

WASHINGTON

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)

TV-150767

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 # 64905 to be reinstated.

Legal Name: Jared Ridge

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

Business (Mailing) Address: 2216 Newberg RD Snohomish WA 98290

Physical Address (if different): _____

Phone number: 425-367-2897

Fax Number: _____

Email address: Chanaynay12@gmail.com USDOT #: 2395617

Unified Business Identifier Number (UBI): 602876901

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

#034210

For Official Use Only	Received Date: <u>5/15</u>	ID: <u>7291</u>
111-0268-200-02	Insurance:	Docket TV-
Receipt ID:	Payment ID:	



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
5/11/2015

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 Shipleigh & Pease Insurance PO Box 928 Woodinville, WA 98072	CONTACT NAME: Stan Pease PHONE (A/C No. Ext): 206 395 7872	FAX (A/C No.): 503 282 3345
	E-MAIL ADDRESS: stan@shipleighins.com	
	INSURER(S) AFFORDING COVERAGE Liberty Mutual Insurance	
INSURED JTR Trucking Jared Ridge dba 731 185th Ave NE Snohomish, WA 98290 425 367 2897	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS (16) 56553527	5/4/15	5/4/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER 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)
This certificate is to serve as a temporary Form E Filing pending receipt of original from Insurer.

CERTIFICATE HOLDER Washington Utilities & Trans. Comm. P O Box 47250 Olympia, WA 98504-7250 insurance@utc.wa.gov	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
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