



Insurance Corporation  
of British Columbia

(the Corporation)

# Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20220112131417

## Owner's BC Driver's Licence Number

**Owner**  
WELLS FARGO EQUIPMENT FINAN  
(LESSOR)  
HAP TRUCKING LTD.  
(LESSEE)  
7954 WEBSTER RD  
DELTA BC V4G 1G6

**Certificate Number** 6I.VIG  
**Effective Date** 01Feb2022  
**Expiry Date** 31Jan2023  
**Registration Number** 13314217  
**Licence Plate Number** 45614J  
**Decal Number** 00419347  
**VIN** IJVV532B0GL914028  
**Fleet Number** 726331  
**Unit Number** 53254  
**Vehicle Inspection Decal** FP02705  
**Vehicle Inspection Expiry** 31May2022  
**NSC Number** NOT\*REQD  
**Transaction Type** RENEW  
**Agency Number** 63781  
**Document Number** 35526PC3



## Proof of Insurance

The owner and/or the operator of the vehicle described herein is insured against liability for bodily injury and property damage by reason of the operation of such vehicle. The coverage provided by this certificate also satisfies the minimum limits set out by the respective legislation governing vehicle insurance in any area of Canada and the USA.

This document is to be signed and carried in the insured vehicle as proof of insurance.

**Vehicle Use** Business or commercial use.

**Declaration of Principal Driver** Declaration of principal driver not permitted.

**Principal Driver**

**Conditional Factor**

By signing here, you:

- apply for a Vehicle Licence and Registration under the Motor Vehicle Act or Commercial Transport Act, or for Registration under the Off-Road Vehicle Act;
- apply for an Owner's Certificate of Insurance under the Insurance (Vehicle) Act (the Act) and regulations pursuant to the Act (the Regulations);
- apply for optional insurance for which a premium is shown, in accordance with the terms and conditions of the ICBC Autoplan Optional Policy (the Optional Policy);
- if optional insurance is purchased, accept delivery of a copy of the Optional Policy by viewing it at [www.icbc.com/optionalpolicy](http://www.icbc.com/optionalpolicy), or  acknowledge receipt of a copy of the Optional Policy;
- certify that the driver is correct for all new plate, renewal transactions, and for adding or removing drivers;
- certify that coverage, use, territory and where applicable, location address are correct;
- acknowledge that the description of vehicle use set out is a summary of permitted uses in the indicated rate class and that complete details are available to you from your Autoplan agent or ICBC;
- certify that the vehicle is not currently required to be registered and licensed in another jurisdiction;
- certify that you, if under 18 years of age, have the consent of a parent or (legal) guardian to license and register this vehicle;
- certify that all information on all pages of this form is true and agree that you are responsible for any inaccuracies on any page or pages of this form.

Under section 75 of the Insurance (Vehicle) Act, your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary. For full information, see section 75 of the Insurance (Vehicle) Act.

If the lessee signs this form, the lessee agrees to be jointly and severally liable with the lessor for all premium or premium-related debt.

NOT VALID UNLESS STAMPED BY  
AUTHORIZED ISSUING OFFICE

**Customer Copy**  
Signature(s) Not Required

\_\_\_\_\_  
SIGNATURE OF OWNER

**Customer Copy**  
Signature(s) Not Required

\_\_\_\_\_  
SIGNATURE OF OWNER

63781  
JAN 12 2022



Insurance Corporation  
of British Columbia

(the Corporation)

## Registered Owner

WELLS FARGO EQUIPMENT FINAN  
(LESSOR)  
HAP TRUCKING LTD.  
(LESSEE)  
7954 WEBSTER RD  
DELTA BC V4G 1G6

**Number of Owners** 1

This Certificate must be carried in the vehicle. This Certificate must be signed by the owner as seller if the vehicle is sold.

When you sell the vehicle, the buyer must take the Registration and submit it with an application for transfer within 10 days of the purchase. Contact your Autoplan agent for details.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
SIGNATURE OF OWNER

## Vehicle Registration

**Registration Number** 13314217  
**Licence Plate Number** 45614J  
**Year** 2016  
**Make** Wabash  
**Model**  
**Body Style** ReeferVanTrailerHeavy  
**VIC** AH9RRA  
**Colour** White  
**VIN** IJVV532B0GL914028  
**Fuel Type**  
**Net Weight (kg)**  
**GVW (kg)/Disp. (cc)** COMTLR  
**Seating Capacity**  
**Vehicle Type** COMMERCIAL TRAILER  
**Anti-Theft Device**  
**Vehicle Status** NORMAL  
**Import Code** FOREIGN IMPORT  
**Right-Hand Drive** NO  
**ORV** NO



**Owner** WELLS FARGO EQUIPMENT FINAN  
(LESSOR)  
HAP TRUCKING LTD.

**Certificate No.** 6I.VIG  
**Plate No.** 45614J

**Effective Date** 01Feb2022  
**Expiry Date** 31Jan2023

For complete details about your territory contact your Autoplan agent or ICBC.

**Coverages, Fees and Premiums**

Coverages			Your Cost
<b>Basic</b> As per the Act and the Regulations	<b>Territory Z</b> Rate Class 513	<b>Fleetplan Discount</b> 58%	\$102
<b>Third Party Liability</b> (Insurance (Vehicle) Regulation, Part 6) (Optional Policy, Division 4)	Limit \$5,000,000		\$102
<b>Collision</b> (Optional Policy, Division 5)	<b>Deductible</b> \$1,000	<b>Declared Value</b> \$35,000.00	\$1,433
<b>Comprehensive</b> (Optional Policy, Division 5)	<b>Deductible</b> \$300**	<b>Declared Value</b> \$35,000.00	\$230
<b>Loss of Use</b> (Optional Policy, Division 5)	<b>Daily Limit</b> \$100 <b>Total Limit</b> \$2000		\$50
<b>** Comprehensive coverage with a \$300 deductible includes a \$200 deductible for any claim for windshield damage caused by missiles or flying objects.</b>			<b>Annual Insurance Total</b> \$1,917

For trailers - Combined Driver Factors and Fleetplan discounts or surcharges do not apply to Basic and Third Party Liability premiums.

<b>Customer Copy</b> <b>Signature(s) Not Required</b>	<b>Customer Copy</b> <b>Signature(s) Not Required</b>	<b>Customer Copy</b> <b>Signature(s) Not Required</b>
SIGNATURE OF CUSTOMER	SIGNATURE OF CUSTOMER	SIGNATURE OF AGENT

**Your annual insurance costs include the following savings:**  
• Fleetplan Discount

**Annual Licence Fee** \$32.00

**Agent Comments**  
COLL,OCM,RC, TPL TERR,DEC VALUE CONFIRMED HI TPL DECLINED

**Total Amount Due** \$1,949.00

**Applicable Tax Situation** Private sale (non-registrant)  
**Exemption Type** Lic/ins purposes only



**FINAL INSPECTION  
CONFIRMATION NUMBER**  
**15330028**

**DECAL  
NUMBER**  
**FP02705**

**DECAL EXPIRY DATE**  
**31 MAY 2022**

**INSPECTION RESULT:** **Pass**  
**INSPECTION TYPE:** **Complete**  
**REASON FOR INSPECTION:** **Annual**  
**COLLISION REPAIR FACILITY:**

**WORK ORDER #** **001288**     **INSPECTION START DATE** **02 MAY 2021 13:00**     **INSPECTION COMPLETE DATE** **02 MAY 2021 15:00**

**REASON NOTE:**  
**TECHNICIAN NAME:**     **PHONE #:**

**INSPECTOR'S NUMBER:** **111688**  
**INSPECTOR'S NAME:** **Vasquez Cruz, Rafael Antonio**  
**LICENCE EXPIRY DATE:** **28-FEB-2023**  
**FACILITY NUMBER:** **S11850**  
**FACILITY NAME:** **METRO TRUCK AND TRAILER REPAIR**  
**INSPECTION CLASS:** **3 - Trailer and semi-trailer**

**OWNER/LESSEE:** **WELLS FARGO EQUIPMENT FINAN (L)**  
**ADDRESS:** **HAP TRUCKING LTD (LESSEE) 7954 WEBSTER RD**  
**CITY:** **Delta**     **PROV:** **BC**     **POSTAL CODE:** **V4G1G6**  
**REGISTRATION #:** **13314217**     **VEH. JURISDICTION:** **BC**     **PLATE:** **45614J**  
**YEAR:** **2016**     **MAKE:** **WABASH**     **MODEL:**  
**BODY STYLE:** **REEFR**     **VIN:** **1JJV532B0GL914028**  
**ODOMETER:** **KM**     **FUEL TYPE:**  
**UNIT/FLEET #:** **53254**     **BRAKE TYPE:** **Air**

"F" Failed   "R" Repaired Same Day   "P" Passed   "PC" Passed With Caution   "O" Out Of Service   "NA" Not Applicable

	F	R	P	PC	O	NA		F	R	P	PC	O	NA
<b>Section 1 - Power Train</b>						✓	<b>Pressure Fuel</b>						
							Liquid Propane Gas						✓
							Compressed Natural Gas						✓
<b>Section 2 - Suspension</b>			✓				<b>Pressure Fuel Inspector's Name &amp; Number</b>						
<b>Section 3 - Hydraulic Brakes</b>						✓	<b>Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)</b>						
<b>Section 3A - Air Brakes</b>			✓				Axle # 1 2 3 4 5 6 7 8 9						
<b>Section 4 - Steering</b>						✓	Type: Clamp Clamp						
<b>Section 5 - Instruments, Auxillary Equipment</b>						✓	Size: 30 30						
<b>Section 6 - Lamps</b>			✓				Slack: Auto Auto						
<b>Section 7 - Electrical System</b>			✓				Left: 35 35						
<b>Section 8 - Body &amp; Frame</b>			✓				Right: 35 35						
<b>Section 9 - Tires &amp; Wheels</b>			✓				Comments:						
<b>Section 10 - Couplers &amp; Hitches</b>			✓				<b>Air Brake Camshaft Rotation Measurement (degrees)</b>						
<b>Section 11 - Other Vehicle Components</b>			✓				Axle # 1 2 3 4 5 6 7 8 9						
							Left: 25 25						
							Right: 25 25						
							Comments:						
							<b>Brake Lining/Pad Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Lining (S Lining (S						
							Left: 21 21						
							Right: 21 21						
							Comments:						
							<b>Rotor/Drum Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type:						
							Left:						
							Right:						
							Comments:						

**General Inspection Comments:**

Inspector's Name **Vasquez Cruz, Rafael Antonio**

Signature

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

**NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION**

The personal information collected on this form is collected under the authority of section 216 of the Motor Vehicle Act and Division 25 of the Motor Vehicle Act Regulations. It is collected for the purpose of processing this vehicle inspection and for generally administering the Vehicle Inspection Program and the National Safety Code (e.g. regulating carriers, authorized inspectors, and designated inspection facilities). If you have any questions about the collection of this information, you may contact the Sr. Manager, NSC/VIP at the Commercial Vehicle Safety Enforcement Branch, by writing to P.O. Box 9250, Stn Prov. Gov't, Victoria, BC V8W 9J2, by e-mailing to vehicle.inspections@gov.bc.ca or calling 250-952-0577.