

# Certificate of Public Convenience and Necessity

## Application Check List

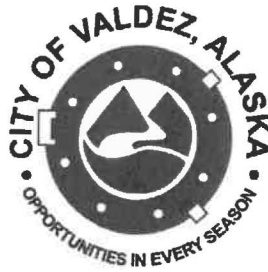
Submit all documents in one package.

Receipt for Renewal Application Fee (\$100) <i>ok</i>	<i>✓</i>
List of rates/fares (taxi only) <i>✓</i>	<u>NA</u>
Route description/ map (taxi only) <i>✓</i>	<u>NA</u>
State of Alaska business registration <i>✓</i>	
City of Valdez business registration <i>✓</i> <i>APPLIED FOR 2/26/2025</i> <i>received 4/16/2025 ✓</i>	<i>✓</i>
Copy of Company Liability Insurance Certificate <i>✓</i> (with City of Valdez named as additional insured)	
List of Current Drivers <i>JAMES G. MCCAY</i>	
Copies of Chauffeur's License for each driver (issued by PD) <i>Pending.</i>	
List of Vehicles on file	<i>2</i>

<b>Make and Model:</b> FORD  <b>License Plate:</b>	Vehicle for Hire Permit <small>(issued by PD)</small>	✓
	Hire Vehicle Inspection Form (Must be complete & signed by Inspecting Officer with all issues resolved prior to submittal) <small>(issued by PD)</small>	✓
	Current Vehicle Insurance	✓
<b>Make and Model:</b> MERCEDES VAN  <b>License Plate:</b>	Vehicle for Hire Permit <small>(issued by PD)</small>	✓
	Hire Vehicle Inspection Form (Must be complete & signed by Inspecting Officer with all issues resolved prior to submittal) <small>(issued by PD)</small>	✓
	Current Vehicle Insurance	
<b>Make and Model:</b>  <b>License Plate:</b>	Vehicle for Hire Permit <small>(issued by PD)</small>	
	Hire Vehicle Inspection Form (Must be complete & signed by Inspecting Officer with all issues resolved prior to submittal) <small>(issued by PD)</small>	
	Current Vehicle Insurance	
<b>Make and Model:</b>  <b>License Plate:</b>	Vehicle for Hire Permit <small>(issued by PD)</small>	
	Hire Vehicle Inspection Form (Must be complete & signed by Inspecting Officer with all issues resolved prior to submittal) <small>(issued by PD)</small>	
	Current Vehicle Insurance	

**For Clerk's Office Use Only**

Date application and supporting documentation submitted: \_\_\_\_\_  
 Date application verified as complete, to include policy expiration dates: \_\_\_\_\_  
 Meeting date application sent to City Council: \_\_\_\_\_ Approved/Disapproved (Circle One)  
 Date Public Convenience and Necessity Certificate Issued: \_\_\_\_\_  
 Date Notification of Disapproval Given to Owner (if applicable): \_\_\_\_\_



**2025 APPLICATION FOR RENEWAL OF  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Please complete the following form and provide the documentation requested on the attached checklist to the City Clerk' Office in a single packet.

Date: 4/15/2025

Legal Name of and Address of Applicant Company:

ROBE RIVER LLC

Name and Address of Owner, Partners or Corporate Officers:

BRAGDALENA MCCAY [REDACTED] VALDEZ, AK 99686

JAMES MCCAY [REDACTED] VALDEZ, AK 99686

Insurance Carrier and Policy No.

Location of Dispatch Office or Terminal:

455 9th Street

Telephone No: [REDACTED]

Number of Vehicles by Virtue of this Certificate: 2

Are there any changes to your current routes from the previous year (taxi only)?

Yes ☐ No ☒ N/A

If you answered yes, please describe changes:

Are there any changes to your rate/fare from the previous year (taxi only)?

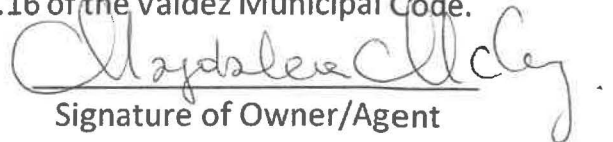
Yes ☐ No ☒ N/A

Number of Drivers by Virtue of this Certificate: 2

All employees operating vehicles for hire within the City of Valdez must possess a valid Chauffer's license issued by the City.

Renewal Application Fee: \$100. Please visit the City Hall front office or call (907) 835-4313 to pay your fee for the current permit year. You may also submit a check payable to the City of Valdez with this application.

I, MAGDALENA MCCAY owner/agent for Robe River LLC hereby agree to maintain a written record of all dispatches of vehicles operated under the above company license; including names of all chauffeurs of such vehicles and dates and hours of their employment on each vehicle operated under such license. All such records shall be preserved by the above firm for not less than two years and shall be made available to the City of Valdez upon request. I further agree to comply with all regulations and requirements in Chapter 5.16 of the Valdez Municipal Code.

  
Signature of Owner/Agent

Subscribed and sworn to before me this 24<sup>th</sup> day of April, 2025.

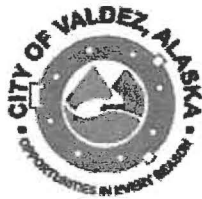




Notary Public in and for the State of Alaska

My Commission Expires: March 19, 2027





City of Valdez  
212 Chenega Ave | PO Box 307  
Valdez, AK 99686  
(907) 835-4313  
www.valdezak.gov

XBP Confirmation Number: 229450620

Transaction detail for payment to City of Valdez.				Date: 04/23/2025 - 5:14:08 PM MT	
Transaction Number: 241488004 Mastercard — XXXX-XXXX-XXXX-9926 Status: Successful					
Account #	Item	Receipt Number	Void Receipt Number	Quantity	Item Amount
001000032200	XBP Misc Payments Clearing 001000032200			1	\$10.00
Notes: Chauffer's License					
001000032200	XBP Misc Payments Clearing 001000032200			1	\$100.00
Notes: For-hire License					

**TOTAL: \$110.00**

Billing Information  
James Glenn McCay  
99686

Transaction taken by: Admin rradotich

**Alaska Department of Commerce, Community, and Economic Development**

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that the owner

Robe River, LLC

is licensed by the department to do business as

**Valdez Trolley Tours**

PO Box 1293, Valdez, AK 99686

for the period

February 26, 2025 to December 31, 2026  
for the following line(s) of business:

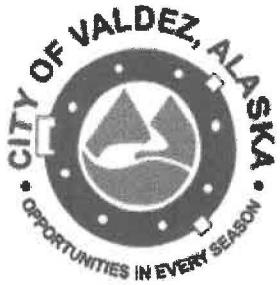
48-49 - Transportation and Warehousing



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.  
It is not transferable or assignable.

Julie Sande  
Commissioner



# City Of Valdez 2025 Business Registration

**Business Name** Valdez Trolley and Bus Tours

**Physical Address** 455 9th Street  
Valdez, AK, 99686

**Business Phone Number** (907) 834-3401

**Owner or Primary Contact** Magdalena McCay

**Business Description**  
Transportation rentals: Vehicles, bikes, boats, and a trolley.

**ISSUED BY**

City of Valdez  
Community Development Department  
212 Chenega Ave

PO Box 307  
Valdez, AK 99686

[communitydevelopment@valdezak.gov](mailto:communitydevelopment@valdezak.gov)  
Phone: 907-834-3401

**Approval Status**

Approved

**APPROVED BY:**  
Kate Huber - Community  
Development Director

**Approval Date** 04/16/2025

**Expiration Date** 12/31/2025

**Auto ID** COV Business ID: 2025-379

*This license is non-transferable and is issued in compliance with the City of Valdez, AK per Valdez Municipal Code 5.04.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2025

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 have **ADDITIONAL INSURED** provisions or 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> Silva Insurance Services LLC 234 W Evergreen Ave  Palmer AK 99645	<b>CONTACT NAME:</b> Amy Slater <b>PHONE (A/C, No, Ext):</b> (907) 746-2990 <b>FAX (A/C, No):</b> (907) 746-2890 <b>E-MAIL ADDRESS:</b> amy@silvainsurance.net
<b>INSURED</b> Robe River LLC, DBA: dba: Valdez Stay & Play PO BOX 1293  Valdez AK 99686	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Umialik Insurance Company <b>INSURER B:</b> Alaska National Insurance Co/Copper Point <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** CL2542108420**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP123103505	05/08/2025	05/08/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP123834303	05/08/2025	05/08/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB105186703	05/08/2025	05/08/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<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 checked="" type="checkbox"/> Y	N/A	24FWW77940	06/28/2024	06/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**City of Valdez  
PO BOX 307

Valdez

AK 99686

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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/21/2025

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<b>PRODUCER</b> Silva Insurance Services LLC 234 W Evergreen Ave  Palmer AK 99645		<b>CONTACT NAME:</b> Shelby Roberts <b>PHONE (A/C, No, Ext):</b> (907) 746-2990 <b>FAX (A/C, No):</b> (907) 746-2890 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Robe River LLC, DBA: dba: Valdez Stay & Play PO BOX 1293  Valdez AK 99686		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Umialik Insurance Company <b>INSURER B:</b> Alaska National Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL2471708136 **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
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				CPP123103504	05/08/2024	05/08/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/>				MED EXP (Any one person) \$ 5,000				
	<input type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000				
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:								\$
A	AUTOMOBILE LIABILITY					CPP123834302	05/08/2024	05/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/>	ANY AUTO			BODILY INJURY (Per person) \$				
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
	<input type="checkbox"/>				Underinsured motorist \$ 1,000,000				
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR						COMBINED SINGLE LIMIT EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED	RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					24FWW77940	06/28/2024	06/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			<input type="checkbox"/> Y					E.L. DISEASE - EA EMPLOYEE \$ 100,000
									E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

City of Valdez  
PO BOX 307

Valdez

AK 99686

## CANCELLATION

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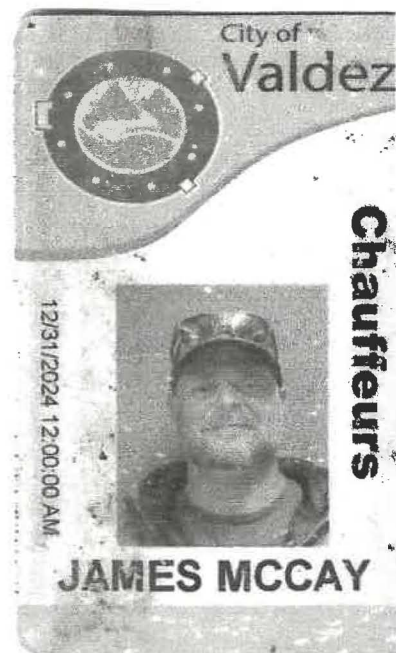
AUTHORIZED REPRESENTATIVE

*Shelby Roberts*

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Expired  
waiting for  
PD to  
print  
new one.



City of Valdez, Alaska  
2025 FOR HIRE VEHICLE PERMIT

Registered Owner of Vehicle

Name: Robe River LLC  
Address: PO, Box [REDACTED] VALDEZ, AK 99686

Owner of Certificate of Public Convenience:

Name: Robe River LLC  
Address: 455 9th St or PO. Box [REDACTED] VALDEZ, AK  
Vehicle License No: [REDACTED]  
VIN#: [REDACTED]  
Make: FORD  
Model: TROLLEY  
Color: RED/GREEN  
Insurance Company: ACORD  
Policy# [REDACTED]  
Vehicle Inspected by: King / 201  
Date of Inspection: 4.22.25  
Signature of Registered Owner: [Signature]  
Signature of Holder of Certificate of Public Convenience: [Signature]

Permit issued on 4.22.25  
Authorized By: [Signature]  
Bart Hinkle, Chief of Police  
Kalin King

**CITY OF VALDEZ  
FOR HIRE VEHICLE INSPECTION**

Company: Robe River LLC FOR HIRE VEHICLE ID#: \_\_\_\_\_

ADDRESS: PO Box [REDACTED] TELEPHONE #: [REDACTED]

REGISTERED OWNER OF VEHICLE: Robe River LLC

VEHICLE MAKE: Ford MODEL: Trolly VEHICLE YEAR: 1996

VEHICLE LICENSE #: 94120C / L6P784 VEHICLE VIN #: [REDACTED]

INSPECTING OFFICER: King / 201 DATE OF INSPECTION: 4.22.25

ITEM	GOOD	FAIR	NEEDS REPAIR	REMARKS OR INSTRUCTIONS
Head Lights	✓			
Tail Lights	✓			
Brake Lights	✓			
Emergency Flashers	✓			
Back Up Lights	✓			
Turn Signals	✓			
Top "Taxi" Light				
Interior Light	✓			
Horn	✓			
Windshied Wipers	✓			
Exhaust System	✓			
Tires	✓			
Vehicle Marked	✓			
Proper Lettering	✓			
License Plate Light	✓			
Steering	✓			
Brakes	✓			
Interior Condition	✓			

City of Valdez, Alaska  
2025 FOR HIRE VEHICLE PERMIT

Registered Owner of Vehicle

Name: Robe River LLC  
Address: P.O. Box 1293 VALDEZ AK 99686

Owner of Certificate of Public Convenience:

Name: Robe River LLC  
Address: 455 9th St / P.O. Box [REDACTED] VALDEZ AK 99686  
Vehicle License No: [REDACTED]  
VIN#: [REDACTED]  
Make: MERCEDES  
Model: VAN  
Color: WHITE  
Insurance Company: ACORD  
Policy# [REDACTED]  
Vehicle Inspected by: King / 201  
Date of Inspection: 4.22.25  
Signature of Registered Owner: Maydalen Alch  
Signature of Holder of Certificate of Public Convenience: Maydalen Alch

Permit issued on 4.22.25

Authorized By: [Signature]  
Bart Hinkle, Chief of Police  
Kalin King

**CITY OF VALDEZ  
FOR HIRE VEHICLE INSPECTION**

Company: Robe River LLC FOR HIRE VEHICLE ID#: \_\_\_\_\_

ADDRESS: PO Box 1293 TELEPHONE #: 907 835 5514

REGISTERED OWNER OF VEHICLE: Robe River LLC

VEHICLE MAKE: Mercedes MODEL: Van VEHICLE YEAR: 2017

VEHICLE LICENSE #: 111B153 VEHICLE VIN #: [REDACTED]

INSPECTING OFFICER: King / 201 DATE OF INSPECTION: 4.22.25

ITEM	GOOD	FAIR	NEEDS REPAIR	REMARKS OR INSTRUCTIONS
Head Lights	✓			
Tail Lights	✓			
Brake Lights	✓			
Emergency Flashers	✓			
Back Up Lights	✓			
Turn Signals	✓			
Top "Taxi" Light				
Interior Light	✓			
Horn	✓			
Windshied Wipers	✓			
Exhaust System	✓			
Tires	✓			
Vehicle Marked	✓			
Proper Lettering	✓			
License Plate Light	✓			
Steering	✓			
Brakes	✓			
Interior Condition	✓			





## Vehicle Insurance Identification Card

**UMIALIK**  
INSURANCE COMPANY

Umialik Insurance Company

### Insured

ROBE RIVER LLC  
DBA VALDEZ STAY & PLAY

### Agency

SILVA INSURANCE SERVICES LLC  
234 W EVERGREEN AVE  
PALMER, AK 99645-6951

907-746-2990

### LAW REQUIRES ID CARD TO BE CARRIED IN VEHICLE AT ALL TIMES

THE COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW

### Policy Number

### Effective Date

MAY 8, 2025

### Expiration Date

MAY 8, 2026

### Vehicle Description

### Year Make/Model

2017 MERCEDES 3500 PSGR VAN

### Vehicle ID Number

(Fold Here)



**UMIALIK**  
INSURANCE COMPANY

## IN THE EVENT OF AN ACCIDENT, PLEASE FOLLOW THESE STEPS:

1. Remain Calm. **Protect your family members or passengers and your property.**
2. If someone is injured, obtain first aid by **calling 911.**
3. **Do not leave** the scene of an accident.
4. **Always notify law enforcement.** They will let you know if an officer needs to be present at the scene.
5. **Do not admit fault** or make any comment or statement regarding the accident except to the police or an identified representative of Umialik Insurance.
6. **Complete the back portion of this form.** Get the full names, complete addresses, license numbers and phone numbers of each driver, passenger, and witness as well as license plate numbers of all involved vehicles.
7. **Promptly notify your agent or Umialik Insurance** of all accidents, regardless of fault and even if damage is minor.

### TO REPORT A CLAIM:

Call: (800)251-3563

Online: [www.umialik.com](http://www.umialik.com)

Agent: SILVA INSURANCE SERVICES LLC  
(907)746-2990