



# CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY)

2/13/2017

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Clarivel Alvarado	
United Commercial Insurance		<b>PHONE (A/C, No, Ext):</b> 844-852-4400	<b>FAX (A/C, No):</b> 888-130-6878
9543 W Emerald		<b>E-MAIL ADDRESS:</b> service@ucinsure.com	
Boise ID 83704		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Berkshire Hathaway Homestate Insurance Company	<b>NAIC #</b> 20044
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01APM015450-01	12/13/2017	12/13/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage			01APM015450-01	12/13/2017	12/13/2018	Deductibles - Comp: \$51,000, Coll: \$1,000
A	Uninsured Motorists Liability			01APM015450-01	12/13/2017	12/13/2018	1,000,000

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

Vehicles: [See Attached]; Drivers: [See Attached];

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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 

© 1988-2014 ACORD CORPORATION. All rights reserved.



U.S. Department of  
Transportation  
**Federal Motor  
Carrier Safety  
Administration**

JUNG HO BAE SR.  
PRESIDENT  
JUNGHO BAE  
CHARM ZONE TOUR  
2047 ANGEL FALLS DR  
HENDERSON, NV 89074-4248

1200 New Jersey Ave., S.E.  
Washington, DC 20590

October 17, 2017

In reply refer to:  
USDOT Number: 3059443  
PIN: 9X30VW3K

Dear JUNG HO BAE SR.:

The following USDOT identification number has been assigned to your company:

USDOT 3059443

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSRs). **A copy of this regulation is enclosed.** All commercial motor vehicles operating in interstate or foreign commerce must be marked with a USDOT number.

Please note that you are required to file an updated motor carrier registration form, the MCS-150 (Motor Carrier Identification Report), every two years. **A copy of this regulation is enclosed.** However, motor carriers registering commercial motor vehicles in a State participating in the Performance and Registration Information Systems Management (PRISM) Program must update their MCS-150 information with each registration renewal or as requested by the State. Regulatory information can also be obtained from the Federal Motor Carrier Safety Administration website:  
<http://www.fmcsa.dot.gov>.

You can update your MCS-150 in one of two ways:

**1. Internet online updating process.**

Update electronically on the FMCSA Registration Website at: <http://safer.fmcsa.dot.gov>. Your USDOT number and personal identification number (PIN), located on the upper right hand side of this document, will be needed to file an on-line update. Your valid credit card will also be needed to file on-line. The processing of your credit card will simply serve to provide the cardholder's digital signature as a proactive measure to ensure greater security in maintaining your company's information. There will be no charge assessed to your credit card. This option is not available for carriers domiciled in Mexico.

**Your PIN is your personal identifier and should not be shared with anyone.**

**2. Paper copy updating process.**

Contact FMCSA's technical support at 1-800-832-5660 for a blank copy of the MCS-150, update the information on the form and submit to FMCSA. Copies of the MCS-150 form can also be found at <http://safer.fmcsa.dot.gov>. **Due to the high volume of motor carriers filing paper copies, we strongly encourage you to file on-line.**

If you have any questions, need additional information or receive more than one of these letters referencing different USDOT numbers, please contact FMCSA's technical support or contact your local FMCSA office at:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
705 NORTH PLAZA STREET, SUITE 204  
CARSON CITY, NV 89701  
Telephone No.: 775-687-5335

If this letter is received at a location other than your principal office (e.g. terminal or an area office), the letter should be forwarded to your principal office. If there has been a change in your motor carrier name or principal office address, please correct the information at the top of this letter and return a copy of the corrected letter to the office

(Over)

**FMCSA MC-RIS  
1200 New Jersey Ave., S.E.  
Washington, DC 20590**

**OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300**

**MC-54341  
JUNGH0 BAE  
D/B/A CHARM ZONE TOUR  
2047 ANGEL FALLS DR  
HENDERSON, NV 89074-4248**