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-			
Reception Number	Safety M			Carrier ID# 1750
111-0268-200-02 Insurance				Employee M
	TYPE OF AF	PLIC	ATION	
New Common Carrier Permit		Ext	ension o	of Common Carrier Permit Authority
or Transfer of Existing Perm	it Number			
\$275 GENERAL COMMODI	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$275 GENERAL COMMODIT ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
\$275 GENERAL COMMODIT HAZARDOUS MATERI	•		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERVI	ALS and			
\$100 REINSTATEMENT OF CA	ANCELLED COMMO	N CARI	RIER PER	RMIT - Must be filed within 10 months
	MOTOR CARRIER	IDENT	IFICATIO	ON The state of th
Common Carrier #: \$875				r (UBI): <u>603 500 423</u>
Legal Name: 5 Stars De	lueries		_USDOT	2632896
Trade Name(s), dba(s), if any				
Email address: <u>Chompilor</u>	cs 6 ho	fme	1.00	M
Phone Number 360) 827 -	and the second s			
Business (Mailing) Address: 930	H St	Ce	ntra	lia WA 98531
Physical Address (if different):				

			TYPE OF BUSIN	ESS STRUCT	URE		
☑ Individual	☐ Partne	rship	☐ Corporation	☐ Limited L	iability Company	State of Inc	
NAME 5 stars	Delive	TITLE	Delivering	Gurn	Stock Distri	bution or % of Shares	
Fran	do Marti	ne "Z	Delivering		Lo	24,	
			*TRANSFER OF P	ERMIT NUI	MBER		
permit holde		number to				r. List name of current gn below to authorize the	
NAME ON PE	RMIT				Permit	t Number	
Signature of	current permi	t holder			Date	e	
	v. A	450 T 400 C	JRANCE REQUIREN	x,000 x 000x0000000000000000000000000000			
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.		materials million in Property I You must Sections 1	I haul hazardous requiring \$1 Public Liability and Damage Insurance. complete Part C, and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.			
	·	10TOR V	E HICLE LIST (Attach	additional r	pages if necessary)		
Unit #				State	VIN number		
	1 B54382W		WA	JLEDGMIE85 KOJI121			
			SIGNA	TURE			
and that no c	perations may	y be cond		is issued b	y the Commission.	e authority to operate I hereby declare and wledge and belief.	
					, ,)		

Signature

	Driver	Qualification Requirem	ients	
Name: Fernand	0 Nino	Position:	Driver	
as required by FMCSR intrastate commerce v	Part 391.51 and by the WS	P in WAC 446-65-010. Ow lited exemptions. Owners	employee authorized to drive ner/operators that work exclu loperators that conduct any in ver that they may use.	isively in
	e Transfer	rivers Hours of Service		4
Name: Fernand	U NINO	Position:	Driver	
	aintain true and accurate h CSA in 49 CFR, Part 395.1(e		or each individual that drives a 446-65-010.	motor vehicle
	Vehicle Insp	ection, Repair, and Ma	inténance	
Name: Fanand	o Nino	Position:	Duves	
the FMCSA in 49 CFR, I required records for ea WSP in WAC 446-65-0 Identif	Part 396.11 and by the WSI ach vehicle that includes th 10: Fication of the vehicle.	o in WAC 446-65-010. In a e following, as required but the second of the	on each vehicle used each day ddition, each company must ny the FMCSA in 49 CFR, Part 39 mance operations to be perforg their date and nature.	naintain certain 96.3 and by the
All companies must co WAC 446-65-010.	nduct periodic inspections	as required by the FMCS/	A in 49 CFR, Part 396.17 and by	the WSP in
		Signature		
	certifies that I understan ents which apply to my o		motor carrier and I will com	iply with all
Fr			5/8/19	S
Signature of applica	nt		Date	

NOTE: Once issued, you must keep a copy of your permit in your vehicle.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/08/2015

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).

certificate noider	In fleu of such endorsen	ienųs).		
PRODUCER			CONTACT Praveen Nair	
Nair Insurance Ager	ncy ·		PHONE (A/C, No, Ext): 253-835-1335 FAX (A/C, No): 25	3-874-1281
33305 1st Way S St	e B206		E-MAIL ADDRESS: pnair@farmersagent.com	
			INSURER(S) AFFORDING COVERAGE	NAIC#
Federal Way	WA 98003-6259)	INSURER A: Truck Insurance Exchange	21709
INSURED			INSURER B: Farmers Insurance Exchange	21652
FERN	ANDO NINO-MARTINEZ		INSURER C: Mid Century Insurance Company	21687
DBA:	5 STARS DELIVERIES		INSURER D :	
930 H	St		INSURER E :	
Centr	alia	WA 98531	INSURER F :	
001/551050	OFDIE	OATE MUMBER.	DEVICION 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.

NSR TR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR			1			MED EXP (Any one person)	\$	5,000
В		Y	N	606233618	05/08/2015	05/08/2016	PERSONAL & ADV INJURY	\$	1,000,000
						l –	GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	!					PRODUCTS - COMP/OP AGG	\$	2,000,00
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
	ANY AUTO						BODILY INJURY (Per person)	\$.	
В	ALL OWNED SCHEDULED AUTOS			606233618	05/08/2015	05/08/2016	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	★ UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	3,000,00
В	EXCESS LIAB CLAIMS-MADE			606233618	05/08/2015	05/08/2016	AGGREGATE	\$	
	DED RETENTION \$]						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"'				,	E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Cargo	Υ		606233618	05/08/2015	05/08/2016		\$	100,000

CERTIFICATE HOLDER

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.

Olympia WA 98504

Praveen Nair

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AUTHORIZED REPRESENTATIVE