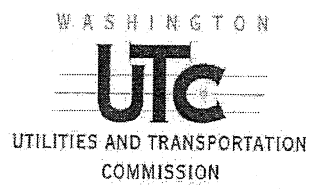


TE-180262 (A)

Paid



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203 or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID: <i>U472</i>	Docket TE- <i>180262</i>
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <u>WAC 480-30</u>	Fee Required
<input checked="" type="checkbox"/> New Authority	\$200.00
<input type="checkbox"/> Transfer an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <input type="checkbox"/> If transfer, complete Attachment A. 	\$200.00
<input type="checkbox"/> Reinstate a previously cancelled certificate; <u>WAC-480-30-121</u> .	\$200.00
Plus,	
<input checked="" type="checkbox"/> Regulatory Fee - In accordance with <u>RCW 81.70.350</u> "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	
Total number of vehicles to be operated <u>1</u> x \$25 per vehicle	= \$ <u>25</u>
Total due (\$200, plus, \$25 per vehicle)	= \$ _____
<input type="checkbox"/> Name Change - <u>WAC 480-30-146</u>	\$ 35.00
Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.	
Company Name: <u>White Eagle Party Bus Corp.</u>	

SECTION 1 – APPLICANT INFORMATION

Legal Name: White Eagle Party Bus Corp.
The legal name must match your registration with Department of Revenue

Trade Name(s) (if any): N/A
Trade name(s) must be registered under your UBI number

Mailing Address:

Physical Address:

Street 908 N 9th Ave Street 908 N 9th Ave

City Yakima City Yakima

State/Zip WA 98902 State/Zip WA 98902

Phone Number: (509) 9-30 60-55 Fax Number: (509) 823-4404

UBI #: 604 208 936 E-Mail: delfina@valleyincome-taxservices.com

Website: _____

Type of business structure

- Individual Partnership Corporation Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distributions or Percentage of Shares
<u>Jesus Andrade</u>	<u>owner/president</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: None

USDOT # 3114727 If you don't have a USDOT #, go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3810 for assistance.

Business Operations

Describe the type of tours/excursions you plan on providing: Party rental similar to limosine.

SECTION 2 – EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
DEJ3317	000 Party Bus	IFDXE45S74HA12219	15 ^{including driver} passengers.

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Jesus Andrade Position: Driver/owner

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by May 1 of each year.

Name: Jesus Andrade

Position: Driver / owner

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Jesus Andrade

Position: Driver / owner.

SECTION 4 – DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name of applicant Jesus Andrade

Signature of applicant Jesus Andrade

Date 03-22-18

County, State Yakima, WA

CONFIRMATION OF BINDING

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

Date Issued: Mar 09, 2018
Submission #: 18012763D

Is this a Renewal? N

Producer: AGT8263
Valley Professional Services LLC
102 N 5th Ave
Yakima, WA 98902

Insured:
White Eagle Party Bus Corp
908 N 9th Ave
Yakima, WA 98902

Location of Risk: 908 N 9th Ave, Yakima, WA 98902

Insurer: National Fire & Marine Insurance Co. [72]

Assigned Policy or Certificate Number: **72LPS030919**

Effective Period: 3/5/2018 to 3/5/2019

Term: 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

Coverage: COMMERCIAL GENERAL LIABILITY

Limits: \$1,000,000	Each Occurrence
\$2,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$1,000,000	Advertising Injury and Personal Injury Aggregate
\$100,000	Damage to Rented Premises
\$5000	Medical Expense

Deductible: 0 per claim

Exposures:

Terms/Conditions: (a) 25% minimum earned premium at inception.

(b) Endorsements / Notable Exclusions:

Standard per form, plus:
Composite Rate End't,
Service of Suit End't,
100% Deposit and Annual Earned Premium,
25% Minimum Retained Premium,
Professional Liability Exclusion,
Punitive Damages Exclusion,
Terrorism & War Exclusion,
Biological Agents Exclusions,
Total Pollution Exclusion,
Lead Exclusion,
Medical Expense Deleted End't,
Real Estate Development Exclusion

(c) Binding Requirements / Subject To:

Completed, signed and dated application,
A favorable inspection and compliance with all recommendations.

THE ATTACHED TERRORISM ELECTION/REJECTION FORM MUST BE COMPLETED,

SIGNED, AND SUBMITTED IN ORDER TO BIND.

(d) All other terms and conditions apply per policy forms.

Agent Commission: 10%

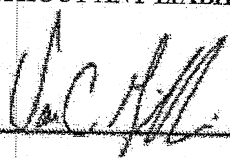
Premium:	\$942.00
Fees: Policy Fee	\$250.00
Taxes:	\$25.03

Total Due: \$1,217.03

TRIA: Terrorism Coverage: plus in taxes: **REJECTED**

Cancellation: This Confirmation is subject to the cancellation provisions as found in the policy(ies) or certificate(s) currently in use by the insurer. The Insurance effected under this confirmation can be cancelled by the insurer by mailing, to the first named insured at the address stated on the confirmation, written notice stating when such cancellation shall become effective. The Insurance effected under this confirmation may be cancelled by the named insured by giving written notice to Griffin Underwriting Services, stating when thereafter the cancellation shall become effective. Cancellation can not be effected prior to the post mark date of the written notice. In the event of cancellation by the insured, the earned premium would be subject to the minimum premium if applicable. **THE INSURANCE UNDER THIS CONFIRMATION CAN NOT BE CANCELLED FLAT;** earned premium and any applicable fees and taxes must be paid for the time that insurance has been in force.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.



AUTHORIZED REPRESENTATIVE, GRIFFIN UNDERWRITING SERVICES

INSURED: White Eagle Party Bus Corp

DATE ISSUED: Mar 09, 2018 SUBMISSION #: 18012763

NEW
RENEWAL NUMBER
CROSS REFERENCE NUMBER

COLUMBIA INSURANCE COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

71 APR 360694

ITEM ONE NAMED INSURED & ADDRESS
WHITE EAGLE PARTY BUS CORP
908 N 9TH AVE
YAKIMA, WA 98902

Producer
VALLEY PROFESSIONAL SERVICES
LLC
102 N 5TH AVE
Yakima, WA 98902
Corporation

FORM OF NAMED INSURED'S BUSINESS: Corporation

NAMED INSURED'S BUSINESS: PARTY BUS

POLICY PERIOD: Policy covers FROM 02/11/2018 8:44 PM TO 02/11/2019 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

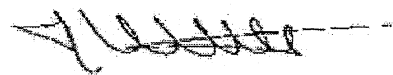
This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

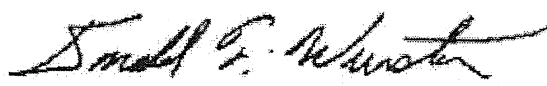
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered.)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,500,000 CSL	\$ 4,669
PERSONAL INJURY PROTECTION (P.I.P.) (for equivalent (no-fault) coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (for equivalent added (no-fault) cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 231
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	10	\$ 60,000 CSL (BI Only)	\$ 62
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 3831c (12/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3831c (12/2001)	\$ 784
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 5,746
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.		Broker Fee: \$250.00 Total: \$5,996.00	
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		0	IF CANCELLED BY THE INSURED.
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At Griffin Underwriting Services
Bellevue, WA

By 
AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.





NO FLAT CANCELLATIONS
Secretary

President

Please check this policy and endorsements against original order. Griffin Underwriting Services assumes no responsibility for errors. 03/06/2018 12:01 2BDC0558-954F-4166-A9A9-C58A0F7047CF

NOTICE: Report all losses to Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009; Phone: 800-562-8095; claims@gogus.com

MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD

COMPANY NUMBER 71 COMPANY Columbia Insurance Company
POLICY NUMBER 71 APR 360694 EFFECTIVE DATE 02/11/2018 8:44 PM EXPIRATION DATE 02/11/2019 12:01 AM
YEAR 2000 MAKE/MODEL CMPN TYY OTHER - PARTY BUS VEHICLE IDENTIFICATION NUMBER 1FDXE45S7YHA12219
GENERAL AGENCY ISSUING CARD
Griffin Underwriting Services
2375 130th Ave NE, Suite 200
Bellevue, WA 98005
INSURED
WHITE EAGLE PARTY BUS CORP
908 N 9TH AVE
YAKIMA, WA 98902

THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

M-4566a (11/1999)

SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

CUT ALONG THIS LINE

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IDENTIFICATION CARD

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