

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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- 151727
Reception Number	Safety <i>M</i>	Carrier ID# 17209
111-0268-200-02	Insurance <i>M</i>	Employee <i>M</i>
TYPE OF APPLICATION 86257		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

MOTOR CARRIER IDENTIFICATION

Common Carrier #: 66028 Unified Business Identifier Number (UBI): 603 268 831

Legal Name: THUNDERDOG Delivery, Inc. USDOT: _____

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

Email address: dave.theimer@thunderdogdelivery.com

Phone Number: DL - 425-220-6117 Fax Number: _____

Business (Mailing) Address: 918 S. HORTON ST. #814, SEATTLE WA 98134

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. WA

NAME	TITLE	Stock Distribution or % of Shares
<u>DAVE THEIMER</u>	<u>President</u>	<u>50%</u>
<u>CAREY THEIMER</u>	<u>Vice President</u>	<u>50%</u>

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT _____ Permit Number _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

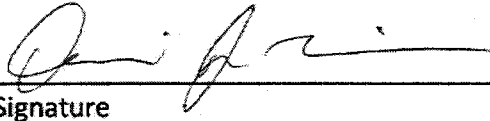
<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

Unit #	License Number	State	VIN number
<u>1</u>	<u>B56397X</u>	<u>WA</u>	<u>1GCSGAFX2D1115942</u>
<u>2</u>	<u>C15575E</u>	<u>WA</u>	<u>3C6TRV8GSFE518705</u>
<u>3</u>	<u>C50988A</u>	<u>WA</u>	<u>1C6RR7FT1ES225179</u>

SIGNATURE

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.


Signature

8/19/15
Date

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE®

Policy number: 02143729-2

Underwritten by:
United Financial Casualty Company
August 19, 2015
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Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITIES AND TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DR SW OLYMPIA, WA 98504	THUNDERDOG DELIVERY INC PO BOX 12413 MILL CREEK, WA 98082	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Apr 4, 2015

Policy Expiration Date: Apr 4, 2016

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$500,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$500,000 Combined Single Limit
Underinsured Motorist Property Damage	\$25,000 w/\$100 Ded (\$300 if Hit & Run)

Description of Location/Vehicles/Special Items

Scheduled autos only

2013 CHEVROLET EXPRESS G1500 1GCSGAFX2D1115942	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
Roadside Assistance	Selected
2014 RAM RAM 1500 1C6RR7FT1ES225179	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
Roadside Assistance	Selected
2015 RAM RAM PROMASTER 1 3C6TRVBG5FE518705	
Medical Payments	\$5,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
Roadside Assistance	Selected

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called 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 THUNDERDOG DELIVERY of PO BOX 12413, MILL CREEK, WA 98082 a policy or policies of insurance effective from 08/19/2015 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 20th day of August, 2015

Insurance Company File No. CA 02143729
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B