

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 Car	rier# <u>MC850</u> 1	017to	be reinstated.								
Legal Name: MEHAR X	PRESS LLC										
Trade Name(s), dba(s), if any:			·								
Business (Mailing) Address: 4	35 MARTIN	ST STE	2000 BLANE	WA 98230							
Physical Address (if different): 4	35 MARTIN	ST STE	2000D BLAINE	WA 98230							
Phone number: 360 - 927 - 2789 Fax Number:											
Email address: Bal@ meharexpress · Com USDOT#: 2460388											
Unified Business Identifier Number (UBI): 603 - 315 - 586											
Type of Business Structure:											
☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation State of Inc. ☐ 戶 ☐											
NAME TITL	<u>.E</u> <u>A</u>	DDRESS .	PERCENTAG	PERCENTAGE OF SHARES							
GURPREET BABRAH MEMBER 1313 EMAPLE ST STE 201 1002											
	Bellingi	ran WA 9822	5								
				·							
			2 2 2								
For Official Use Only	Received Date:	8117	ID: 7678	(1.0							
111-0268-200-02	Insurance:		Docket TV- \ Sol	44							
Receipt ID:	Payment ID:										



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2015

CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CLATIFICATE 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	ment Astat	tement on th	is certificate does not confe	er rights to the	
PRODUCER				CONTACT NAME: CERTS DEPT						
RIS Insurance Services					PHONE (A/C, No, Ext):360-399-7801					
P. O. Box 1059					F-MAIL					
Anacortes WA 98221				ADDRESS:certs@risnet.com						
ŀ					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: NATIONAL INDEMNITY CO.					
INSURED MEHAR-2					INSURER B. AGCS MARINE INSURANCE COMPANY 22837					
MEHAR XPRESS LLC					INSURER C:					
435 MARTIN ST STE 2000D BLAINE WA 98230					INSURE	RD:				
					INSURER E:					
					INSURER F:					
CO	VERAGES CER	TIFK	CATE	NUMBER: 772854912				REVISION NUMBER:		
IN CE E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO AL	o which this	
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
								GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
i	POLICY PRO- JECT LOC							\$		
Α	AUTOMOBILE LIABILITY			70TRS04318801		1/30/2015	1/30/2016	COMBINED SINGLE LIMIT	000,000	
	ANN AUTO			70111804010001			^,	(Ea accident) \$1,0 BODILY INJURY (Per person) \$	100,000	
	ALL CONNED X SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
	HIRED AUTOS AUTOS							(Per accident) \$		
	LINEDGE LA LIAD									
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	<u> </u>	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION		<u> </u>					\$		
	AND EMPLOYERS' LIABILITY V/N							WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
В	MOTOR TRUCK CARGO PHYSICAL DAMAGE			MXI60006300		1/30/2015			,000 LIMIT IP & COLL	
B==	DEPTION OF ORE STANDARD OF STANDARD	F0 1	4	400DD 404 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0-1	M				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	Atlach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
B:RI	EEFER BREAKDOWN INCLUDED									
				•						
CEF	RTIFICATE HOLDER				CANC	ELLATION				
WUTC PO BOX 47250 OLYMPIA WA 98504					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					
					$ \ \ \ \ \ \ \ \ \ \ \ \ \$	X				

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