

2011 AUG -5 PM 2:03

**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)

DARIUS GWIAZDA

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

PDC TRANSPORT LLC

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

5491 SNOWDRIFT ROAD

Street Address

OREFIELD PA 18069

City, State and Zip Code

610-395-2620

Telephone Number

LEHIGH

County

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

same as above

Street Address

City, State and Zip Code

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AUG 04 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

5. **Attorney** (if applicable)

N/A

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?

GENERAL FREIGHT

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.

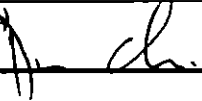
Verification of Application

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.

DARIUS GWIAZDA

(Print Name)


(Signature) 08/04/2011

(Date)

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER
12572

COMPANY
Selective Insurance Co of Amer

COMMERCIAL PERSONAL

POLICY NUMBER
S1998768

EFFECTIVE DATE
8/3/2011

NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL
2003 Freightliner

VEHICLE IDENTIFICATION NUMBER
1FUJBBCG53LL11745

AGENCY/COMPANY ISSUING CARD
Selective Insurance Co of Amer

AGENCY/COMPANY TELEPHONE NUMBER
(866) 455-9969

INSURED

FDC Transport LLC
5491 Snowdrift Rd

Orefield

PA 18069

SEE IMPORTANT NOTICE ON REVERSE SIDE



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

8/3/2011

AGENCY R. J. Bailey Associates, Inc 315 E Main Street Macungie PA 18062		CARRIER Selective Insurance Co of Amer		NAIC CODE 12572
CONTACT NAME: Judy Hagenbuch PHONE (A/C, No, Ext): (610) 966-4598 FAX (A/C, No): (610) 966-6238 E-MAIL ADDRESS: CODE: 2148 SUB CODE:		UNDERWRITER: POLICIES OR PROGRAM REQUESTED		UNDERWRITER OFFICE: POLICY NUMBER 81998768
AGENCY CUSTOMER ID: 00003789		INDICATE SECTIONS ATTACHED		
		<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input checked="" type="checkbox"/> BUSINESS AUTO <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE		ELECTRONIC DATA PROC EQUIPMENT FLOATER GARAGE AND DEALERS GLASS AND SIGN INSTALLATION/BUILDERS RISK OPEN CARGO PROPERTY TRANSPORTATION/ MOTOR TRUCK CARGO
				TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
QUOTE	<input checked="" type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>
BOUND (Give Date and/or Attach Copy):		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	
CANCEL	8/3/2011	12:01	<input type="checkbox"/>	PM	
PROPOSED EFF DATE	8/3/2011	PROPOSED EXP DATE	8/3/2012	BILLING PLAN	<input checked="" type="checkbox"/> DIRECT BILL
				PAYMENT PLAN	
				AGENCY BILL	PACKAGE POLICY PREMIUM: \$ 0.00

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) PDC Transport LLC	
MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 5491 Snowdrift Rd Orefield PA 18069	
FEIN OR SOC SEC # (of First Named Insured):	PHONE (A/C, No, Ext): (610) 395-2620
E-MAIL ADDRESS(ES):	
WEBSITE ADDRESS(ES):	
INDIVIDUAL	CORPORATION
PARTNERSHIP	JOINT VENTURE
SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC NO. OF MEMBERS AND MANAGERS
CR BUREAU NAME:	DATE BUS STARTED 2011
ID NUMBER:	
INSPECTION CONTACT:	ACCOUNTING RECORDS CONTACT:
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:
PHONE (A/C, No, Ext):	E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1		5491 Snowdrift Rd Orefield PA 18069			INSIDE	OWNER						
					OUTSIDE	TENANT						
					INSIDE	OWNER						
					OUTSIDE	TENANT						
					INSIDE	OWNER						
					OUTSIDE	TENANT						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) trucking MC 754286



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
8/3/2011

AGENCY R.J. Bailey Associates, Inc 315 E Main Street Macungie PA 18062	PHONE (AC, No, Ext): (610) 966-4598 FAX (AC, No): (610) 966-6238	APPLICANT (First Named Insured) PDC Transport LLC	EFFECTIVE DATE 8/3/2011	EXPIRATION DATE 8/3/2012	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: 2148	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID: 00003789							

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$2,000,000	PREMISES/OPERATIONS	
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000		
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$1,000,000	PRODUCTS	
		EACH OCCURRENCE	\$1,000,000		
DEDUCTIBLES		DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000	OTHER	
<input type="checkbox"/>	PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$5,000		
<input type="checkbox"/>	BODILY INJURY \$	EMPLOYEE BENEFITS	\$	TOTAL	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		truckers	99793	P Payroll	5,200	005				

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

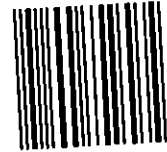
EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

PDC TRANSPORT LLC
5491 SNOWDRIFT ROAD
OREFIELD; PA 18069



7010 3090 0002 7114 2232



1000

17105

U.S. POSTAGE
PAID
FOGELSVILLE, PA
18051
AUG 04 11
AMOUNT

\$3.05
00080013-03

RECEIVED

AUG 04 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
P.O BOX 3265
HARRISBURG; PA 17105-3265

1710333265

