

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

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BUREAU OF
TRANSPORTATION & SAFETY
2011 APR 22 PM 1:45

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)

G. + M. Crawford, Inc.

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

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

276 Melick Hollow Rd.
Street Address

Bloomsburg, PA 17815
City, State and Zip Code

(570) 784-9313
Telephone Number

Columbia
County

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

City, State and Zip Code

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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? Crushed stone,

amesite, earth, garbage

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.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

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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

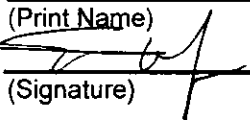
The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

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.

Steven W. Crawford

(Print Name)



(Signature)

4-21-2011

(Date)



INSURANCE BINDER

OP ID: MA

DATE (MM/DD/YYYY)
04/21/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY The Hartman Agency, Inc. 420 William Street Williamsport, PA 17701		COMPANY Cincinnati Insurance Company		BINDER # 5030	
PHONE (A/C, No, Ext): 570-326-7241 FAX (A/C, No): 570-326-6996		DATE EFFECTIVE 09/03/10 TIME 12:01		EXPIRATION 11/03/10 TIME 12:01 AM	
CODE: 37054 SUB CODE:		<input checked="" type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #CAP5123820			
AGENCY CUSTOMER ID: G&MCR-1 INSURED G&M Crawford Inc Steve Crawford 276 Mellick Hollow Rd Bloomsburg PA 17815		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) EVIDENCE OF BODILY INJURY AND PROPERTY DAMAGE (FORM E)			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BLKT BLDG & BPP	1,000	90	440470
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		EACH OCCURRENCE	\$	1,000,000
		DAMAGE TO RENTED PREMISES	\$	1,000,000
		MED EXP (Any one person)	\$	500,000
		PERSONAL & ADV INJURY	\$	1,000,000
		GENERAL AGGREGATE	\$	2,000,000
		PRODUCTS - COMPROP AGG	\$	2,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	1,000,000
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION 500 <input checked="" type="checkbox"/> OTHER THAN COL: 250	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE	\$	5,000,000
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
		<input checked="" type="checkbox"/> W/C STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT	\$	100,000
		E.L. DISEASE - EA EMPLOYEE	\$	100,000
		E.L. DISEASE - POLICY LIMIT	\$	500,000
SPECIAL CONDITIONS/ OTHER COVERAGES LEASED RENTED EQUIPMENT \$100,000 INSTALLATION FLOATER \$950,000		FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

NAME & ADDRESS		MORTGAGEE		ADDITIONAL INSURED	
		LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE			
		<i>Maria L Anderson</i>			

87252110

Commonwealth of Pennsylvania
Department of State



CERTIFICATE OF INCORPORATION

Office of the Secretary of the Commonwealth

To All to Whom These Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth is authorized and required to issue a "Certificate of Incorporation" evidencing the incorporation of an entity.

Whereas, The stipulations and conditions of the Law have been fully complied with by

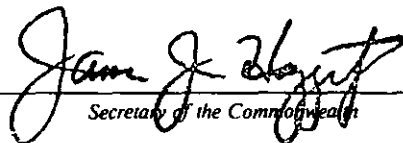
G. & M. CRAWFORD, INC.

Therefore, Know Ye, That subject to the Constitution of this Commonwealth, and under the authority of the Laws thereof, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, declare and certify the creation, erection and incorporation of the above in deed and in law by the name chosen hereinbefore specified.

Such corporation shall have and enjoy and shall be subject to all the powers, duties, requirements, and restrictions, specified and enjoined in and by the applicable laws of this Commonwealth.



Given under my Hand and the Great Seal of the Commonwealth,
at the City of Harrisburg, this 7th day
of APRIL in the year of our
Lord one thousand nine hundred and eighty-seven
and of the Commonwealth the two hundred eleventh


Secretary of the Commonwealth

0973595

G & M
Crawford, Inc.

276 Mellick Hollow Road
Bloomsburg, PA 17815
(570) 784-9313

April 21, 2011

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
P.O. Box 3265
Harrisburg, PA 17105-3265

Re: Corporation Shareholders Information

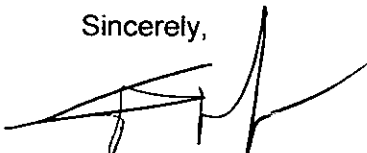
The following is a statement regarding corporate shareholders for your review.

Steven W. Crawford 34 Sponenberg Hill Road Bloomsburg, PA 17815	President/CEO	750 shares (75%)
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Shane L. Hauck 420 Mt. Pleasant Road Orangeville, PA 17859	Secretary/Treas.	250 shares (25%)
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I trust this information to be useful in evaluating G. & M. Crawford, Inc. If there are any questions or you require any additional information, please contact me at (570) 784-9313.
Thank you.

Sincerely,



Steven W. Crawford
President

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