113-444.99. 24

Fax Number 281-452-25.36

Market-St Channelview

77530

1351

707

## APPLICATION FOR PERMIT (excluding Household Goods)

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Frangreen Park Dr. SW, PO Box 47750, Olympia, WA \$8504-7250 Intrastate Common Carrier Operating Authority Telephone (360) 664-1222 – Fax (360) 586-1181

1 1, as applicant, undersiand and that no operations m 15 primm that the informatic properties of the i	mail #	Single Supplemental Supplementa	NAME NAME Complete this section ONLY IT permit holder and permit numb transfer of the permit mainber.  NAME ON PERMIT Details  NAME ON PERMIT Details
as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operate has 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, between the information contained in this application is true to the best of my knowledge and belief.  Determine the information contained in this application is true to the best of my knowledge and belief.	No by 1 を	It holder  Tholder  T	Carporation  TLE Carporation  Out  You are transferring an ber to be transferred. The part of the part
開放電子を設定しません。 bin does not in itself constaud its issued by the Commission is true to the best of my kno Date	State 1 FUYSX:	Date of the control o	Umited tlability Company  Stock Distrib  (1) Per  Resisting permit to a new owner  The current permit hold must sig  Permit  10 - 1
te aurhority to operate  I hereby declare and whedge and belief.	Abte 84K5 BZ KSKna 1	materials requiring \$5 mallinn in Public Llability and Property Damage Insurance You must complete Part C, Sections 1 and 2.	Company State of hc.  Stock Distribution or % of Shares  Stock Distribution or % of Shares  A new owner. List name of current  and must sign below to authorize the  Permit Number  Permit Number

REVISION NUMBER:

To: 3605861181

From: Enid Carbajal

Fax: (360)586-1181



COVERAGES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2015

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). CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL Nee Nee Carbajal Strong Tie Insurance Services Inc FAX (A/C, No): 323-560-8823 800-985-2001 8135 Florence Ave Ste 201 ecarbajal@strongtieinsurance.com ADDRESS **Downey, CA 90240** NAIC # INSURER(S) AFFORDING COVERAGE License #: 0D87939 15580 SCOTTSDALE INDEMNITY CO INSURER A : INSURED INSURER B **DEMETRIO P VALDEZ** INSURER C: **DBA: D & SONS EXPRESS** INSURER D **PO BOX 1351** INSURER E : **CHANNELVIEW, TX 77530** 

CERTIFICATE NUMBER: 00000000-0

IN CI	DICA RTI	ATED. NOTWITH FICATE MAY BE	IST.	ANDING ANY REC	DUIRE RTAII POLIC	MEN N, THI CIES.	NCE LISTED BELOW HAVE BEEN IS T, TERM OR CONDITION OF ANY C E INSURANCE AFFORDED BY THE LIMITS SHOWN MAY HAVE BEEN F	ONTRACT OR POLICIES DE REDUCED BY	OTHER DOC! SCRIBED HER PAID CLAIMS.	UMENT WITH RESPECT TO	O WHIC	H THIS .
INSR	TYPE OF INSURANCE			ADDL INSD	SUBR	BR POLICY EFF POLICY EXP (MM/DDYYYY) (MM/DDYYYY)		LIMIT	LIMITS			
LTR	GEN	COMMERCIAL GE CLAIMS-MADI	NER E [	OCCUR	INSD	WVD	POLICY NUMBER	(MINIDDI YYYY)	(MMNDDIYYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$	
		OTHER:									\$	
Α					LTI0005135	10/16/2015	10/16/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	Х	SCHEDULED AUTOS		١.				D + D / E /	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	Т	ocaur						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGRÉGATE	\$	
		DED RETE	NTIC	ON \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ļ	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1117					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α	MC	TOR TRUC	Ķ	CARGO			LTI0005135	10/16/2015	10/16/2016	\$1,000 DED		\$100,000
Α	PH	IYSICAL DA	MÆ	AGE			LTI0005135	10/16/2015	10/16/2016	TOTAL VALUE		\$42,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2000 FHRT VIN: 1FUYSXZBSYPB91486 STATED VALUE \$18,000 / \$1,000 DED 2008 UTIL VIN: 1UYVS25328UG55408 STATED VALUE \$24,000 / \$1,000 DED REEEFER BREAKWOWN INCLIDED: \$2,500 DEDUCTIBLE DRIVER: DEMETRIO P VALDEZ												

CERTIFICATE HOLDER	CANCELLATION				
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DR. S.W., PO BOX 47250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
OLYMPIA, WA 98504-7250	AUTHORIZED REPRESENTATIVE (EDN)				

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ACORD 25 (2014/01)

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