

1300 South Evergreen Park Orive SW PO Box 47250 Olympia, WA \$8504-7250 Phone 360-664-1222 Pax 360-586-1381 Web Site: www.ufc.wa.gov transportation@uc.wa.gov

## **COMMON CARRIER OF PROPERTY**

(Excluding Household Goods Carriers and Brokers)

## **APPLICATION FOR REINSTATEMENT - FEE \$100.00**

(Per WAC 480-14-220)

10 months of the cancella a new application form.	ntion date of the	permit. If ove	Carrier permit must be within er 10 months, you must submit
Legal Name: Vi CAnderson			
Trade Name(s), dba(s), if any: Ulc Anderson Trueking			
Business (Mailing) Address: P.O Box 478 North Bend WA 98045			
Physical Address (if different):			
(425) Phone number: 425 -888-2560 Fax Number: 425 -888-2560			
Email address:USDOT #: 19139			
Unified Business Identifier Number (UBI): C Loo - 092 - 512			
Type of Business Structure:			
Individual   Partnership Limited Liability Company Corporation State of Inc.			
NAME T	TTLE	<u>ADDRESS</u>	PERCENTAGE OF SHARES
For Official Use Only	Received Date:	4/20/15	ID: 14498
111-0268-200-02	Insurance//\(\sigma\)	_	Docket TV- SO 6 & S
Receipt ID:	Payment ID:		

## Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter ca lec Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to VIC ANDERSON, VIC ANDERSON TRUCKING of PO BOX 678, NORTH BEND, WA 98045-0000 a policy or policies of insurance effective from 04/20/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 29th day of April, 2015

Insurance Company File No. CA 03673542

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B

Maga8 Julia