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- SY 42			
Reception Number	Safety M			Carrier ID# (727)			
111-0268-200-02 Insurance				Employee AND			
TYPE OF APPLICATION 030352							
New Common Carrier Permit	, ,	Extension of Common Carrier Permit Authority					
or Transfer of Existing Permi	t Number						
\$275 GENERAL COMMODIT	ries only		\$100	GENERAL COMMODITIES, Including ARMORED CAR SERVICE			
\$275 GENERAL COMMODIT ARMORED CAR SERVI	•		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275 GENERAL COMMODIT HAZARDOUS MATERIA			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERVI	ALS and						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation							
Common Carrier #: 66(25 Unified Business Identifier Number (UBI): 602 305 596							
Legal Name: Brown USDOT: 255 4692							
Trade Name(s), dba(s), if any JLU Deliver, es							
Email address: jon 07 brown 2 gmail. com							
Phone Number: 206.288-9114 Fax Number:							
Business (Mailing) Address: 20018 102nd 91 SE Kent, WA 98031							
Physical Address (if different): Same as above							

Individual 🗆 Part	nership Corporation	☐ Limited Liability Company	State of Inc					
NAME Jonothan Brown	TITLE Duner	Stock Distribution or % of Shares						
*Complete this section C	*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 per	nit holder	Date						
	A. T.	MENTS (nustichenkone)	And the second s					
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 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 8.	☐ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	You will haul hazardous materials requiring \$5 million in Public Llability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.					
	TOTAL CONTROL OF THE PROPERTY	additional pages finecessary						
Unit #	License Number Ve Weles	State	VIN number					
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.								
1 Brown 9/2011 =-								
Signature	Signature							



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS

JLUDE-1

OP ID: PF

DATE (MM/DD/YYYY) 09/30/2015

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). CONTACT Peggy Foote, ACSR, AAI PRODUCER Taylor-Thomason Ins. Brokers 3401 South 19th Street PHONE (A/C, No, Ext): 253-284-7926 E-MAIL ADDRESS: PeggyF@ttib.net FAX (A/C, No): 253-284-7901 P.O. Box 7187 Tacoma, WA 98417 INSURER(S) AFFORDING COVERAGE NAIC # CL Written by staff INSURER A: Mutual of Enumciaw 14761 **INSURED JLU Deliveries** INSURER B Jonathon Brown INSURER C 20018 102nd PI SE INSURER D Kent, WA 98031 INSURER E INSURER F 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.

NSR LTR		TYPE OF INSURANCE	ADDL INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CPP0017495	02/09/2015	02/09/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
ĺ		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	ΑUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
۱ ۵	Х	ANY AUTO			CPP0017495	02/09/2015	02/09/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
						İ		.,, .,	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE	3	
	lf yes DES0	; describe under CRIPTION OF OPERATIONS below			·			E.L. DISEASE - POLICY LIMIT	\$	
	020	Skill Holl of Clerkmone golder			1.			2.2. 2.02.102 7 02.01 2		
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedule, may	be attached if mor	e space is require	ed)		
								•		

CERTIFICATE HOLDER	CANCELLATION				
Utilities & Transporation Commission	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
P O Box 47250 Olympia, WA 98504-7250	AUTHORIZED REPRESENTATIVE CL Written by staff				