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- SO 39 | | | | | |
|---|-----------|--|-------|--|--|--|--|--|--|
| Reception Number | Safety M | | | Carrier ID# \7030 | | | | | |
| 111-0268-200-02 | Insurance | | | Employee (M) | | | | | |
| TYPE OF APPLICATION | | | | | | | | | |
| New Common Carrier Permit | | Extension of Common Carrier Permit Authority | | | | | | | |
| or Transfer of Existing Perm | | | | | | | | | |
| \$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 ARMORFO CAR SERV | | | | | | | | | |
| \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation | | | | | | | | | |
| MOTOR CARRIER IDENTIFICATION | | | | | | | | | |
| Common Carrier #: 6589 Unified Business Identifier Number (UBI): 602-712-830 | | | | | | | | | |
| Legal Name: Bogdan Delivery LLC USDOT: 1861884 | | | | | | | | | |
| Trade Name(s), dba(s), if any | | | | | | | | | |
| Email address: BMomotyuk@bogdandelivery.com | | | | | | | | | |
| Phone Number: 253-335-6601 Fax Number: 872-395-8045 | | | | | | | | | |
| Business (Mailing) Address: 27423 12th PIS Des Moines, WA 98198 | | | | | | | | | |
| Physical Address (if different): 19613 81st Ave S Kent, WA 98032 | | | | | | | | | |

| TYPE OF BUSINESS STRUCTURE | | | | | | | | | | |
|--|------------------------|--|--|--|---|--|--|--|--|--|
| □ Individual | dividual 🛘 Partnership | | ☐ Corporation | ■ Limited | Liability Company | State of Inc. WA | | | | |
| NAME | | TITLE | | Stock Distribution or % of Shares | | | | | | |
| Bogdan N | Momotyuk, | Gener | al Manager | 100 | | | | | | |
| *TRANSFER OF PERMIT NUMBER | | | | | | | | | | |
| permit holde | | umber t | are transferring an e | xisting pe | rmit to a new owne | er. List name of current gn below to authorize the | | | | |
| NAME ON PE | RMIT | | | | Permi | t Number | | | | |
| Signature of | current permit | t holder | | Date | | | | | | |
| INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received | | | | | | | | | | |
| 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. | | You v hazardo quantit vehicles 10,000 must ok Public L Damage | vill not haul ous materials in any y. You will operate s with a GVWR of pounds or more. You otain \$750,000 in liability and Property e Insurance. You must te Part B. | You w material million in Property You mus Sections | rill haul hazardous s requiring \$1 n Public Liability and Damage Insurance. t complete Part C, | You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C. Sections 1 and 2. | | | | |
| | N | OTOR V | EHICLE LIST (Attach | additional | pages if necessary |) | | | | |
| Unit# | | | | | `, | /IN number | | | | |
| | | | SIGNA | TURE | | | | | | |
| and that no o | perations may | be cond | filing of this applicat | ion does n | by the Commission. | | | | | |
| Signature | | | | | Date | | | | | |

| ACORD | Ś |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2015

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).

| C | ertificate h | older in lie | u of such endo | rseme | ent(s) | i | | | will the transfer of the | is certificate do | 99 110t bt | | Aura ro aug | |
|---|------------------|--------------------------------------|--------------------|----------|---|--|--|---------------------|--------------------------|----------------------------------|-------------|-----------------|-------------|--|
| PRODUCER | | | | | | | CONTACT Julia Heuman | | | | | | | |
| Julia Heuman(7901289) | | | | | | PHONE (A/C, No, Ext): 208-248-4900 (A/C, No): 866-643-9881 | | | | | | | | |
| 124 | 4 SW 153rd | St Ste 4 | | | | | E-Mal. ADDRESS: jheumen@farmersagent.com | | | | | | | |
| | | | | | | | IMBURER(9) AFFORDING COVERAGE NAIC # | | | | | | | |
| Bu | rien | | WA 98166- | 2312 | | · · · · · · · · · · · · · · · · · · · | INSURER A: Truck Insurance Exchange | | | | | | 21709 | |
| MOURED | | | | | INSURER B : Farmers Insurance Exchange 21 | | | | | 21652 | | | | |
| | | BOGDAN [| DELIVERY LLC | | | | | | ntury Insuran | | | | 21687 | |
| 27423 12TH PL S | | | | | | | | States Liabilit | | | | | | |
| | | | | | | | INSURER E. Western Surety Company | | | | | | | |
| | | DES MOIN | | D-T1-51 | | 98198 | INBURE | RF <u>:</u> | | | | | | |
| | VERAGES | | | | | NUMBER: | VE DEC | N ISSUED TO | | REVISION NUM | | E BOI | ICY DEDICE | |
| 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 | | | | | | | | | | | | | | |
| Ç | ERTIFICATE | MAY BE I | ssued or may | PERT | rain, i | THE INSURANCE AFFORD | ED BY | THE POLICIE | s describei | d Hèrein is sui | BJECT TO | ALL 1 | THE TERMS. | |
| INSR | Т | | | ADDL | SUBR | LIMITS SHOWN MAY HAVE | BEEN | | POLICY EXP | | | | | |
| LTR | GENERAL LI | TYPE OF INSU | URANCE | INSR | WYD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT: | | 1,000,000 | |
| | 5.7 1 | | RAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTI | ED | <u>.</u> | 100,000 | |
| | | AIMS-MADE | OCCUR | | | | | | | PREMISES (Ea occ) | | <u>\$</u> \$ | 5,000 | |
| D | '" | MINIO-MINUE | [X] OCCOR | Ιγ | 1 | CL2635158A | | 01/15/2015 | 01/15/206 | PERSONAL & ADV I | | s . | 1,000,000 | |
| • | <u> </u> | | | 1 | | 0000 | | 0 11 10/2010 | 0 17 10/200 | GENERAL AGGREG | | s | 2,000,000 | |
| | GENTI AGGE | FGATE LIMIT | APPLIES PER: | - | | | | | • | PRODUCTS - COMP | - 1 | . | 2,000,000 | |
| | POLICY | 000 | LOC | | | | | | | - NOBOCIS - COMP | | <u> </u> | 2,000,000 | |
| | AUTOMOBIL | | 1 | - | | | | | | COMBINED SINGLE (En accident) | LIMIT | s | 1,000,000 | |
| | ANY AU | ANY AUTO ALL OWNED X SCHEDULED AUTOS | | - | | | | 03/13/2016 | BODILY INJURY (Pa | r persan) | \$ | .,000,000 | | |
| С | ALL OW SOYUS | | | Y | | 604722127 | | | 03/13/2015 | BODILY INJURY (Pe | r accident) | \$ | | |
| | X HIRED | AUTOS X | NON-OWNED AUTOS | 1 | | | | | | PROPERTY DAMAG (Per accident) | i= | 5 | | |
| | | | <u></u> | | | | | | | Cargo Coverag | | \$ | 250,000 | |
| - | X OMENE | CEA-CIAD | X OCCUR | | | | | | | FACH OCCURRENC | Æ | \$ | 1,000,000 | |
| D | EXCES: | LIAB | CLAIMS-MAD | E | | XSL014Y2348 | | 05/07/2015 | 05/07/2016 | AGGREGATE | | \$ | | |
| | DED | RETENT | | ļ | | | | | | | | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED7 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | .] | | | | | | TORY LIMITS | OTA. | | | | | |
| | | N/A | | | | | | EL. EACH ACCIDEN | п . | Ş | | | | |
| | | 1 | | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | | | | |
| | | + | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | | | | |
| E | Fidelity - I | Dishonesty | Bond | | | 62020699 | | 05/01/2015 | 05/01/2016 | \$100,000 | | | | |
| | | DED 4 7-54-1 | LOGATION INC. | <u> </u> | | ACORD 444 A 442 TO TO TO | | | | <u> </u> | | | | |
| | | | | - | | ACORD 101, Additional Remarks | Schedule | , if more space is | required) | | | | | |
| Cei | rtificate Hold | ier is name | d as additional in | nsurec | 1. | | | | | | | | | |
| | | | | | | • | | | | | | | | |
| | | | | | | | | | | ٠ | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | | | | |
| WA Utilities & Trade Commission 1300 Evergreen Park Dr SW | | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | | | | | 99503 | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| Olympia WA 98502 | | | | | 96302 | Julia Heuman | | | | | | | | |

ACORD 25 (2010/05)

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