

160126

APPLICATION FOR PERMIT
Intrastate Common Carrier Operating Authority
(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

FOR OFFICIAL USE ONLY	Employee <i>MM</i>	CC# <i>65250</i>
Reception Number	Insurance	Carrier ID# <i>12422</i>
111-0268-200-02		

TYPE OF APPLICATION
Defined in WAC 480-14-040 *608469*

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 (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS (Complete Supplementary Hazardous Materials Safety Survey)	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE (Complete Supplementary Hazardous Materials Safety Survey)	

MOTOR CARRIER IDENTIFICATION

Legal Name (see definitions pg. 1): Compass, Inc.

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

Email address: showcasefarms@msn.com

Phone Number: office (208) 635-5129 (406) 422-2481 cell Fax Number: 888-612-7992

Business (Mailing) Address: 12551 N. Government Way, Hayden, ID 83835

Physical Address (if different): _____

Unified Business Identifier Number (UBI): 603372968

USDOT: 1200120 OR Check if under 16,001 GVW

INSURANCE REQUIREMENTS (must check one)	
A permit will not be issued until acceptable insurance is received	
<input type="checkbox"/> GVWR of Less than 10,000 pounds: <ul style="list-style-type: none"> You will not haul hazardous materials in any quantity. You must obtain \$300,000 in Public Liability and Property Damage Insurance. 	<p>To prevent delay, please attach a <i>temporary</i> Certificate of Liability from your insurance company. Your insurance company must provide a Form E within 60 days.</p> <p>Applicants must have their insurance company file proof of liability and property damage insurance covering each vehicle used under the permit.</p> <ul style="list-style-type: none"> ➤ The name on the insurance must match your company's legal name <u>exactly</u>. ➤ Proof of insurance must be on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E) or a Certificate of Liability. ➤ The Certificate of Liability must show the Washington Utilities & Transportation Commission as the Certificate Holder. ➤ A Certificate of Liability is effective for 60 days. Your insurance company must file the required FORM E within 60 days otherwise your permit will be cancelled.
<input checked="" type="checkbox"/> GVWR of more than 10,000 pounds: <ul style="list-style-type: none"> You will not haul hazardous materials in any quantity. You must obtain \$750,000 in Public Liability and Property Damage Insurance. 	
<input type="checkbox"/> Hazardous Materials (\$1,000,000) <ul style="list-style-type: none"> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part B, Sections 1 and 2. 	
<input type="checkbox"/> Hazardous Materials (\$5,000,000) <ul style="list-style-type: none"> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part B, Sections 1 and 2. 	

TYPE OF BUSINESS

Check the type of business. If other than INDIVIDUAL, list the names of all shareholders, partners, or members and their percentage of interest in the company.

Individual Partnership Corporation Limited Liability Company

State of Incorporation: MT

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Owned Shares</u>
<u>Jerannie Schmidt</u>	<u>President</u>	<u>100%</u>

TRANSFER OF PERMIT NUMBER

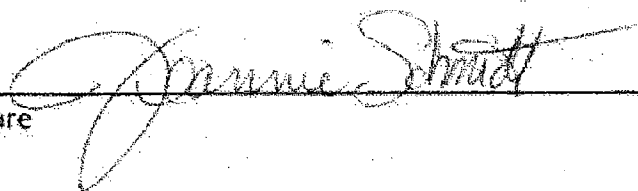
Complete this section **ONLY** if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ Permit Number: _____

Signature of current permit holder _____ Date _____

SIGNATURE

I, as applicant, understand that 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.

Signature  Date 1/22/16

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

SAFETY FITNESS SURVEY

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substances and Alcohol Testing

Name: Jeannie Schmitt Position: Accounts Manager

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

Commercial Driver's License (CDL) Requirements

Name: Jeannie Schmitt Position: Accounts Manager

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Driver Qualification Requirements

Name: Jeannie Schmidt Position: Accounts Manager

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

Drivers Hours of Service

Name: Jeannie Schmidt Position: Accounts Mgr

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Vehicle Inspection, Repair, and Maintenance

Name: Jeannie Schmidt Position: Accounts Manager

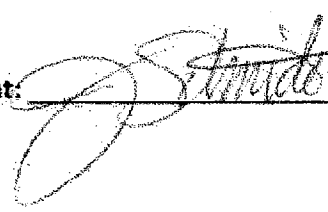
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

Signature

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

Signature of applicant: 

Date 1/22/16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/19/2016

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 R.I.S. Insurance Services P. O. Box 1059 Anacortes WA 98221	CONTACT NAME: CERT DEPT PHONE (INC. No. Ext.): 360-399-7801 E-MAIL ADDRESS: certs@risnet.com	FAX (A/C. No.):
	INSURER(S) AFFORDING COVERAGE	
INSURED SHOWC-1 COMPASS, INC DBA SHOWCASE FARMS 9323 N GOVERNMENT WAY STE 248 HAYDEN ID 83835	INSURER A: GREAT WEST CASUALTY INSURANCE	NAIC # 11371
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 920081536 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GWP77473F	5/1/2015	5/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP-AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		GWP77473F	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ 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	Y/N				WC STATUTORY LIMITS BOTH ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO/BROAD FORM BAILEE (TRAILER INTERCHANGE) PHYSICAL DAMAGE		GWP77473F	5/1/2015	5/1/2016	\$1,000 DED \$1,000 DED \$2,500 DED \$100,000 LIMIT \$28,000 LIMIT COMP & COLL

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

CERTIFICATE HOLDER PROOF OF INSURANCE	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

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