



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](http://www.utc.wa.gov)  
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 Carrier # 58651 to be reinstated.

Legal Name: Tacoma Transload Inc

Trade Name(s), dba(s), if any: \_\_\_\_\_

Business (Mailing) Address: 501 E 19<sup>th</sup> St Tacoma WA 98421

Physical Address (if different): \_\_\_\_\_

Phone number: 253 272 3075 Fax Number: 253 272 7732

Email address: gary.hofmann@TacomaTransload.com USDOT #: 546423

Unified Business Identifier Number (UBI): 91-1514510

**Type of Business Structure:**

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jeff Calaway</u>	<u>sec</u>	<u>501 E 19<sup>th</sup> St Tacoma WA 98421</u>	<u>90%</u>
<u>Gary Hofmann</u>	<u>Pres</u>	<u>501 E 19<sup>th</sup> St Tacoma WA 98421</u>	<u>10%</u>

<i>For Official Use Only</i>	Received Date: <u>12/30/14</u>	ID: <u>M30119</u>
111-0268-200-02	Insurance:	Docket TV- <u>197177</u>
Receipt ID:	Payment ID:	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2015

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 Bell Anderson Agency, Inc. 600 S.W. 39th St, Suite 200  Renton WA 98057	CONTACT NAME: Darcy Swanson
	PHONE (A/C No. Ext): (425) 291-5200 FAX (A/C No.): (425) 291-5100 E-MAIL ADDRESS: darcys@bell-anderson.com
INSURED Tacoma Transload, Inc. PO Box 1142 1900 W Dolarway Road Ellensburg WA 98926	INSURER(S) AFFORDING COVERAGE
	INSURER A: Penn Millers Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL14121906857 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PAC2605463-02	12/21/2014	12/21/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PAC2605463-02	12/21/2014	12/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PAC2605463-02	12/21/2014	12/21/2015
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	PAC2605463-02	12/21/2014	12/21/2015	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Cargo		PAC2605463-02	12/21/2014	12/21/2015	\$100,000 / DED \$1,000
A	Trailer Interchange		PAC2605463-02	12/21/2014	12/21/2015	\$100,000 / DED \$1,000

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

## CERTIFICATE HOLDER

Mdotson@utc.wa.gov

WUTC  
1300 S. Evergreen Park DR. SW  
Olympia, WA 98504

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

James Hunt/KMT