



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](http://www.utc.wa.gov)  
transportation@utc.wa.gov

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

JAN 08 2016

**WASH. UT. & TP. 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 # 69560 to be reinstated.

Legal Name: DALE WEST TRUCKING, LLC.

Trade Name(s), dba(s), if any: \_\_\_\_\_

Business (Mailing) Address: PO BOX 666 MORTON, WA 98356

Physical Address (if different): 0 BELLICUM ROAD, MORTON, WA 98356

Phone number: 360 496 1840 Fax Number: 360 496 1840

Email address: tbd USDOT : 1688050

Unified Business Identifier Number (UBI): 602762598

**Type of Business Structure:**

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Dale West</u>	<u>President</u>	<u>Morton, WA</u>	<u>100%</u>

<i>For Official Use Only</i>	Received Date: <u>1/9/16</u>	ID: <u>6282</u>
111-0268-200-02 \$100.00	Insurance: <u>MS</u>	Docket TV- <u>180091</u>
Receipt ID: <u>57469</u>	Payment ID: <u>116516</u>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

Dec 18, 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 <b>Robert W. Baker Insurance, Inc</b> P O Box 269 Packwood, WA 98361	CONTACT NAME	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #	
<b>INSURER(S) AFFORDING COVERAGE:</b>		<b>NAIC #</b>
INSURED <b>Dale West Trucking LLC</b> PO Box 666 Morton, WA 98356	INSURER A:	<b>National Indemnity Company [70]</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	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.

INS RLTR	TYPE OF INSURANCE	ADDL INSR	SUB R WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG. \$
	POLICY PROJECT LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>			70TRS058349	12/15/2015	12/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
X	SCHEDULED AUTOS						PROPERTY DAMAGE \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
							\$
	<b>UMBRELLA LIAB</b> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> CLAIMS-MADE						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**Evidence of Insurance only.****CERTIFICATE HOLDER****CANCELLATION**

WUTC

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLCY PROVISIONS.

AUTHORIZED REPRESENTATIVE