



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 # CC-65155 to be reinstated.

Legal Name: FULL CIRCLE NATURAL PRODUCTS INC

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

Business (Mailing) Address: 15356 PRODUCE LANE MOUNT VERNON WA 98273

Physical Address (if different):

Phone number: 360-428-5671 Fax Number: 360-424-0277

Email address: dprager@valleypride.com USDOT #: 2358890

Unified Business Identifier Number (UBI): 602-952-951

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

NAME TITLE ADDRESS PERCENTAGE OF SHARES

LARRY R JENSEN PRESIDENT 15356 PRODUCE LANE 100%
SEC. TREASURER MOUNT VERNON WA 98273

Table with 3 columns: For Official Use Only, Received Date, ID. Includes handwritten values like 11/3/16, 15326, 111-0268-200-02, Insurance: MD, Docket TV-160477, Receipt ID, Payment ID: 08638.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2016

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 Sloan-Leavitt Insurance Agency, Inc. PO Box 449 91 South 6th Ave. Othello WA 99344	CONTACT NAME: Darling Veliz PHONE (A/C, No, Ext): (509) 488-9623 E-MAIL ADDRESS: darling-veliz@leavitt.com	FAX (A/C, No): (509) 488-2143
	INSURER(S) AFFORDING COVERAGE	
INSURED FULL CIRCLE NATURAL PRODUCTS, INC. 15356 PRODUCE LANE MOUNT VERNON WA 98273	INSURER A: Progressive	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL161704970 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						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 type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			02796378-0	12/4/2015	12/4/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PKG \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Washington Utilities and Transportation PO Box 47250 1300 S Evergreen Pk Dr SW Olympia, WA 98504	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 Darling Veliz/DAVELI
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