

U.T.C.

Charter and Excursion Carriers 2013 Annual Report

To the Commission: Please excuse me sending this reply by e-mail form. I am not very computer savvy. My name is Steven M. Zien and the owner of Aladin Coachlines Inc. in Yakima, Wa. for 10 years now. My USDOT # is 1991731. I can not believe I let this happen to Aladin Coachlines. I have never had a claim or an issue ever with the UTC in 10 years.

I am in the middle of having a new book keeper that is in putting information into my quick books, for the first time, and I have a office organizer to help clean up my office. I thought I had till May 15, 2014 to file. I filled out the packet as best as I could on 5-9-14 and even sent a check for \$268.77 to the UTC. I got the packet returned to me and I re-sent it on Memorial weekend and you guys received it about 5-29-14. I called on Friday 5-30-14 and spoke to Amy Andrews to see if you received the packet. She said yes they did receive it and that she is returning the check because I did not have to pay any extra monies. She said I still have to deal with penalties though. I have included paperwork to show you that my insurance is paid and current as always and that my insurance claim detail reports show that Aladin has never had a claim or problem, ever. My 2 SUV limousines have passed Peterbilt 2014 inspections just like always. My chauffeurs all have CDL's with "P" endorsements, medical cards and clean drivers records, and they have never had a L & I claim and Aladin Coachlines Inc. gets a 10% discount form L & I because we have a clean record. I am very sorry for screwing up the May 1, 2014 deadline date. I thought I had till May 15, 2014. I can assure you that this will never happen again. I am hoping that the UTC will excuse my filing timing ignorance this time and waive or reduce any penalties "PLEASE". My cell phone is 509 969 2877 if you want to call me and ask me any questions. Thank you for your time and consideration.

Steven M. Zien

6-1-14

Sans Serif

Send

Saved

2014 JUN -5 PM 1:46

Aladin Limousine
 Take Your Magical Excursion with Us!

Steven M. Zien, Owner
 Certified Professional Chauffeur
 f / AladinLimousineYakima

email: steve@aladinlimo.com
 (509) 969-2877
 www.aladinlimo.com

CONTINUED MAIL

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT TE-141048

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

2014 JUN -5 PM 1:46

1. **Payment of penalty.** I admit that the violations occurred. I have:

Enclosed \$ _____ in payment of the penalty

Submitted my payment of \$ _____ online at www.utc.wa.gov.
My confirmation number is _____.

2. **Request for a hearing.** I believe that one or more of the alleged violations did not occur, for the reasons I describe below, and I request a hearing based on those reasons, for a decision by an administrative law judge:

3. **Application for mitigation.** I admit the violations, but I believe that the penalty should be reduced for the reasons set out below:

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR b) I ask for a Commission decision based solely on the information I provide above:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 6-14 [month/day/year], at YAKIMA, WA 98902 [city, state]

ALAN LINDSINE/COACHLWES WC
Name of Respondent (company) – please print

[Signature]
Signature of Applicant

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”

ANNUAL REPORT CERTIFICATION

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

I, the undersigned STEVEN M ZIEN
Responsible Account Officer (Please Print)

of ALAN COACHLWES INC
Name of Company

have examined the foregoing report; that, to the best of my knowledge and belief, all statement of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2013, to December 31, 2013, inclusive.

OWNER
Title
(please print)

[Signature]
Signature
(please type if filing electronically)

509 969 2877
Telephone Number

5-9-14
Date

GENERAL INFORMATION

Washington Unified Business Identifier (UBI) No.: 602 365 599 001 0001
(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)

Business Structure (please check the appropriate designation):

- Individual / Sole Proprietor Partnership Other (LP, LLP, LLC) Corporation Nonprofit Corporation

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name	Title	Percent / Shares / Stock / Ownership
STEVEN M ZIEN	OWNER/MANAGER	100%

**COCHRANE & COMPANY
AUTOMOBILE SUMMARY**

General Account Information

Named Insured (s) ALADIN COACHLINES INC

Underwriting Company Zurich American Insurance Company

Date of Proposal

Policy Term 5/20/2014 to 5/20/2015

Commercial Auto Coverage			
Standard Coverages	Auto Symbol	Limit	Premium
Auto Liability BI/PD	7	\$5,000,000 CSL	\$4,006
Deductible			
Medical Payments	7	\$5,000	\$184
No Fault		None	\$0
UM/UIM	7	\$1,000,000 CSL - BI & PD	\$246
Phys Dmg Total Insrd Value (TIV)		\$120,000	
Comprehensive (Deductible)	7	\$1,000	\$704
Specified Causes of Loss			
Collision	7	\$1,000	\$2,031
Total Premium - Standard Coverages			\$7,171

Other Coverages	Limit	Premium
DOC - Liability ¹	None	\$0
DOC - Physical Damage ¹	None	\$0
Broadened PIP ²		\$0
Add'l PIP ²		\$0
Rental Coverage ²		\$0
Garagekeeper's Legal Liability		\$0
Hired Liability	None	\$0
Hired Physical Damage (ACV)		\$0
Non-Owned Liability	None	\$0
Hired UM/UIM	None	\$0
Non-Owned UM/UIM	None	\$0
Trailer Interchange Phys Damage	None	\$0
Pollution Liability	None	\$0
Mobile Farm - Liability		\$0
Mobile Farm - Collision		\$0
Mobile Farm - OTC		\$0
Partnership NonOwned		\$0
Undefined Manual Premium Coverage		\$0
Terrorism - OCAT		\$0
Municipal Tax/Surcharge		\$8.96
TOTAL AUTO PREMIUM		\$7,179.96

WRIGHT INSURANCE AGENCY
 623 S. 1st Street
 Selah, WA 98942
 (509) 697-6521

CASH RECEIPT

Date 5/19/14 324471

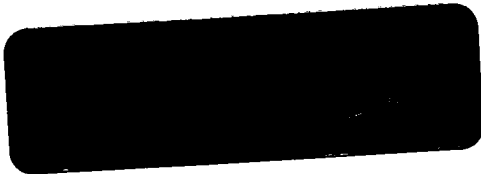
Received From Aladin Limo

Address _____

For Zurich American Ins. Co. Dollars \$ 1801.71

ACCOUNT	HOW PAID	
AMT OF ACCOUNT	CASH	
AMT. PAID	CHECK	<u>1801.71</u>
BALANCE DUE	MONEY ORDER <input type="checkbox"/>	
	CREDIT CARD <input type="checkbox"/>	

By #1104



VEHICLE SCHEDULE SUMMARY

ALADIN COACHLINES INC

VEHICLE SCHEDULE

Veh #	Year	Type	VIN #	Model	Seating Capacity	Class Code	Radius	Val Basics	Stated Amount	Garage Location	Territory	Phys Damg Deductible	LIABILITY Premium	MEDPAY Premium	UM/UIM Premium	COMP Premium	COLL Premium	TOTAL Premium
1	2000	Limousine	1FMNU42S5YEB17390	Ford	23	426900	101-200	Std Aml	\$48,000	Yakima, WA	26	\$1,000	\$2,069	\$88	\$123	\$327	\$830	\$3,437
2	2008	Limousine	3GNGK26K38G162848	Chev	14	426900	101-200	Std Aml	\$72,000	Yakima, WA	26	\$1,000	\$1,937	\$96	\$123	\$377	\$1,201	\$3,734



Claim Detail Report by Policy

Policy Number: BAP
Policy Year: 2012
Business Unit Name: Zurich Programs Business Unit
Policy Year Range: 2012 through 2014
Account Name: ALADIN COACHLINES INC
Producer Name: COCHRANE AGENCY, INC.
Valuation Date: 05/20/2014
Producer ID: 53852000

Policy #: BAP 9015408
Line Of Business: UNKNOWN
Policy Effective Date: 05/20/2012

Claim Number: No claims for this Policy Year
Account Number: M020527620
BU: Zurich Programs Business Unit

Claim Sub Number / Loss Type	Loss Date	Status	Reported Date	Driver Name	Loss Description	Loss Information
						Paid Losses: 0.00 Expenses: 0.00 Reserves: 0.00 Gross Incurred: 0.00 Recoveries: 0.00 Net Incurred: 0.00

The Recipient specifically and expressly agrees that it will not use, disseminate, or in any way disclose any Confidential Information of the Disclosing Party to any party other than its subsidiaries, affiliates, directors, officers, employees, representatives, advisors, or reinsurers who directly need to know the information.



Claim Detail Report by Policy

Policy Number: BAP **Account Name:** ALADIN COACHLINES INC
Policy Year: 2013 **Producer Name:** COCHRANE AGENCY, INC.
Business Unit Name: Zurich Programs Business Unit **Valuation Date:** 05/20/2014
Policy Year Range: 2012 through 2014 **Producer ID:** 53852000

Policy #: BAP 9015408 **Policy Effective Date:** 05/20/2013
Line Of Business: UNKNOWN

Claim Number: No claims for this Policy Year **Account Number:** M020527620 **BU:** Zurich Programs Business Unit

Claim Sub Number / Loss Type	Loss Date	Status	Reported Date	Driver Name	Loss Description	Loss Information
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						Paid Losses: 0.00 Expenses: 0.00 Reserves: 0.00 Gross Incurred: 0.00 Recoveries: 0.00 Net Incurred: 0.00
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Claim Detail Report by Policy

Policy Number:	BAP	Account Name:	ALADIN COACHLINES INC
Policy Year:	2013	Producer Name:	COCHRANE AGENCY, INC.
Business Unit Name:	Zurich Programs Business Unit	Valuation Date:	05/20/2014
Policy Year Range:	2012 through 2014	Producer ID:	53852000

Grand Total: 9015408

Number of Claims for this Policy ==> 0

Paid Losses:	0.00
Expenses:	0.00
Reserves:	0.00
Gross Incurred:	0.00
Recoveries:	0.00
Net Incurred:	0.00

The Recipient specifically and expressly agrees that it will not use, disseminate, or in any way disclose any Confidential Information of the Disclosing Party to any party other than its subsidiaries, affiliates, directors, officers, employees, representatives, advisors, or reinsurers who directly need to know the information.

LOSS RUN REPORT

ALADIN COACHLINES INC
OF POLICIES: 4

DATA THROUGH 4/30/2014

POLICY NO. 72XAS001029
EFF - EXP DATE: 5/20/2011 12:00:00 AM-5/20/2012 12:00:00 AM

INSURER: National Fire & Marine Insurance Company
AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV
NO CLAIMS					Totals	-	-	-

PRIOR POLICY NO. 71APR262860
EFF - EXP DATE: 5/20/2011 12:00:00 AM-5/20/2012 12:00:00 AM

INSURER: Columbia Insurance Company
AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV
NO CLAIMS					Totals	-	-	-

PRIOR POLICY NO. 72XAS000837
EFF - EXP DATE: 6/22/2010 12:00:00 AM-5/20/2011 12:00:00 AM

INSURER: National Fire & Marine Insurance Company
AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV
NO CLAIMS					Totals	-	-	-

PRIOR POLICY NO. 71APR250077
EFF - EXP DATE: 5/20/2010 12:00:00 AM-5/20/2011 12:00:00 AM

INSURER: Columbia Insurance Company
AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV
NO CLAIMS					Totals	-	-	-

BODILY INJURY RESERVES SHOWN HERE ARE THE CASE-BASIS RESERVES ESTABLISHED BY OUR CLAIMS DEPARTMENT AUGMENTED BY FACTORS BASED ON CLAIM DEVELOPMENT PATTERNS TO PROVIDE FOR OVERALL RESERVE ADEQUACY.

Friday, May 23, 2014

LOSS RUN REPORT

ALADIN LIMOUSINE INC

OF POLICIES: 3

DATA THROUGH 4/30/2014
POLICY NO. 71APR232583

INSURER: Columbia Insurance Company

EFF - EXP DATE: 2/10/2009 12:00:00 AM-2/10/2010 12:00:00 AM

AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV	
NO CLAIMS					Totals	-	-	-	-

PRIOR POLICY NO. 71APR218335

INSURER: Columbia Insurance Company

EFF - EXP DATE: 2/10/2008 12:00:00 AM-2/10/2009 12:00:00 AM

AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV	
NO CLAIMS					Totals	-	-	-	-

PRIOR POLICY NO. 71APR203430

INSURER: Columbia Insurance Company

EFF - EXP DATE: 2/10/2007 12:00:00 AM-2/10/2008 12:00:00 AM

AGENCY: Superior Underwriters

CLAIM NO.	DRIVER	CLAIMANT	ACC DATE	COV	PAID LOSS	PAID EXP	RES	SALV	
NO CLAIMS					Totals	-	-	-	-

BODILY INJURY RESERVES SHOWN HERE ARE THE CASE-BASIS RESERVES ESTABLISHED BY OUR CLAIMS DEPARTMENT AUGMENTED BY FACTORS BASED ON CLAIM DEVELOPMENT PATTERNS TO PROVIDE FOR OVERALL RESERVE ADEQUACY.

Friday, May 23, 2014