



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)

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 # 65294 to be reinstated.

Legal Name: Dave Winslow Trucking LLC

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

Business (Mailing) Address: P.O. Box 64 Stites Id. 83552

Physical Address (if different): 315 main st Stites Id. 83552

Phone number: 1-208-935-5175 Fax Number: 1-208-926-4366

Email address: Saddle-Tramp-599 @ Yahoo, Com USDOT #: 1442984

Unified Business Identifier Number (UBI): 603 374 390

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>David Winslow</u>	<u>owner</u>	<u>315 main</u>	<u>100%</u>

<i>For Official Use Only</i>	Received Date: <u>1/30/15</u>	ID: <u>7715</u>
111-0268-200-02	Insurance: <u>M</u>	Docket TV- <u>50156</u>
Receipt ID:	Payment ID:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2015

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).

PRODUCER Associated Insurance Svcs LLC P O Box 16410 Boise, ID 83718 Bryan Graham	CONTACT NAME: Bryan Graham PHONE (A/C No. Ext): 208-336-7733 FAX (A/C No.): 208-336-0376 EMAIL ADDRESS: bryang@aisidaho.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: American Alternative Ins Corp	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **Dave Winslow Trucking LLC**
 PO Box 64
 Sites, ID 83562

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.

RTR LTR	TYPE OF INSURANCE	ADDITIONAL BODILY INJURY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		B6A6CA0001089-00	08/30/2014	08/30/2015	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER UTILITIES & TRANSPORTATION COMMISSION PO BOX 47250 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 <i>Courtney Mitchell</i>
---	--