



JOHN A. PILLAR
Attorney-at-Law
265 Merion Drive
Pittsburgh, Pennsylvania 15228

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e-mail: pillarlaw@verizon.net

Hours by Appointment Only at:
603 Washington Road, Ste. 500
Pittsburgh, PA 15228

July 7, 2011

Re: Matthew Peden,
d/b/a Matthew Peden Trucking

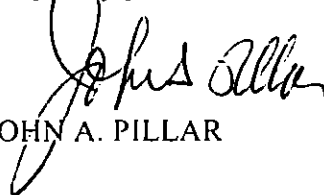
Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P O Box 3265
Harrisburg, PA 17105-3265

Dear Ms. Chiavetta:

Enclosed for filing is an application on behalf of Matthew Peden, d/b/a Matthew Peden Trucking, for authority to transport property between points in Pennsylvania, together with the filing fee in the amount of \$100.00. Also enclosed is proof of insurance on the vehicle operated by the applicant so that it may operate under temporary authority pending the processing of the application for permanent authority. If any further information is required, please advise me.

Please acknowledge receipt of the enclosures on the duplicate of this letter of transmittal. Thank you.

Very truly yours,


JOHN A. PILLAR

sw
Enclosures
cc: Matthew Peden (w/o encl.)

RECEIVED
2011 JUL 19 AM 9:39
PILLAR
SECRETARY'S BUREAU

**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)

Matthew Peden

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

d/b/a Matthew Peden Trucking

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

455 Rolling Hills Road

Street Address

Ruffsdale, PA 15679

City, State and Zip Code

724-454-3571
Telephone Number

Westmoreland
County

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

See #3 above

Street Address

City, State and Zip Code

0100614000
2011 JUL 19 AM 9:39
HARRISBURG, PA
SECRETARY'S BUREAU

5. **Attorney** (if applicable)

John A. Pillar 412-343-0970; Fax: 412-343-0971; e-mail: pillarlaw@verizon.net
Attorney's Name & Telephone Number for this Filing

265 Merion Drive, Pittsburgh, PA 15228
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? Property between points in Pennsylvania

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.

SECRETARY'S OFFICE
2011 JUL 19 AM 9:39

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.

Matthew Peden

(Print Name)

Matthew Peden

(Signature)

7-4-11

(Date)

RECEIVED
 2011 JUL 19 AM 9:30
 P.U.C.
 SECRETARY'S OFFICE

COMMERCE PROTECTIVE INSURANCE COMPANY

Elizabethtown PA 17022

COMMERCIAL AUTO COVERAGE PART - TRUCKERS AUTO DECLARATIONS

"X" if part two is attached

Policy Number: 37 1 09039

ITEM ONE-

Named Insured and Mailing Address (No., Street, Town or City, State, Zip Code)

Matthew Peden
455 Rolling Hills Rd.
Ruffsdale PA 15679

NOTICE: THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR RENTAL VEHICLES.

Policy Period: From 6/25/11 to 6/25/12 (At 12:01 Standard Time at your mailing address shown above.)

Form of Business: Individual Partnership Corporation Other _____

IN RETURN FOR THE PAYMENT, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Trucker's Coverage Form next to the name of the coverage.

ITEM TWO-SCHEDULE OF COVERAGES AND COVERED AUTOS

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Trucker's Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	1,000,000 LIMITS CHARGE	\$ 1,404
FIRST PARTY BENEFITS	46	5,000 Basic	6
UNINSURED MOTORISTS (UM)	46	35,000 N/S	9
UNDERINSURED MOTORISTS (UIM)	46	35,000 N/S	7
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	As Per ITEM THREE	DEDUCTIBLE FOR EACH COVERED AUTO \$
	COLLISION COVERAGE		DEDUCTIBLE FOR EACH COVERED AUTO \$
	TOWING		AS PER CP-TOW
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: AS PER END. F.			PREMIUM FOR ENDORSEMENTS 250
			ESTIMATED TOTAL PREMIUM \$ \$1,676

ITEM THREE - SCHEDULE OF COVERED AUTOS

Covered Auto No.	DESCRIPTION Year Model, Trade Name, Body Type, Vehicle Identification Number (VIN)	TERRITORY: Town & State Where the Covered Auto will be principally Garaged.
1	2011 Peterbilt Triaxle Dump Truck 1NPWL40X6BD119715	37138
2		
3		
4		

Covered Auto No.	CLASSIFICATION				Code
	Radius of Operation (in Miles)	Business Use C= Comm	Size (GV)		
1	100	c	73,280	40121	
2					
3					
4					

EXCEPT FOR Towing all physical loss is payable to you and the loss payee named below as interests may appear at the time of the loss.

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		UNINSURED MOTORIST	UNDERINSURED MOTORIST	FIRST PARTY BENEFITS	COMPREHENSIVE			COLLISION		TOWING
	Premium	Limits Charge	Premium	Premium	Premium	Limits Stated	Deductible	Premium	Limits Stated	Deductible	Premium
1	1,404		9	7	6						
2											
3											
4											
Total Premium	\$1,404	\$0	\$9	\$7	\$6			\$0			\$0

7/5/11 cab

2348 JKH

PA Declarations (01/10)

COMMERCE PROTECTIVE INSURANCE COMPANY

Elizabethtown PA

INLAND MARINE MOTOR TRUCK CARGO DECLARATION

Policy No.: 37 2 09040

Named Insured and Mailing Address (No., Street, Town or City, State, Zip Code)

Matthew Peden

455 Rolling Hills Rd.

Ruffsedale

PA 15679

Form of Business: Individual Partnership Corporation Other _____

Policy Period: From 6/25/11 To 6/25/12 At 12:01 A.M. (Standard Time unless otherwise indicated)
at your mailing address shown above.

This policy contains all the agreements between you and us concerning the insurance afforded. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

The Company shall not be liable under this policy, as respects Property in or on each vehicle, for a greater proportion of any loss or damage than the sum insured with respect to such vehicle bears to 100% of the value of the Property therein or thereon at the time of loss or damage, but in no case to exceed the amount so insured.

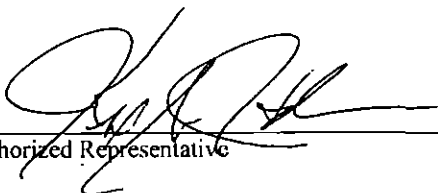
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

CPIC-1004 (1/11), CPIC 1030-2 (04/05), IM-200 (03/05), IM-210 (05/05), IM-210-B, MTC-02 (04/05), MTC-03 (04/05), MTC-04 (04/05), MTC-05 (04/11), MTC-06 (04/05), MTC-13 (04/05), MTC-MB (04/05), END. #1, MTC-BAI (04/05), FORM I (02/04), BMC-32, OFAC-1 (03/05), TER-1 (04/05).

PREMIUM FOR ENDORSEMENTS \$ 50

ESTIMATED TOTAL PREMIUM \$ 550

This policy is made and accepted subject to the foregoing provisions and stipulations and those hereinafter stated, which are hereby made a part of this policy, together with such other provisions, stipulations and agreements as may be added hereto, as provided in this policy.


Authorized Representative

CPIC-1030-2 (04/05)
7/5/11 cab 2348 JKH

White - Insured

Canary - Home Office

Pink - Agent

COMMERCE PROTECTIVE INSURANCE COMPANY

Elizabethtown PA 17022

COMMERCIAL AUTO COVERAGE PART - TRUCKERS AUTO DECLARATIONS

"X" if part two is attached

Policy Number: 37 1 09039

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2		
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Covered Auto No.	Radius of Operation (in Miles)	Business Use C- Comm	Size (GV)	Code	
1	100	c	73,280	40121	
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	Premium	Limits Charge	Premium	Premium	Premium	Limits Stated	Deductible	Premium	Limits Stated	Deductible	Premium
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3											
4											
TOTAL Premium	\$1,404	\$0	\$9	\$7	\$6			\$0			\$0

7/5/11 cab

2348 JKH

PA Declarations (01/10)

COMMERCE PROTECTIVE INSURANCE COMPANY

Elizabethtown PA

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Ruffsedale

PA 15679

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PREMIUM FOR ENDORSEMENTS \$ 50

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Authorized Representative

CPIC-1030-2 (04/05)

7/5/11 cab

2348 JKH

White - Insured

Canary - Home Office

Pink -- Agent



LAW OFFICES OF
JOHN A. PILLAR

265 Merion Drive
Pittsburgh, Pennsylvania 15228

2011 July 14
Pittsburgh, PA

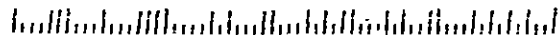
PITTSBURGH PA 152

14 JUL 2011 PM 3 L



Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

17105+3265



Handwritten initials or mark.