



COMMON CARRIER OF PROPERTY
(Excluding Household Goods Carriers and Brokers)

1380 South Engstrom Park Drive SW
PO Box 47260
Olympia, WA 98504-7150
Phone 360-664-1372
1-800-366-1381
Web Site: www.wa.gov
inspections@wa.gov

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 # CC-61204 to be reinstated.

Legal Name: Freddie G. Reyes

Trade Name(s), if any: F.G.R. Transport

Business (Mailing) Address: 1021 S. 20th Ave., Yakima, WA 98902

Physical Address (if different): same

Phone number: 509/494-1016 Fax Number: 509/494-1016

Email address: -- USDOT #: 1201023

Unified Business Identifier Number (UBI): 692355682

TYPE OF BUSINESS STRUCTURE:

Individual Partnership Limited liability company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES

For Official Use Only	Received Date: <u>01/01/15</u>	ID: <u>WA2258</u>
111-02 SB-200-02	Insurance:	Doclet ID: <u>151864</u>
Receipt ID: <u>072711</u>	Payment ID:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2015

Received Time Sep. 28. 2015 10:20AM No. 0743

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 Utah-Hub International Transportation Insurance Se 6440 Wasatch Blvd Suite 235 Salt Lake City UT 84121	CONTACT PHONE (A.C. No. Ext: 800-748-5012	FAX (A.C. No.:
	E-MAIL ADDRESS:	
INSURED Freddie Reyes DBA: FGR Transport 1021 South 20th Avenue Yakima WA 98902	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Canal Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 360258560 **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	TYPE OF INSURANCE	ADDITIONAL SUBRS	POLICY NUMBER#	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	UNITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS		PIAD8225201	9/3/2015	9/3/2016	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo Reefer Breakdown		BWAT15164	9/3/2015	9/3/2016	Limit \$100,000 Deductible \$1,000 Reefer Deductible See Description

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate applies to the schedule of vehicles on file with the insurance company. Reefer deductible is \$2500 if less than 10 years old. Reefer deductible is \$3500 on unites over 10 years old.

CERTIFICATE HOLDER Washington Utility's and Transportation Commission 1300 S Evergreen Park Dr PO Box 47250 Olympia WA 98504-7250	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
--	--

