

WASHINGTON



UTILITIES AND 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: www.utc.wa.gov
transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

360-586-1181

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 Carrier # 57620 to be reinstated.

Legal Name: Smp Inc

Trade Name(s), dba(s), if any: _____

Business (Mailing) Address: P.O. Box 1219 Prosser, WA 99603

Physical Address (if different): _____

Phone number: 509-374-0761 Fax Number: 509-377-3167

Email address: TStokes@SmpTrucking.com USDOT #: 185168

Unified Business Identifier Number (UBI): 64028213

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME TITLE ADDRESS PERCENTAGE OF SHARES

Same

For Official Use Only	Received Date: <u>12/30/14</u>	ID: <u>M29267</u>
111-0268-200-02	Insurance: <u>MM</u>	Docket TV- <u>42175</u>
Receipt ID:	Payment ID:	

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Carolina Casualty Insurance Company
(Name of Company)
(herein after called Company) of 4600 Touchton Road ,Bldg 1, Suite 400 ,Jacksonville ,FL ,32246
(Home Address of Company)

has issued to SMP, INC. of 402 ROUTE 519 ,PHILLIPSBURG ,NJ ,08865
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 12/19/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 4600 Touchton Rd. E.
Bldg. 100 Ste. 400
Jacksonville FL 32246 This 30th day of Dec 20 14
(Address) (Day) (Month) (Year)

Insurance Company File No. 5001191
(Policy No)

Kathleen D. Webb
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00