

PART A
APPLICATION FOR PERMIT
(excluding Household Goods)

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

| | | |
|------------------------------|--------------|----------------------|
| FOR OFFICIAL USE ONLY | | Docket No. TV-150754 |
| Reception Number | Safety MD | Carrier ID# 7607 |
| 111-0268-200-02 | Insurance MD | Employee MD |

| TYPE OF APPLICATION | |
|---|---|
| New Common Carrier Permit Authority, or Transfer of Existing Permit Number | Extension of Common Carrier Permit Authority |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE | |
| <input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation | |

MOTOR CARRIER IDENTIFICATION

Common Carrier #: 62264 Unified Business Identifier Number (UBI): 601 762 618

Legal Name: HARLOW CONSTRUCTION CO, INC USDOT: 1194010

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

Email address: HARLOW CONST@HOTMAIL.COM

Phone Number: (253) 588-4705 Fax Number: (253) 588-4710

Business (Mailing) Address: 3123 106th ST S LAKEWOOD, WA 98499

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. WA

NAME MARK HANCOCK TITLE PRESIDENT Stock Distribution or % of Shares 100%

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT _____ Permit Number _____

Signature of current permit holder _____

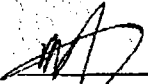
Date _____

| INSURANCE REQUIREMENTS (must check one) | | | |
|---|---|---|---|
| A permit will not be issued until acceptable insurance is received | | | |
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |

| MOTOR VEHICLE LIST (Attach additional pages if necessary) | | | |
|---|----------------|-------|------------|
| Unit # | License Number | State | VIN number |
| | | | |
| | | | |
| | | | |

SIGNATURE

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.


Signature

3/17/2015
Date

HARLOW CONSTRUCTION COMPANY, INC.**Truck & Trailer List**

| No. | Vehicle Make | VIN # | Vehicle Type | License # |
|------|---------------------------|--------------------|--------------|-----------|
| H-1 | 1999 KENWORTH DUMPTRUCK | 1NKDLB9X7XR799008 | DUMP TRUCK | A20751D |
| H-2 | 1999 KENWORTH DUMPTRUCK | 1NKDXB0X4XR827767 | DUMP TRUCK | A67906E |
| H-3 | 1996 PETERBUILT DUMPTRUCK | 1XPGL99X7TD411112 | DUMP TRUCK | A47669A |
| H-5 | 1998 KENWORTH TRACTOR | 1NKDXBOXXR761966 | DUMP TRUCK | A75801C |
| H-11 | 2005 KENWORTH DUMPTRUCK | 1NKDXBEX86R108299 | DUMP TRUCK | A16128T |
| H-12 | 2006 KENWORTH DUMPTRUCK | 1NKDXBOX06R111110 | DUMP TRUCK | A30226X |
| H-13 | 1999 KENWORTH DUMPTRUCK | 1NKDXB9X9XR815536 | DUMP TRUCK | A19190T |
| H-14 | 2006 KENWORTH DUMPTRUCK | 3WKDP4EX76F133019 | DUMP TRUCK | A31000X |
| H-15 | 2006 KENWORTH DUMPTRUCK | 1NKDXBOX96R138189 | DUMP TRUCK | A66610W |
| H-16 | 2006 KENWORTH DUMPTRUCK | 1NKDXBOX76R138191 | DUMP TRUCK | A66614W |
| H-17 | 2006 KENWORTH TRACTOR | 1NKDXUEX56R120289 | DUMP TRUCK | A66638W |
| H-18 | 2006 KENWORTH TRACTOR | 1NKDXUEX16R120290 | DUMP TRUCK | A66693W |
| H-21 | 2007 KENWORTH DUMPTRUCK | 1NKDXBEX87R170156 | DUMP TRUCK | A35784Z |
| H-24 | 2007 KENWORTH DUMPTRUCK | 1NKDXBOXXR7R159800 | DUMP TRUCK | B08181A |
| H-28 | 2007 KENWORTH DUMPTRUCK | 1NKDXBOX97R170027 | DUMP TRUCK | B14846A |
| H-32 | 2007 KENWORTH DUMPTRUCK | 1NKDXBOX97R190360 | DUMP TRUCK | B78194B |



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Harlow Construction Company, Inc.
2123 106th St. S
Lakewood WA 98499

March 20, 2015

Notice of Deficient Application

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

X We need to get a list of the equipment you will be using.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2015

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 HENTSCHELL & ASSOC INC One Pacific Building 621 Pacific Ave., Suite 400 Tacoma WA 98402 | CONTACT NAME: Danielle Pethick PHONE (A/C. No. Ext): (253) 272-1151 FAX (A/C. No.): (253) 272-1225 E-MAIL ADDRESS: daniellep@hentschell.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Harlow Construction Co., Inc. 3123 - 106th Street South Lakewood WA 98499 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Western National Assurance Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Western National Assurance Co. | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Western National Assurance Co. | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 14-15 GL, Auto, EX **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|------------------------------------|--|-----------|----------|---------------------------|-------------------------|-------------------------|--|--|
| A | GENERAL LIABILITY | | | CPP 1107587 | 12/31/2014 | 12/31/2015 | EACH OCCURRENCE \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | X | Y | | | | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | |
| | POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | |
| A | AUTOMOBILE LIABILITY | | | CPP 1106236 | 12/31/2014 | 12/31/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS | X | Y | | | | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | |
| A | UMBRELLA LIAB | | | UMB 1017590 | 12/31/2014 | 12/31/2015 | EACH OCCURRENCE \$ 5,000,000 | |
| | <input checked="" type="checkbox"/> EXCESS LIAB | X | Y | | | | CLAIMS-MADE | AGGREGATE \$ 5,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | (WA Stop Gap) CPP 1107587 | 12/31/2014 | 12/31/2015 | WC STATUTORY LIMITS | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | |
| A | Inland Marine | | | CPP 1107588 | 12/31/2014 | 12/31/2015 | Leased/Retned Equipment 50,000 | |
| | | | | | | | Installation Floater 125,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Common Carrier #62264
 UBI#601-762-618
 USDOT #1194010

| | |
|---|---|
| CERTIFICATE HOLDER (360) 586-1181 Washington Utilities & Transportation Commission P.O. Box 1300 S. Evergreen Park Drive S Olympia, WA 98504-7250 | 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 Bradley Roberts/DRP |
|---|---|