
Name (printed):						
Signature:						
MOTOR CARRIES	RIDENTIFICATION					
CC#: 6515 US DOT# 235 8890 WA UNIFIED BUSINESS IDENTIFIER (UBI)#:						
APPLICANT NAME: Full Gircle Myteral Products, In 945-337-8944						
d/b/a: FAX #:						
BUSINESS (MAILING) ADDRESS: 1586 Produce Come M1 vew wa 98273						
PHYSICAL ADDRESS: (street address, if different)						
5429 lovell commen Rd Everett WA 98208						

Pulls			SS STRUCTURE nership/corporation info	armation)
□ INDIVIDUA		SHIP CORPOR	ATION (LP, LLP, LLC)	
		STATE C	F INCORPORATION _	
NAME	TITLE	ADDRI		STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
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holder and perm of the permit nur	it number to be trans	sferred. The current	permit holder must sigr	n below to authorize the transfer
•				NT NUMBER
NAME ON PERI	MIT:		PERN	MIT NUMBER:
Signature of cu	rrent permit holder			Date
				onej
☐ You will not h		not be issued until a will not haul	cceptable insurance is You will haul	received Tou will haul
hazardous mate	rials in any hazard	ous materials in	hazardous materials	hazardous materials
quantity. You wi operate vehicles		antity. You will e vehicles with a	requiring \$1 million in Public Liability and	requiring \$5 million in Public Liability and
GVWR of less the pounds. You mu	nan 10,000 G VWR	of 10,000 pounds e. You must obtain	Property Damage Insurance. You must	Property Damage Insurance. You must
\$300,000 in Pub	lic Liability \$750,0	00 in Public Liability	complete Part C, Sec	tions complete Part C,
and Property Da Insurance. You		operty Damage nce. You must	1 and 2.	Sections 1 and 2.
need to complet	e Part B. comple	ete Part B.		
UNIT#	LICENSE#	STATE	h additional pages f	VIN#
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knowledge and		inomation coma	пеа іп инз арріюціої	This true to the boat of my
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				8-23-13
	///signature(s)			Date
	V			

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. 					
Series 18 1 Controlled Substances and Alcohol Testing 18 18 18 18 18 18 18 18 18 18 18 18 18					
Name: Ken Coehrs Position: Con					
 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: Ken Guehrs Position: 6 h					
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.

Name:	Ken	boehrs		- Position: _	61	N
vehicles as re exclusively in	equired by F intrastate c	MCSR Part 39 ommerce with	91.51 and by the in Washington h	e WSP in WAC 4 nave limited exe	446-65-010. mptions. Ov	ree authorized to drive motor . Owner/operators that work wners/operators that conduct ner driver that they may use.
Name:	Ken C	boehrs		_ Position: _	64	<u> </u>
Each compar vehicle as rec	ny must mai quired by the	ntain true and FMCSA in 49	accurate hours 9 CFR, Part 395	of service record .1(e) and by the	ds for each WSP in W	individual that drives a moto AC 446-65-010.
Name: ——	Ken	boehr	<u>S</u>	_ Position: _	Com	1
required by the company must	ne FMCSA i st maintain o CFR, Part Identificati The nature	n 49 CFR, Par certain require 396.3 and by t on of the vehice and due date	t 396.11 and by d records for ea the WSP in WA0 cle.	the WSP in WAch vehicle that in 2446-65-010:	AC 446-65-(ncludes the ntenance op	vehicle used each day as 010. In addition, each e following, as required by the perations to be performed. ate and nature.
All companies WSP in WAC	s must cond	uct periodic in	·			CFR, Part 396.17 and by th
			Tirk Sin			
My signatu comply with	re below o	ertifies that afety require	l understand ments which	my responsib apply to my o	ility as a ı perations	motor carrier and I will
		>		. <u></u>		8-23-13
Signature of	applicant					Date

Vehicles used in operation for Full Circle Natural Products:

1995 International: Lic.# B67815U Vin.# 2HTFHASR3SC025932

1989 Peterbilt: Lic.# B62535H Vin.# 1XPCDA9X7KD273390

1985 Volvo: Lic.# 61547W Vin.# 1WUADCBD3FN102259

1985 Kenworth: Lic. # B56140C Vin # 1XKWD29X8FS319707

1988 Kenworth: Lic.#A37360Z Vin.# 1XKADB9X6JS502008

1993 Kenworth :Lic.# B49349P Vin.# 1XKADR9X5PS596691

2004 Ford F-250 : Lic.# B57533R Vin.# 1FTNX21P64EC62185

1999 International: Lic.# B47814K Vin.# 2HSFHAMR9XC063061



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2013

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	eu oi such endorsement(s).	CONTACT Cheryl Cox					
,	nsurance Agency, Inc.	PHONE (A/C, No, Ext): (509) 488-9623 (A/C, No):	(509) 488-2143				
PO Box 449		E-MAIL ADDRESS: Cheryl-cox@leavitt.com					
91 South 6th Av	re.	PRODUCER CUSTOMER ID #:10000712					
Othello	WA 99344	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED		INSURER A :Nationwide Mutual Ins. Co.	23787				
		INSURER B:					
Full Circle Nat	ural Products, Inc.	INSURER C:					
5429 Lowell Lar	imer Rd	INSURER D:					
		INSURER E :					
Everett	WA 98208	INSURER F:					
COVERACES	CERTIFICATE MUMPER:CT.1	361703287 REVISION NUMBER:					

CERTIFICATE NUMBER:CL1361703287

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	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIR	GEN	ERAL LIABILITY	iNon	1110				EACH OCCURRENCE	\$	1,000,000
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A		CLAIMS-MADE X OCCUR	х		FPK 7515276389	12/1/2012	12/1/2013	MED EXP (Any one person)	\$	5,000
	.							PERSONAL & ADV INJURY	\$	1,000,000
			ļ					GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
		POLICY PRO- LOC							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO				12/1/2012	2 12/1/2013	BODILY INJURY (Per person)	\$	
A		ALL OWNED AUTOS	X		FPK 7515276389	12/1/2012		BODILY INJURY (Per accident)	\$	
	_	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							Underinsured motorist	\$	1,000,000
		NON-OWNED ACTOS						PIP-Basic	\$	10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DEDUCTIBLE							\$	
		RETENTION \$							\$	
		RKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		- 1					E.L. EACH ACCIDENT	\$	
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If ve	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER	CANCELLATION
Washington State Utilities &	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Transportation Commission	AUTHORIZED REPRESENTATIVE
	Nathan Beus/NB