



**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 # 59535 to be reinstated.

Legal Name: Renee Wilfredo M. Mactetoma Trucking

Trade Name(s), dba(s), if any: \_\_\_\_\_

Business (Mailing) Address: 211409 E SR-397 Kennewick WA 99337

Physical Address (if different): same

Phone number: 509 591-5797 Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_ USDOT #: 889430

Unified Business Identifier Number (UBI): 601-973-055

**Type of Business Structure:**

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

**NAME TITLE ADDRESS PERCENTAGE OF SHARES**

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Wilfredo Renee M. Owner</u>		<u>211409 E SR-397 Kennewick 99337</u>	<u>100%</u>

<i>For Official Use Only</i>	Received Date: <u>9/11/15</u>	ID: <u>M35716</u>
111-0268-200-02	Insurance:	Docket TV- <u>151789</u>
Receipt ID:	Payment ID:	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/04/2015

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).

<b>PRODUCER</b>  V Krinstyn Insurance Agency, Inc 1408 N 20th Ave Ste C Pasco, WA 99301	CONTACT NAME: Javi Fernandez PHONE (AG, No., Ext): 509-547-7038 E-MAIL ADDRESS: javi.fernandez.u1ps@statefarm.com FAX (AG, No.): 509-546-2004	
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: State Farm Fire and Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25178 25143
<b>INSURED</b>  Wilfrido M Perez DBA Moctezuma Trucking 211409 E-SR 397 Kennewick, WA 99337		

**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 SUBR RSPD	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			3623519B1847001 1988 Peterbilt 379	09/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 750,000 PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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)  
Used to provide proof of insurance

<b>CERTIFICATE HOLDER</b>  Washington State Utilities and Transportation Commission 1300 S Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504 B (360) 664-1222 F (360) 586-1181	<b>CANCELLATION</b>  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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