



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Fax 360-586-1181
Web Site: www.utc.wa.gov
transportation@utc.wa.gov

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 # 10047 to be reinstated.

Legal Name: Tommer Construction Co., Inc.

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

Business (Mailing) Address: Po Box 1160 Ephrata WA 98823

Physical Address (if different): 5720 Hwy 28 W. Ephrata WA 98823

Phone number: 509 787 3311 Fax Number: 509 787 3632

Email address: jadal@tommerconstruction.com USDOT #: 306870

Unified Business Identifier Number (UBI): 600032222

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

NAME TITLE ADDRESS PERCENTAGE OF SHARES

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
Christopher J. Tommer	President		0
Jada N. Molitor	VP		0
Donna Lee Tommer	Secretary		0
Nicholas J. Tommer	Treasurer		100%

For Official Use Only 111-0250-200-02	Received Date: <u>11/21/15</u>	ID: <u>MS 308</u>
Receipt ID:	Insurance: <u>NO</u>	Docket TV: <u>52163</u>
	Payment ID: <u>086426</u>	

Client#: 164727

TOMMCONS1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2015

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).

PRODUCER: Propel Insurance, Seattle Commercial Insurance, 925 4th Ave, Suite 3200, Seattle, WA 98104. CONTACT NAME: Nancy Osborne, PHONE: 800 499-0933, FAX: 866.577.1326, E-MAIL ADDRESS: Nancy.Osborne@propelinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Zurich North America, INSURER B: Great American Insurance Compan, INSURER C, D, E, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: A GENERAL LIABILITY (GLA018545300), A AUTOMOBILE LIABILITY (GLA018545300), B UMBRELLA LIAB (TUE421287100), A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (GLA018545300 WA Stop Gap).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER: Washington Utilities and Transportation Commission, 1300 South Evergreen Park Drive SW, 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: [Signature]

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