

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

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2011 APR 12 AM 9:38
PA P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

William Dixon

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Dixon Excavating L.L.C.

3. **Physical Address** (do not use PO Box)

484 Brace Road
Street Address

Dallas P.A. 18612
City, State and Zip Code

(570) 333-5452 Telephone Number

Luzerne County

4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

A-2011-2234792

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5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00_____

7. What type of commodity do you intend to transport? _____

Aggregate Materials

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

William Dixon President - Dorothy Dixon Secretary

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

William Dixon
(Print Name)

William Dixon

FEB 21 2002

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 3054621

ACTING


Secretary of the Commonwealth

CERTIFICATE OF ORGANIZATION-DOMESTIC LIMITED LIABILITY COMPANY

DSCB:15-8913 (Rev 95)

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned, desiring to organize a limited liability company, hereby state(s) that:

1. The name of the limited liability company is:

DIXON EXCAVATING, LLC

2. The address of this limited liability company's initial registered office in this Commonwealth is:

R.R. 3, Box 239-9
Dallas, PA 18612

County of Luzerne

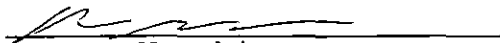
3. The name and address of the organizer is:

R. W. Worthington
2021 Arch Street
Philadelphia PA 19103

4. A member's interest in the company is to be evidenced by a certificate of membership interest.

5. The duration of the limited liability company's existence shall be perpetual.

Date: February 20, 2002


R. W. Worthington

AUTHORIZATION TO FILE A CERTIFICATE OF ORGANIZATION

DIXON EXCAVATING, LLC

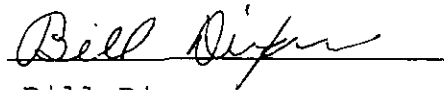
(A limited liability company)

We, the undersigned, hereby authorize R. W. Worthington to execute and file a Certificate of Organization with the Pennsylvania Department of State on our behalf to organize the above named limited liability company.

Dated: February 21, 2002



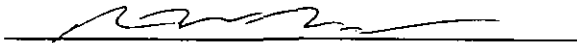
Dorothy Dixon



Bill Dixon

I, R. W. Worthington hereby accept the limited authority delegated to me to execute and file a Certificate of Organization on behalf of the above named persons.

Dated: February 21, 2002


R. W. Worthington



ERIE INSURANCE GROUP FLEET AUTO CHANGE REQUEST

Policy Nbr: Q02-2130293 09 Policy Eff: 02/21/2011 to 02/21/2012
 Agent Nbr: AA8550 Agent Name: MASEYCHIK ASSOCIATES, INC.
 Named Insured: DIXON EXCAVATING LLC
 Change Effective: 03/11/2011 Amendment

1. Change Basic Policy Information:

Change Address line 1 from: RR3 BOX 239-9 to: 484 BRACE RD
Change Zip code plus 4 from: 9803 to: 6047

ADDRCHGSEL02: X

Previous name and address: DIXON EXCAVATING LLC
 *: RR3 BOX 239-9
 *: DALLAS
 *: PA
 *: 018612
 *: 9803

This is the address update.

IMPORTANT: If this change affects any other ERIE policy, please submit a separate change request for that policy.

Agent(Date Printed): 03/11/2011 11:11:00 AM

Completed by: BM

SIGNATURE OF NAMED INSURED (IF AGENCY REQUIRES): _____

Policy Q02-2130298 Declaration effective 02/25/2011

Page No: 2

MEDICAL EXPENSE \$5M-WC DISCOUNT	8	5	8	5	
INCOME LOSS \$1M/MONTH, \$5M MAXIMUM	7	6	7	6	6
ACCIDENTAL DEATH \$5M	2	2	2	2	2
FUNERAL BENEFIT \$2.5M	2	2	2	2	2
UNINSURED MOTORISTS COVERAGE-					
BODILY INJURY \$100M/ACC-UNSTACKED	22	28	22	28	28
UNDERINSURED MOTORISTS COVERAGE-					
BODILY INJURY \$100M/ACC-UNSTACKED	81	74	81	74	74
PHYSICAL DAMAGE COVERAGES-					
COMPREHENSIVE - \$100 DED	105		124		
COMPREHENSIVE - \$500 DED					140
COLLISION - \$2.5M DED					360
COLLISION - \$500 DED	292		306		
OPTIONAL COVERAGES-					
TRANSP EXPENSES - COMP \$25/DAY, \$1125/LOSS	5		5		
TRANSP EXPENSES - COLL \$25/DAY, \$1125/LOSS	18		18		
TOTAL ANNUAL PREMIUM FOR EACH AUTO	844	575	80	877	450 1450

ERIE INSURANCE EXCHANGE
PIONEER COMMERCIAL AUTO POLICY
FLEET

AMENDED DECLARATION 01 * * EFFECTIVE 02/25/11
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - AUTO 21 ADDED

AA8550 MASEYCHIK ASSOC., INC. 02/21/11 TO 02/21/12 Q02 2130298 A7
DIXON EXCAVATING LLC
RR3 BOX 239-9
DALLAS PA 18612-9803

M EQUALS THOUSAND \$ # 22

LIABILITY PROTECTION-

EXTENDED COVERAGE FOR NON-OWNED VEHICLES	56
TOTAL ANNUAL PREMIUM FOR EACH AUTO	56
TOTAL ANNUAL POLICY PREMIUM	\$ 9,472

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS

ALL AUTOS - CAP 04/96, ACPA01 03/09, ANOBD2 01/95*.

AUTO 10 - AHPU01 11/10, ABPN01 10/98.

AUTO 11 - AHPU01 11/10, ABPN01 10/98.

AUTO 12 - AHPU01 11/10, ABPN01 10/98.

AUTO 13 - AHPU01 11/10, ABPN01 10/98.

AUTO 14 - AHPU01 11/10, ABPN01 10/98.

AUTO 15 - AHPU01 11/10, ABPN01 10/98.

AUTO 16 - AHPU01 11/10, ABPN01 10/98.

AUTO 17 - AHPU01 11/10, ABPN01 10/98.

AUTO 19 - AHPU01 11/10, ABPN01 10/98.

AUTO 20 - AHPU01 11/10, ABPN01 10/98.

AUTO 21 - AHPU01 11/10*, ABPN01 10/98*.

***ALSO ADDED INEXPERIANCED OPERATOR CHARGE

FOR WILLIAM DIXON

ANTI-THEFT DISCOUNT APPLIES-ALARM AUTO	16
PASSIVE RESTRAINT DISCOUNT APPLIES - MULTIPLE AIRBAGS AUTO	14
PASSIVE RESTRAINT DISCOUNT APPLIES - MULTIPLE AIRBAGS AUTO	16
PASSIVE RBSTRAINT DISCOUNT APPLIES - MULTIPLE AIRBAGS AUTO	19
ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO	14
ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO	16
ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO	19

EXPLANATION OF COMMERCIAL PASSENGER RATING CLASS

AUTO 14 - COMMERCIAL - INEXPERIENCED OPERATOR

AUTO 16 - COMMERCIAL - BUSINESS USE

AUTO 19 - COMMERCIAL - BUSINESS USE

MISCELLANEOUS INFORMATION

TRUCKS TRACTORS TRAILERS RADIUS OF OPERATION 50 MILES UNLESS OTHERWISE SPECIFIED

AUTO 22 EXTENDED COVERAGE FOR NON-OWNED AUTOS FOR WILLIAM DIXON (GRANDSON)



Policy Q02-2130298 Declaration effective 02/25/2011

PIONEER COMMERCIAL AUTO POLICY FLEET

AMENDED DECLARATION 01 * * EFFECTIVE 02/25/11 ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - AUTO 21 ADDED

AA8550 MASEYCHIK ASSOC., INC. 02/21/11 TO 02/21/12 Q02 2130298 A7 DIXON EXCAVATING LLC AS LISTED BELOW RR3 BOX 239-9 DALLAS PA 18612-9803

ADDED AUTO 21 98 FREI DUMP TRK 2FV86EEB9WA888923 ADDED AUTO 22 00 POLICY LEVEL COVERAGES

***** * YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER * * AUTOS YOU, A PARTNER OR EXECUTIVE OFFICER RENT FOR 45 DAYS OR LESS. * * THIS IS SUBJECT TO LIMITS, TERMS AND CONDITIONS IN THE POLICY. * *****

ITEM 4. AUTOS COVERED

Table with columns: AUTO, YR, MAKE, VIN, ST, TER, SYM, CM, CL, RATING, CLASS. Rows include vehicles like FORD TRCTR, DODG PU, CHEV PU, MACK DUMP TRK, HOND CR-V EX, CHEV PU, NISS PATHFINDER, DODG TRK, NON-OWNED TRLR, HOND RIDGELINE, FORD PU, FREI DUMP TRK, POLICY LEVEL.

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

Table with columns: Description, # 10, # 11, # 12, # 13, # 14, # 15, # 16, # 17, # 18, # 19, # 20, # 21. Rows include Liability Protection (BOD INJ & PROP DAMAGE, FIRST PARTY BENEFITS), Uninsured Motorists Coverage, Physical Damage Coverages, and Optional Coverages.

DIXON EXCAVATING
484 BRACE RD
DALLAS PA 18612



1000

17105

U.S. POSTAGE
PAID
DALLAS, PA
18612
APR 11, 11
AMOUNT

\$1.05
00028635-03

FOEN 13

2011 APR 12 AM 9:38

PA. J. G. BUREAU
SECRETARY'S BUREAU

Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg P.A. 17105-3265