



TV 15-2205

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

#002810

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-
Reception Number	Safety	Carrier ID# 17338
111-0268-200-02	Insurance	Employee <i>Q</i>
TYPE OF APPLICATION		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

MOTOR CARRIER IDENTIFICATION

Common Carrier #: _____ Unified Business Identifier Number (UBI): 603535553 *OK*

Legal Name: ~~Thercio Silvano Brandao~~ *TSB Enterprises LLC* USDOT: *P/A*

Trade Name(s), dba(s), if any ~~TSB Enterprises LLC, MobCar~~

Email address: therciosb@gmail.com

Phone Number: 425-247-8595 Fax Number: _____

Business (Mailing) Address: 10407 NE 32nd PL Unit B106, Bellevue WA 98004

Physical Address (if different): 10407 NE 32nd PL Unit B106, Bellevue WA 98004

Dynamex, Inc.
On-Dispatch Only (INSEL) Confirmation of Coverage

POLICY INFORMATION:

The insurance carriers listed below provide commercial automobile insurance policies to "Scheduled Independent Contractors of Dynamex, Inc."

Dynamex, Inc. - Dynamex 420 - Seattle	nsurer: Underwriters, Lloyd's, London	Limit of Liability: \$300,000	Policy Numbe NAGN04404015-01	olicy Term: 10/01/15 - 05/01/16
Insured: Brandao, Thercio S 10407 NE 32nd PL, Unit B106 Bellevue, WA 98004		Effective Date Of Coverage: 10/01/15		IMPORTANT! This document provides an overview of coverage. It is not a legal document. The insurance policy must be consulted regarding terms, conditions and exclusions.

INSEL INFORMATION: This document is to notify the Independent Contractor named above (the "Insured") that this insurance has been effected with certain Underwriters at Lloyd's, London (not incorporated) for the Coverage Period specified above under a Master Policy issued to Dynamex, Inc. as an Insured Member of the Master Policyholder: Gallagher Steel Courier Risk Purchasing Group, Inc.

Participants in this insurance program are afforded insurance through the policy referenced above by virtue of their contractual relationship with Member/Courier Company. Insurance under this program is subject to the policy terms, limits, conditions, and exclusions listed in the policy. Coverage does not extend to "for hire" services provided for entities other than the Member/Courier Company. Participant's insurance under this program will be canceled if the premium is not paid or the participant no longer provides services for the Member/Courier Company. This is an automobile insurance policy; no property, cargo or other coverage provided. This certificate is not a legal representation of the insurance. Only the insurance policies can accurately convey terms and conditions of the coverage.

The insurance is provided under the Mater Policy and is in accordance with the terms of the Master Policy, a copy of which may be inspected at the offices of the Master Policyholder. The respective names of and proportions underwritten by the Underwriters can be ascertained from the office of the Master Policyholder.

Insured Vehicle(s):

No	ea	ake	odel	ehicle ID Number (VIN)	
0502	2011	Toyota		JTDKN3DUXB1430186	<input type="checkbox"/>

Cancellation: SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Provides On-Dispatch coverage for scheduled driver only while working under contract for Dynamex, Inc..	Rejected except when statutory minimum is required
Bodily Injury/Property Damage \$300,000 Combined Single Limits	Personal Injury Protection/Medical Payments Statutory minimum

IMPORTANT NOTICE:

This policy responds for On-Dispatch exposures for the Member/Courier Company only. Coverage VOID for personal use or for business use other than specifically for the Member/Courier Company. Automobile insurance provided by this policy extends exclusively to the vehicle(s) indicated on this confirmation of coverage; coverage does not extend to any other vehicle you own, lease, rent or borrow - except as specified in the policy. Coverage does not extend to other drivers - except as specified in the policy. Please contact the Program Administrator immediately with questions, additions or other changes affecting coverage. Changes become effective on the date that we receive and approve the change. This policy is excess over any other automobile insurance.

Program Administrator and Customer Service: Gallagher Transportation Services Service Tea 2345 Grand, Suite 00 Kansas City, MO 64108 1-800-279-7500 Fax 1-816-329-0891	Claims Reporting: For claims reporting, please call: 501.228.0900 Affirmative Risk Management Please reference "Scheduled Independent Contractors & Owner Operators of Dynamex, Inc." when reporting your claim.
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CERTIFICATE OF LIABILITY INSURANCE

THER-22

OP ID: EH

DATE (MM/DD/YYYY)

12/17/15

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 Lovsted-Worthington LLC HUB International NW, LLC 12100 NE 195th St Ste 200 Bothell, WA 98011 Lovsted Worthington LLC	206-285-7735	CONTACT NAME: Edward Hadley
	206-285-3461	PHONE (A/C, No, Ext): 206-838-1017 FAX (A/C, No): 206-285-3461 E-MAIL ADDRESS: edward.hadley@hubinternational.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Mutual of Enumclaw
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSURED TSB Enterprises LLC (MobCar)
 Attn: Thercio Silviano Brandao
 10407 NE 32ND PL #B106
 Bellevue, WA 98004

NAIC #
14761

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP0019489	12/10/15	12/10/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UIM/UI \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo			CPP0019489	12/10/15	12/10/16	Cargo 25,000 DED 250

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

RE: 2013 Toyota Prius VIN#: JTDKN3DU9D1623917 - Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**

WASHU-2

Washington Utilities &
 Transportation Commission
 Attn: Colleen
 PO Box 47250
 Olympia, WA 98504

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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