PART A

TV# 43607

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

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

Intrastate Common Carrier Operating Authority ADDI ICATION FOR PERMIT

AUG 13 2014

\$ 278	5, <i>0</i> 0 (exclud	APPLICATION ing Household Goods				WA	SH. UI &	TP COUL		
Reception Number 50	950	Safety:			Carrier II	D#: \	a D			
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N	ion Donnii	Authority	Evto	neion o	f Common	Carrier	Permit A	uthority		
New Common Ca	rrier Permii Fexistina P	ermit Number	LAIG	nision o		Out 1101				
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\$275 GENERAL	COMMODITI D CAR SERVIC			\$100	GENERAL C	OMMODI	TIES, inclu	ıding		
\$275 GENERAL		ES, including	Q	\$100	GENERAL O HAZARDOUS I SERVICE	OMMOD MATERIALS	ITIES, inclusion and ARMO	iding RED CAR		
\$275 GENERAL HAZARDOL SERVICE	L COMMODITI	IES, INCLUDING and ARMORED CAR						·		
\$100 REINSTAT	FEMENT OF C	ANCELLED COMM(ON CAR	RIER PE	RMIT	For Comm Auth #:	nission Use C	inly:		
Grand Check □ Money O	rder 🗆 Am	ex Discover D] Master	card □ V	isa	Expirati	on 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): Roberto Martinez-Beltham Date: 7-30-14										
Signature:	Allten	um/3		Title:	OWNER					
CC#:	US DOT	#			IFIED BUSINE		TIFIER (UI	31) #: 🐣		
APPLICANT NAME:	KOBEILTO	MARTINEZ-Belt	ron	 	PHONE#:	(425)	260-1	7846		
d/b/a:					FAX #:					
BUSINESS (MAILIN (street address, P.O (city, state, zip)	G) ADDRES . Box)	s: 2129. M	1A 1+1B	y RD) # cc-	. /				
(city, state, zip)	BOTHER	1. WAS	90	5021						
PHYSICAL ADDRES	SS: (street a	ddress, if differen	t)							
			4							

X INDIVIDUAL	. 🗆 PAR	TNERSHII	P CORPORA STATE O	ATION (LP, LLP, LLC) F INCORPORATION) 			
NAME	TITL	TLE ADDRES		<u>ss</u>	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE			
			•					
holder an	ction if you and permit number of the permit	nber to be	rring an existing pe transferred. The o	ermit to a new owner current permit holder	 List name of <u>current</u> permit must sign below to authorize the 			
VAME ON PERM	И i T:			PE	RMIT NUMBER:			
Signature of cu	rrent permit	holder			Date			
nazardous mate quantity. You will perate vehicles GVWR of less the pounds. You mu\$300,000 in Publand Property Dallnsurance. You ineed to complet	il only s with a nan 10,000 ust obtain blic Liability amage do not	any quan operate v GVWR of or more. \$750,000 and Prop	s materials in tity. You will rehicles with a f 10,000 pounds You must obtain in Public Liability erty Damage e. You must	hazardous material requiring \$1 million Public Liability and Property Damage Insurance. You mucomplete Part C, S 1 and 2.	requiring \$5 million in Public Liability and Property Damage Insurance. You must			
UNIT#	LICEN	ISF#	STATE		VIN#			
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	1 AGX 3994		V0/5	0.55.0				
to and th	nat no open e and affim	otione ma	v he conducted u	intii a permit is rece	itself constitute authority to eived from the Commission. I ation is true to the best of my			
/	Mota	THE			. 7-30-14			
	Signa	tur e (s)			Date			

CERTIFICATE OF LIABILITY INSURANCE

ROBE-88 OP ID: EI-

DATE (MM/DD/YYYY)

03/21/14

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). 206-285-7735 CONTACT Edward Hadley Lovsted-Worthington LLC P.O. Box 607 Bothell WA 98041 206-285-3461 PHONE (A/C, No. Ext): 206-838-1017 FAX (A/C, No): 206-285-3461 424 Third Ave W Seattle, WA 98119 ADDRESS: edward@lovstedworthington.com Lovsted Worthington LLC INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Mutual of Enumciaw 14761 INSURED Roberto Martinez-Beltran INSURER B: 2129 Maltby RD #CC1 INSURER C: Bothell, WA 98021 INSURER D: INSURER E : INSURER F **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE Ś GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY \$ COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** 1,000,000 (Ea accident) X BAP0003787 03/24/14 03/24/15 ANY AUTO **BODILY INJURY (Per person)** \$ SCHEDULED ALL OWNED AUTOS NON-OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE HIRED AUTOS \$ (Per accident) \$ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** S **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ RETENTION \$ \$ **WORKERS COMPENSATION** WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? NIA (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 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) RE: RE: 2000 Suzuki Esteem VIN#: JS2GB41W0Y5185917 Evidence of Insurance. CERTIFICATE HOLDER CANCELLATION WASHU-2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Washington Utilities & ACCORDANCE WITH THE POLICY PROVISIONS. **Transportation Commission** Attn: Tina AUTHORIZED REPRESENTATIVE PO Box 47250 Edward Hadly Olympia, WA 98504