



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)

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 # 65329 to be reinstated.

Legal Name: PETER KIMEU

Trade Name(s), dba(s), if any: KIMMS EXPRESS DELIVERY

Business (Mailing) Address: 12102 4th Ave W # 3203

Physical Address (if different): Everett WA 98204

Phone number: 425 381 7158 Fax Number: _____

Email address: peter.kimeu@gmail.com USDOT #: _____

Unified Business Identifier Number (UBI): 603 497 239

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

<i>For Official Use Only</i>	Received Date: <u>5/27/15</u>	ID: <u>16346</u>
111-0268-200-02	Insurance:	Docket TV- <u>1911</u> 7
Receipt ID:	Payment ID:	

CERTIFICATE OF LIABILITY INSURANCE



DATE: 07/16/2015

PRODUCER: WINGERT FINANCIAL SERVICES INC 16300 MILL CREEK BLVD #122 MILL CREEK, WA 98012	INSURED: PETER KIMEU 12102 4TH AVE W #3203 EVERETT, WA 98204
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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the term 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).

COMPANIES AFFORDING COVERAGE
 COMPANY A: VICTORIA FIRE & CASUALTY COMPANY NAIC# 42889

COVERAGES

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	1932078	10/16/2014	10/16/2015	COMBINED SINGLE LIMIT (ea. accident)	\$ 300,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

2015 MERCEDES SPRINTER 2500 WD3PE7DC8F5965921

CERTIFICATE HOLDER

WUTC
 1300 S EVERGREEN PARK DR SW
 OLYMPIA, WA 98504

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