

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

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)

Lynn A. Bassett

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

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

142 Route 409

Street Address

Wyalusing PA, 18853

City, State and Zip Code

570-746-1648

Telephone Number

Bradford

County

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

Street Address

City, State and Zip Code

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2011 JUN 18 AM 9:49

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PA P.U.C. BUREAU
SECRETARY'S

2011 JUN -8 PM 3:32

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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? Stone

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.

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.

Lynn A. Bassitt
(Print Name)





**COMMERCIAL INLAND MARINE
COVERAGE PART**

INLAND MARINE DECLARATIONS

Declarations

First Named Insured and Address:

LYNN A BASSETT
DBA BASSETT TRUCKING
142 ROUTE 409
WYALUSING PA 18853

Agency Name and Number:

MC CAULEY INSURANCE
7688-AD

Policy Number: X18459

Policy Period: Effective Date: 05-27-11

Expiration Date: 05-27-12

12:01 A.M. standard time at
your mailing address shown
in the declarations

In return for the payment of the premium and subject to
all the terms of the policy, we agree to provide the
insurance coverage as stated in the same.

C
17.5

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
IL-0017F (11-98)	Common Policy Conditions	\$
IM-7063 (08-10)	Motor Truck Cargo Coverage Form	
IM-100R (11-01)	Inland Marine General Terms	
IL-7081 (01-08)	Exclusion of Certified Acts Of Terrorism	
IL-0166F (09-07)	Pennsylvania Changes - Actual Cash Value	
IL-0172F (09-07)	Pennsylvania Changes	
IL-0246F (09-07)	Pennsylvania Changes - Cancellation and Nonrenewal	
IM-7177 (09-09)	Combined Truck, Tractor/Trailer, Cargo Deductible	10.00
Advance Endorsement Premium		\$ 10.00

PREMIUM SUMMARY

Advance Premium	\$	99.00
Advance Endorsement Premium		10.00
Total Advance Premium	\$	109.00

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

NONE

Policy Number: X18459
Effective Date: 05-27-11

AUTO COMMISSION SCHEDULE
(Agency Copy Only)

<u>Unit No.</u>	<u>C</u>
001	15.0

Unit No.	Comprehensive			Specified Causes of Loss			Full Glass
	Stated Amount	Deductible Amount	Premium Amount	Stated Amount	Deductible Amount	Premium Amount	
001	33,000	1,000	356.00				

Unit No.	Stated Amount	Collision Deductible Amount	Premium Amount	Towing		APC Discount	Safety Discount
				Limit	Premium		
001	33,000	1,000	984.00	2,500	90.00		

Unit No.	Basic/Added/Combination Limit	First Party Benefits Premium	Extraordinary Medical Benefits	
			Limit	Premium
001	See CA-2237F	8.00		

Unit No.	Fleet No.	Premium Per Unit Number
001		3,567.00

Estimated Schedule Premium \$ 3,567.00

³ First number is thousands of bodily injury coverage each person; second number is thousands of bodily injury coverage each accident; third number (if any) is thousands of property damage coverage each accident.

ADDITIONAL NAMED INSURED

WHO IS AN INSURED includes the following Additional Named Insureds:
NONE

FIRST NAMED INSURED IS:

INDIVIDUAL

Policy Number: X18459
 Effective Date: 05-27-11

PREMIUM SUMMARY

Estimated Schedule Premium	\$ 3,567.00
Estimated Endorsement Premium	120.00
Estimated Advance Premium	\$ 3,687.00

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO BUSINESS AUTO COVERAGE

Form Number	Form Title	Premium
CA-7016 (07-97)	Covered Auto Symbols Endorsement - Truckers	\$
IL-0017F (11-98)	Common Policy Conditions	
IL-0021F (11-85)	Nuclear Energy Liability Exclusion - Broad Form	
CA-9917F (03-06)	Individual Named Insured	
CA-7153 (10-10)	Truckers Endorsement	
CA-2308F (12-93)	Truckers - Excess Coverage for Named Insured and Named Lessors for Leased Autos	
IL-7012 (11-05)	Asbestos Exclusion	
CA-7200 (09-10)	Towing Coverage	
CA-9928F (02-02)	Stated Amount Insurance	
CA-0001F (03-06)	Business Auto Coverage Form	
CA-2384F (01-06)	Exclusion of Terrorism	
CA-7260 (09-09)	Truckers' Enhancements	100.00
CA-0180F (09-97)	Pennsylvania Changes	
CA-2192R (10-10)	Pennsylvania Uninsured Motorists Coverage - Nonstacked	11.00
CA-2193R (10-10)	Pennsylvania Underinsured Motorists Coverage - Nonstacked	9.00
CA-2195F (09-95)	Pennsylvania Split Uninsured Motorists Coverage Limits - Nonstacked	
CA-2196F (09-95)	Pennsylvania Split Underinsured Motorists Coverage Limits - Nonstacked	
CA-2237F (03-06)	Pennsylvania Basic First Party Benefit	
IL-0120R (05-11)	Pennsylvania Changes - Defense Costs	
Estimated Endorsement Premium		\$ 120.00

Item Three
SCHEDULE OF COVERAGES

Unit No.	Model Year	Vehicle Description	Vehicle ID Number	PGS Comp	PGS Coll	Terr	Class Code
001	00	KENWORTH CONSTRUCT T800	1NKDLB0X7YJ840234	011	011	155	40272
Unit No.	Liability Limit	Liability BI Premium	Liability PD Premium	PD Deductible	Medical Payments Limit	Premium	
001	1,000,000	2,129.00	Included				



**COMMERCIAL AUTO
COVERAGE PART**

AUTOMOBILE DECLARATIONS

Business Auto Declarations

Item One

First Named Insured and Address:

LYNN A BASSETT
DBA BASSETT TRUCKING
142 ROUTE 409
WYALUSING PA 18853

Agency Name and Number:

MC CAULEY INSURANCE
7688-AD

Policy Number: X18459

Policy Period: Effective Date: 05-27-11

Expiration Date: 05-27-12

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

12:01 A.M. standard time at your mailing address shown in the declarations

C
Attached

LEGAL NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

YOU DO NOT HAVE COLLISION COVERAGE FOR RENTAL VEHICLES.

Item Two

SCHEDULE OF COVERAGES AND COVERED AUTOS

Each of these coverages apply only to those autos shown as covered autos by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	7,19	\$ 1,000,000 each accident	\$ 2,129.00
Basic First Party Benefits	7	See endorsement CA-2237F.	8.00
Uninsured Motorists Bodily Injury	2	35,000 each person 35,000 each accident	
Underinsured Motorists	2	35,000 each person 35,000 each accident	
Comprehensive	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item Three for each covered auto.	356.00
Collision	7	Actual cash value, cost of repair or stated amount (if any), whichever is less, minus the deductible shown in Item Three for each covered auto.	984.00
Towing	7	\$2,500 for each disablement	90.00
Estimated Schedule Premium			\$ 3,567.00

Policy Number:
Effective Date:

X18459
05-27-11

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 3,000,000
Products-Completed Operations Aggregate Limit	3,000,000
Personal and Advertising Injury Limit (Any One Person or Organization)	1,000,000
Each Occurrence Limit	1,000,000
Damage to Premises Rented to You Limit (Any One Premises)	250,000
Medical Expense Limit (Any One Person)	10,000
ACUITY Enhancements - General Liability	See CG-7301

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis ¹	Rates Premises	Products	Advance Premium
001	Truckers - Products - completed operations for this classification are subject to the General Aggregate Limit	99793	If Any PA	19.392	Included	\$ 100.00 ²
Advance Schedule Premium						\$ 100.00

¹ PA = Payroll - Rates Apply Per 1,000

² Minimum premium applies.

AUDIT PERIOD

Annual

FIRST NAMED INSURED IS:

INDIVIDUAL

ADDITIONAL NAMED INSURED

WHO IS AN INSURED (Section II) includes the following Additional Named Insureds:

NONE

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

142 ROUTE 409
WYALUSING, PA 18853



COMMERCIAL GENERAL LIABILITY COVERAGE PART

GENERAL LIABILITY DECLARATIONS

Declarations

First Named Insured and Address:

 LYNN A BASSETT
 DBA BASSETT TRUCKING
 142 ROUTE 409
 WYALUSING PA 18853

Agency Name and Number:

 MC CAULEY INSURANCE
 7688-AD

Policy Number: X18459

Policy Period: Effective Date: 05-27-11

Expiration Date: 05-27-12

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

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Form Number	Form Title	Premium
CG-0001R (12-07)	Commercial General Liability Coverage Form	\$
CG-2147F (12-07)	Employment - Related Practices Exclusion	
IL-0017F (11-98)	Common Policy Conditions	
IL-0021F (11-85)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012 (11-05)	Asbestos Exclusion	
CG-2167F (12-04)	Fungi or Bacteria Exclusion	
CG-2292F (12-07)	Snow Plow Operations Coverage	
CG-7301 (04-08)	ACUITY Enhancements - General Liability	150.00
CG-7322 (01-08)	Exclusion of Certified Acts of Terrorism	
IL-0246F (09-07)	Pennsylvania Changes - Cancellation and Nonrenewal	
IL-7088 (09-10)	Amendment of Definition of Occurrence - Subcontractor's Work	
IL-0120R (05-11)	Pennsylvania Changes - Defense Costs	
Advance Endorsement Premium		\$ 150.00

PREMIUM SUMMARY

Advance Schedule Premium	\$	100.00
Advance Endorsement Premium		150.00
Total Advance Premium	\$	250.00

The Total Advance Premium shown above is based on the exposures you told us you would have when this coverage part began. We will audit this coverage part in accordance with Section IV - Conditions, item 5 Premium Audit at the close of the audit period.

MUTUAL POLICY CONDITIONS

Every person, co-partnership or corporation insured by the company shall be a member of it and shall have one vote. The annual meeting of the members shall be held on the first Tuesday in March at 1:30 P.M. of each year, at the corporate headquarters of the company in Sheboygan, Wisconsin. Notice printed in each policy shall be sufficient as to the time and place of said meeting.

The Named Insured, upon termination of this policy, shall participate in the distribution of dividends, if any are declared, and fixed as determined by the directors in accordance with law.

This policy is nonassessable and the liability of the Named Insured to the company is limited to the payment of the premium herein provided.

Corporate Headquarters Address

**ACUITY
2800 South Taylor Drive
PO Box 58
Sheboygan, Wisconsin 53082-0058
(800) 242-7666**

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**COMMON POLICY
DECLARATIONS**

First Named Insured and Address:

LYNN A BASSETT
DBA BASSETT TRUCKING
142 ROUTE 409
WYALUSING PA 18853

Agency Name and Number:

7688-AD (570)586-9800
MC CAULEY INSURANCE
104 S STATE ST
CLARKS SUMMIT PA 18411

Policy Number: X18459

Policy Period: Effective Date: 05-27-11
Expiration Date: 05-27-12
12:01 A.M. standard time at
your mailing address shown
in the declarations

COVERAGE

Your coverage consists of the following lines of insurance for which a premium is indicated.
This premium may be subject to adjustment.

Property	\$
General Liability	250.00
Automobile	3,687.00
Garage	
Inland Marine	109.00
Crime	
Excess Liability	
Workers' Compensation	
Bis-Pak®	
Total Advance Premium	\$ 4,046.00

Secretary

President

Lynn Bassett
142 Route 409
Wyalusing PA, 18853



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U.S. POSTAGE
PAID
WYOMING PA
18854
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Pennsylvania Public Utility Commission
Bureau of Transportation - Safety
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Harrisburg, PA, 17105-3265

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