

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

RECEIVED  
2011 AUG -9 AM 9:47  
PA.P.U.C.  
SECRETARY'S BUREAU

RECEIVED  
BUREAU OF SAFETY  
TRANSPORTATION & SAFETY  
2011 AUG -5 AM 9:54

### 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)

ADAM J. SCOTT

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

ADAM SCOTT TRUCKING

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

7956 Rt. 417 W.  
Street Address

BOLIVAR NY 14715  
City, State and Zip Code

585-307-0017 Allegany  
Telephone Number County

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

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)

**PUC NO. A-**

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

Sand, gravel, blacktop

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:**

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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.

ADAM J. SCOTT  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature) 8/2/11  
(Date)



AMENDED DECLARATIONS 01 \* \* EFFECTIVE 05/13/11  
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - AMENDED LIENHOLDER

| AGENT   | ITEM 2. POLICY PERIOD | POLICY NUMBER          |
|---|-----------------------|------------------------|
| NN1156 SCHENK & MILES AGY INC                         | 11/09/10 TO 11/09/11  | Q11 5930151 NY7        |
| ITEM 1. NAMED INSURED AND ADDRESS                     |                       | ITEM 3. OTHER INTEREST |
| ADAM J SCOTT<br>7956 RT 417W<br>BOLIVAR NY 14715-9608 |                       | AS LISTED BELOW        |

ITEM 4. AUTOS COVERED

| AUTO YR MAKE         | VIN               | ST | TER | SYM | CM | CL. | RATING | CLASS |
|----------------------|-------------------|----|-----|-----|----|-----|--------|-------|
| 10 00 KENW CONSTRUCT | 1NKWXUTX2YJ848407 | NY | 2   | 46  |    |     |        | 7     |
| 11 00 HIRED AUTO     | IF ANY            | NY | 2   |     |    |     |        |       |
| 12 00 NON-OWNED AUTO | 1 - 25 EMPLS      | NY | 2   |     |    |     |        |       |

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

M EQUALS THOUSAND \$ # 10 # 11 # 12

|   |          |    |    |
|---|----------|----|----|
| LIABILITY PROTECTION-                                 |          |    |    |
| BOD INJ & PROP DAMAGE \$1000M/ACC                     | 652      |    |    |
| HIRED AUTOS LIABILITY-                                |          |    |    |
| BOD INJ & PROP DAMAGE \$1000M/ACC                     |          | 47 |    |
| EMPLOYERS NON-OWNED AUTOS LIABILITY-                  |          |    |    |
| BOD INJ & PROP DAMAGE \$1000M/ACC                     |          |    | 66 |
| PERSONAL INJURY PROTECTION (PIP)-                     |          |    |    |
| MANDATORY BASIC ECONOMIC LOSS                         | \$50M    | 43 |    |
| OPTIONAL BASIC ECONOMIC LOSS (OBEL)                   | \$25M    | 3  |    |
| ADDITIONAL PIP  | \$100M   | 8  |    |
| AGGREGATE PIP BENEFITS AVAILABLE                      | \$175M   |    |    |
| MAXIMUM MONTHLY WORK LOSS                             | \$4M     |    |    |
| MAX OTHER NECESSARY EXPENSES (PER DAY)                | \$50     |    |    |
| MAXIMUM DEATH BENEFIT                                 | \$5M     |    |    |
| SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS (SUM)* |          |    |    |
| BODILY INJURY \$1000M/ACC                             | 56       |    |    |
| PHYSICAL DAMAGE COVERAGES-                            |          |    |    |
| COMPREHENSIVE - \$500 DED                             | 271      |    |    |
| COLLISION - \$500 DED                                 | 754      |    |    |
| TOTAL ANNUAL PREMIUM FOR EACH AUTO                    | 1787     | 47 | 66 |
| NY REQUIRED MOTOR VEHICLE LAW ENFORCEMENT FEE         |          | 10 |    |
| TOTAL AMOUNT DUE                                      | \$ 1,910 |    |    |

NO CHANGE IN PREMIUM DUE TO THE CHANGE \$ 0 SEE REVISED INVOICE BELOW

\*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY THE MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

**Part B**

Your Proposed Safety Audit Result is: **PASS**

**Explanation of Scoring Methodology**

| Factor                 | Failed Questions |          | Performance Test Status | Total Points | Factor Status |
|------------------------|------------------|----------|-------------------------|--------------|---------------|
|                        | Critical         | Acute    |                         |              |               |
| 1. General             | 0                | 0        | —                       | 0            | PASS          |
| 2. Driver              | 0                | 0        | —                       | 0            | PASS          |
| 3. Operations          | 0                | 0        | —                       | 0            | PASS          |
| 4. Maintenance         | 0                | 0        | PASS — 0.00 %           | 0            | PASS          |
| 5. Hazardous Materials | —                | —        | —                       | —            | —             |
| 6. Accidents           | —                | —        | PASS — 0.00             | —            | PASS          |
| <b>SUM</b>             | <b>0</b>         | <b>0</b> |                         | <b>0</b>     | <b>PASS</b>   |

**Result:** Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

**HOW THE SA IS SCORED**

**FACTORS** - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

**CRITICAL/ACUTE** - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

**OUT OF SERVICE (OOS) RATE** - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

**CRASH FACTOR** - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

**OVERALL STATUS DETERMINATION** - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.





U.S. Department  
of  
Transportation

**Federal Motor  
Carrier Safety  
Administration**

1200 New Jersey Ave., S.E.  
Washington, DC 20590

December 8, 2010

In reply refer to:  
USDOT No.: 1957555

ADAM SCOTT  
OWNER  
ADAM J SCOTT  
ADAM SCOTT TRUCKING  
7956 ROUTE 417 WEST  
BOLIVAR, NY 14715

### Safety Audit Pass

This letter is to inform you that, based on the results of the safety audit conducted recently on ADAM J SCOTT, the Federal Motor Carrier Safety Administration (FMCSA) has determined that ADAM J SCOTT may continue to operate in interstate commerce within the United States.

You are reminded that as a new entrant motor carrier FMCSA will continue to monitor and evaluate ADAM J SCOTT's safety management practices and on-road performance to ensure ADAM J SCOTT is complying with Federal requirements including the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Federal Hazardous Materials Regulations (HMRs). ADAM J SCOTT may be granted permanent registration no earlier than 18 months from the date its USDOT New Entrant registration was originally granted. Failure to comply with applicable requirements may result in the revocation of ADAM J SCOTT's USDOT New Entrant or permanent registration.

If you have any questions concerning your New Entrant Status, please call your division office number (202) 366-4023.

Sincerely,

John Van Steenburg, Director, Office of  
Enforcement and Compliance

COPY.

**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
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Telephone Number

Allegany  
County

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\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

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

**PUC NO. A-**

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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.

ADAM J. SCOTT  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature) 8/2/11  
(Date)

**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834 or FAX (717) 787-3114**

## Exemption from PUC Cargo Insurance Regulations

This is to advise that ADAM J. SCOTT TRUCKING  
(Name of applicant/carrier)  
holding PUC authority at Application Docket No. A- \_\_\_\_\_ is exempt  
(If available)  
from Cargo Insurance Regulations for the following reasons (Check **all** that apply):

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500 in value.

AS  
(Signature of individual applicant, authorized partner or corporate president or secretary)

### Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S. SEC. 409 relating to unsworn falsification to authorities.

AS  
(Signature)

Adam J. Scott

(Print Name)

8/2/11  
(Date)

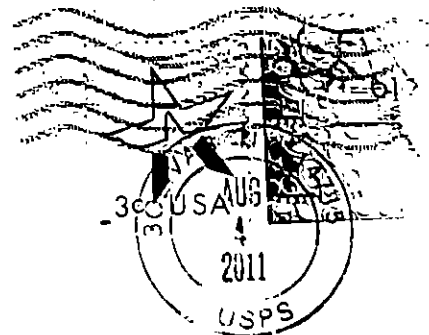
Please return to: Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety - Insurance/Filing Unit  
PO Box 3265  
Harrisburg, PA 17105-3265

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

ADAM J SCOTT  
7955 RT 417W  
BOLIVAR, NY 14715

BUFFALO NY 142

04 AUG 2011 PM 3 T



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Bureau of Transportation & Safety  
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