



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 # 65121 to be reinstated.

Legal Name: RUBEN J GARZA

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

Business (Mailing) Address: 634 S TAYLOR RD ORELLA WA

Physical Address (if different): 634 S TAYLOR RD ORELLA WA 99344

Phone number: 509-845-2150 Fax Number: 509-488-2084

Email address: N/A USDOT #: 2438461

Unified Business Identifier Number (UBI): 603-333-958

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
RUBEN J. GARZA	OWNER	634 S TAYLOR RD ORELLA, WA 99344	100%

For Official Use Only	Received Date: <u>9/21/15</u>	ID: <u>2505</u>
111-0268-200-02	Insurance: <u>NO</u>	Docket TV- <u>151881</u>
Receipt ID:	Payment ID: <u>02252B</u>	

From:Sloan-Leavitt Ins

509 488 2143

09/16/2015 15:24

#136 P.001/001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2015

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 Sloan-Leavitt Insurance Agency, Inc. PO Box 449 91 South 6th Ave. Othello WA 99344		CONTACT NAME: Isaac Tovax - Rep PHONE No.: (509) 488-9622 FAX No.: (509) 488-9143 EMAIL: isaac-tovax@leavitt.com
INSURED RUBEN GARCIA JR 634 S TAYLOR RD OTHELLO WA 99344		INSURER(S) PROVIDING COVERAGE INSURER A: United Financial Casualty CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC #: 11770

COVERAGES **CERTIFICATE NUMBER: CL1591604776** **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.

LINE	TYPE OF INSURANCE	ADDITIONAL INFO	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	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"/> PROJECT <input type="checkbox"/> LOC OTHER:		03298528-1	9/19/2015	11/19/2015	EACH OCCURRENCE \$ 750,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION:					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo		03298528-1	9/19/2015	11/19/2015	25,000

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

CERTIFICATE HOLDER WUTC 1300 S Evergreen Park Drive PO Box 47250 Olympia, WA 98504-7250	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 I Tovax - Exec/ISTOVA
--	---