PART A

TV#

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

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

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

	(excluding Household Goods	and Common C	Carner Brokers)	
No. of the No.	Safety: 44 A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carrier ID#: \{\VO7	
eception Number:	- / W		100-7	
11 0268 200 02	Insurance:	er en en en en en en en	Employee: W	
				-14
New Common Carrier Transfer of Exis	Permit Authority, or sting Permit Number	Extension	n of Common Carrier Permit Autho	rity
\$275 GENERAL CO	MODITIES ONLY	\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL CON ARMORDED CAR	IMODITIES, including	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
\$275 GENERAL CON HAZARDOUS MA	IMODITIES, including ATERIALS	\$100	O GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CA SERVICE	AR
\$275 GENERAL COM HAZARDOUS MAT SERVICE	EMODITIES, INCLUDING TERIALS and ARMORED CAR			
\$100 REINSTATEME (Must be filed within 10	NT OF CANCELLED COMM months of cancellation)	ION CARRIER	Auth #:	
Check	☐ Amex ☐ Discover	☐ Mastercard □	☐ Visa Expiration Date	
valid.	0 1		plicant, and that all information on file is current and 12/3/14	
varne (printed):	_ //			
Signature: America T	ances	Title:	owner	
CC#: C SAA U	S DOT#		UNIFIED BUSINESS IDENTIFIER (UBI) #:	
ADDUCANT NAME:			PHONE#:	
APPLICANT NAME: Angela cecte	Daniels		206-384-5459	
d/b/a:	- Curil Cio		FAX#:	
AM EXPRES	is			
BUSINESS (MAILING) A	DDRESS:	- 1		
(street address, P.O. Bo)	() 32341 29th Ac	ne SW		
(city, state, zip)	way, wp 980	2 3		
PHYSICAL ADDRESS: (J.		· .	
1111010/12/10011100/				
Received Time-tan 5 -20	4F 4 FCDM N 3004	4		

ME	TITLE	ADDRE	SS ST	OCK DISTRIBUTION OR RCENTAGE OF SHARE
holder ar	ection if you are tra ed permit number to of the permit numb	o be transiented. The	ermit to a new owner. List courrent permit holder must	
AME ON PERI	MIT:		PERMIT	NUMBER:
	ment normit holde	r		Date
Signature of Cu	rrent permit holde			
You will not he azardous mate juantity. You will perate vehicle owners to bounds. You mis 300,000 in Purand Property Dinsurance. You need to complete	erials in any haza any control ill only any coper han 10,000 cust obtain blic Liability amage and lnsu	ou will not haulardous materials in quantity. You will wate vehicles with a VR of 10,000 pounds nore. You must obtain 0,000 in Public Liability Property Damage grance. You must aplete Part B.	Li You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Section 1 and 2.	hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICENSE#	STATE	Ster Athense	VIN#
		WA WA		
	ot, understand the	at the filing of this app as may be conducted	olication does not in itself until a permit is received tained in this application	constitute authority to from the Commission. is true to the best of my

Bryan Welch

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WA INSURANCE IDENTIFICATION CARD						
COMPANY NUMBER COMPANY X COMMERCIAL PERSONAL 24032 Ohio Security Ins Co						
POLICY NUMBER EFFECTIVE DAYS EXPIRATION DATE 1/29/2015 1/29/2016						
YEAR MAKEMODEL VEHICLE IDENTIFICATION NUMBER KNDUP1.32656681.379						
AGENCY/COMPANY ISSUING CARD						
W Insurance Group 1007 Pacific Ave						
Tacoma WA 98402 (800) 362-5220						
MSURED						
Angela Daniels						
A M Express						
32341 29th Ave Sw						
Federal Way WA 98023						
SEE IMPORTANT NOTICE ON REVERSE SIDE						
Web Address: www.w-ins.com						
THIS CARD MUST BE KEPT IN THE INSURED						
VEHICLE AND PRESENTED UPON DEMAND						
IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soonas possible, Obtain the following information:						
1. Name and address of each driver, passenger and witness.						
Name of Insurance Company and policy number for each vehicle involved						
·						
ACORD 60 (2007)(02) GACORD CORPORATION 1983-2007. All rights reserved.						

INS050 (200702)

PHONE NO. : 253 838 6749

Bryan Welch

Jan. 30 2015 03:29PM P4

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	w <u>a</u>			INSURANCE I	DENTIFICATION CARD
	(STATE)				
	COMPANY NUMBER	COMPANY		X COMMERCIAL	PERSONAL
	24082	Ohio Securi	ty In	s Co	
	POLICY NUMBER BK\$56524628	EFFECT N 1/29	E DATE /2015	1/29/20	
	YEAR MA 2000 CHEVROLE	Kemodel . T Van		VEHICLE IDENTIFICATION 1 GNDML 9WXYB19	
	AGENCY/COMPANY ISSUING	CARD	_		
	W Insurance Gro 1007 Pacific Av	•			
	Tacoma	WA 984	02	(800) 362-5	220
	MSURED Angela Dar A M Expres 32341 29ti	ss Ave Sv			
	Federal Wa	ey W.	8e A	23	,
	_	_			
		SEE MPORTANT N	OTICE ON	REVERSE SIDE	
	Web Address:	www.w-ins.com			
	THIS	CARD MUST BI	E KEPI	IN THE INSURE	:D
					· -
	VEH	IICLE AND PRE		D UPON DEMAN	טו
ı					
ı	IN CASE OF ACCIO	ain the following in	formati	on:	
	1. Name and	address of each	driver,	passenger and with	ness.
	2. Name of li vehicle invol	••	ny and I	policy number for e	ach
1					
1					
1					• •
l ac	CORD 50 (2007/02)			CORD CORPORATION 19	83-2007 All dahts meanwed

INS050 (200702)

Bryan Welch



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2015

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).

Federal Way WA 98023	INSURER F:	
	INSURER E :	<u></u>
32341 29th Ave Sw	INSURER D:	
Angela Daniels, DBA: A M Express	INSURER C:	
INSURED	INSURER B :	
Tacoma WA 98402	INSURER A Ohio Security Ins Co	24082
	INSURER(S) AFFORDING COVERAGE	NAIC #
1007 Pacific Ave	E-MAIL ADDRESS: Bryan@w-ins.com	
W Insurance Group	PHONE (A/C, No, Ext): (800) 362-5220 FAX (A/C, No): (800) 4	196-6054
PRODUCER	CONTACT Bryan Welch	

COVERAGES

CERTIFICATE NUMBER:2015

253-327-2141

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 NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Γ	GENERAL LIABILITY			·			EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	$ \mathbf{x} $		BKS56524628	1/29/2015	1/29/2016	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	100,000
1							PERSONAL & ADV INJURY	\$	1,000,000
1							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
L	X POLICY PRO- LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	300,000
A	ANY AUTO				1/29/2015	1/29/2016	BODILY INJURY (Per person)	\$	
**	X ALL OWNED X SCHEDULED AUTOS	X SCHEDULED BAS56524628	BAS56524628	BODILY INJURY (Per accident)			\$		
ĺ	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
1								\$	
\prod	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	J					AGGREGATE	\$	
<u> </u>	DED RETENTION \$							\$	
	XYORX BOS CONTROCK TOOK XYOR EMPLOYERS' LIABILITY					1	WC STATU- OTH- TORY LIMITS ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		ŀ	*	-	E.L. EACH ACCIDENT	\$	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1/6				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		L.,		ļ.,,,		E.L. DISEASE - POLICY LIMIT	\$	
			<u></u>		<u> </u>				·

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
Certificate Holder is an Additional Insured, but only if required by written contract or written agreement or permit, per Commercial General Liability Extension provision CG 88 10 04 13.

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(360)586-1181

Washington Utilities & Transportation 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

Bryan Welch/BWE

to Pull