UTIC TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW PO Box 47250

Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181

Web Site: <u>www.utc.wa.gov</u> transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR REINSTATEMENT - FEE \$100.00

(Per WAC 480-14-220)

Applications for Reinstatement of a Cancelled Common Carrier permit must be within 10 months of the cancellation date of the permit. If over 10 months, you must submit a new application form.

Common Carri	be reinstated.										
Legal Name: TLM	INC	_									
Trade Name(s), dba(s), if any: Trucking											
Business (Mailing) Address: 17	49 Centra	Rd. Eversor	1,W 47								
Physical Address (if different):	-0	707	-								
Phone number: 360318	Fax Number:		_								
Email address: mlhoefer 9H	egmay. Com uspor #:										
Unified Business Identifier Number	er (UBI): 1003 .423	.205	_								
Type of Business Structure:											
☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc.											
NAME TITL	E ADDRESS	PERCENTAGE OF SHARES									
Mike Hoefer &	President	50%									
Gle Hoefer V.	-President	507.	_								
<u> </u>											
For Official Use Only	Received Date: WALL	ID: 6669									
111-0268-200-02	Insurance: MO	Docket TV- Q 7 09									
Receipt D:	Payment ID:										



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2014

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ement. A sta	itement on th	is certificate does not c	onfer	rights to the	
	DUCER		(-)		CONTA NAME:	CT Sandi	Jones				
Rice Insurance LLC								FAX (A/C No):	(360)7	34-1173	
1400 Broadway						PHONE (360) 734-1161 FAX (A/C, No. Ext): (360) 734-1173 E-MAIL ADDRESS; sandi@riceinsurance.com					
P.	O. Box 639				CANIC					NAIC #	
Be:	llingham WA 98	227			INSURER(S) AFFORDING COVERAGE INSURER A :United Financial Casualty Co				11770		
INSU	RED				INSURER B:						
JLI	M Trucking Inc.				INSURER C :						
17	49 CENTRAL RD				INSURE		-				
						INSURER E :					
EV	erson wa 98.	247			INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER:CL1492925	882			REVISION NUMBER:			
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
•	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR	1						MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
		1						GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- LOC								\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
••	ALL OWNED X SCHEDULED AUTOS			03301580-0		9/30/2014	09/30/2015	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								PIP-Basic	\$	35,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			•				AGGREGATE	\$		
	DED RETENTION\$				-			Luc otetu Lotu	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		٠									
			•			<u> </u>					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACORD 101, Additional Remarks	s Schedu	le, if more space	e is required)				
						•					
CEI	RTIFICATE HOLDER				CAN	CELLATION					
mdotson@utc.wa.gov WUTC 1300 S Evergreen Park Drive SW					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Olympia, WA 98504						AUTHORIZED REPRESENTATIVE					

Troy Haskell/SAN