

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

PENNSYLVANIA PUC
SEP 15 11

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)

Terence Froman, Inc.

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

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

5650 Easton Rd.
Street Address
Pipersville PA 18947
City, State and Zip Code
215-778-6005 Bucks
Telephone Number County

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

P.O. Box 147
Street Address
Plumsteadville, PA 18949
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)

PUC NO. A-

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.

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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.

Terence Froman
(Print Name)

(Signature) 9/8/11
(Date)

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SECRETARY'S BUREAU COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

NOVEMBER 8, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TERENCE FROMAN INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortes

Secretary of the Commonwealth

JAN - 7 1999

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

Kim Pizzangola
Secretary of the Commonwealth

ACTING

ARTICLES OF INCORPORATION

DSCB:15-1306 (Rev 91)

The type of domestic corporation is:

Business-stock (15 Pa.C.S. § 1306) Professional (15 Pa.C.S. § 2903)

1. The name of the corporation is:

TERENCE FROMAN, INC.

This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

2. The address of this corporation's initial registered office in this Commonwealth is:

106 Kelso Court County of Bucks
Chalfont, PA 18914

3. The aggregate number of shares authorized to be issued is:

500 Shares

4. The name and address of the incorporator is:

R. W. Worthington 2021 Arch Street
Philadelphia, PA 19103

Date: January 6, 1999

R. W. Worthington

R. W. Worthington

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UNANIMOUS CONSENT IN LIEU OF
FIRST MEETING OF BOARD OF DIRECTORS
TERENCE FROMAN, INC.

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SECRETARY'S BUREAU THE UNDERSIGNED, being all of the directors of the
above named corporation, does hereby adopt the following
resolutions:

RESOLVED, That the following persons be appointed
to the offices set opposite their respective names, to serve
for one year and until their successors are chosen and qualify:

President	Terence Froman
Treasurer	Terence Froman
Secretary	Terence Froman

RESOLVED, That the share certificates of this cor-
poration shall be in the form submitted.

RESOLVED, That the
seal, an impression of which
is herewith affixed, be adopted
as the corporate seal of this
corporation.

RESOLVED, That the Secretary is hereby authorized and
directed to procure the proper corporate books, and the Treasurer
be and is hereby authorized and directed to pay all fees and
expenses incident to and necessary for the organization of the
corporation.

RESOLVED, That the officers of this corporation be
authorized and directed to open a bank account in the name of
the corporation, in accordance with a form of bank resolution
attached to these minutes.

SHAREHOLDERS' AGREEMENT

TERENCE FROMAN, INC.

THIS AGREEMENT is entered into January 7, 1999 among
Terence Froman
the shareholders, being the sole shareholders of this corporation
and TERENCE FROMAN, INC. ("the Corporation").

WHEREAS, the Shareholders desire to enter into an agreement
among themselves and the Corporation giving the Board of Directors
the authority to decide whether or not to furnish financial state-
ments pursuant to Section 1554 of the Pennsylvania Business
Corporation Law of 1988.

NOW THEREFORE, in consideration thereof and the mutual
promises contained herein, the Shareholders agree among them-
selves and with the Corporation that:

It shall not be necessary for the corporation to furnish to
the Shareholders who are parties to this agreement, during any
fiscal year, any "financial statements" for the corporation's
business activities, including balance sheets, and/or statements
of income and/or expenses for that, or any fiscal year. However,
any Shareholder shall have the right to request a financial

DECLARATIONS



Pennsylvania National Mutual Casualty Insurance Company
 Penn National Security Insurance Company
 P.O. Box 2281 - Harrisburg, PA 17115
 (717) 244-1911

BUSINESS AUTO COVERAGE FORM

RENEWAL DECLARATION * * EFFECTIVE 05/12/11
 RENEWAL OF POLICY AX9 0863743

POLICY NUMBER	FROM	POLICY PERIOD	TO	COVERAGE IS PROVIDED IN THE	AGENCY	P
AX9 0663743	05/12/11	05/12/12		PENN NATIONAL SECURITY INS CO	142054901	
NAMED INSURED AND ADDRESS				AGENCY		
TERENCE FROMAN INC 5660 EASTON RD PLUMSTEADVILLE PA 18949				LECHNER & STAUFFER PO BOX 26 PENNSBURG PA 18073		

ENTERED
 JUN 06 2011
 M.V.

POLICY PERIOD: POLICY COVERS FROM: 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

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

SCHEDULE OF COVERAGES AND COVERED AUTOS

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 AUTO Section of the Business Autos Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY (CSL)	1 19	\$ 1,000,000	\$ [REDACTED]
BODILY INJURY (SPLIT LIMITS)		\$	\$
PROPERTY DAMAGE		\$	\$
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	5 19	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$ [REDACTED]
ADDED P.I.P. (or equivalent added No-fault coverage)	5 19	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ [REDACTED]
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ EACH PERSON	\$
UNINSURED MOTORIST (CSL)		SEE SCHEDULE	\$
UNINSURED MOTORIST BI(SPLIT LIMITS)		\$	\$
UNINSURED MOTORIST PD		\$	\$
UNDERINSURED MOTORIST		SEE SCHEDULE	\$
COMPREHENSIVE	PHYSICAL DAMAGE COVERAGE 7 8	SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING, SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS	ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS DED. FOR EACH COVERED AUTO
SPECIFIED CAUSES OF LOSS		SEE ITEM THREE FOR DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS	
COLLISION		SEE ITEM THREE FOR DED. FOR EACH COVERED AUTO SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS	
TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger Auto	\$
PREMIUMS FOR ENDORSEMENTS			\$
"THIS POLICY PROVIDES COVERAGE FOR COLLISION DAMAGE TO RENTAL VEHICLES, SUBJECT TO POLICY CONDITIONS."			\$ [REDACTED]
710442 0796*, 710161 0892*, 711286 0107*, CA0180 0997*, CA2238 0395*, CA2256 0395*, IL0017 1198*, IL0910 0702*, 711096 0604*, IL0246 0907*, IL0021 0908*, CA0001 0306*, 710679 0909*, CA2237 0306*, 710198 1091*.			

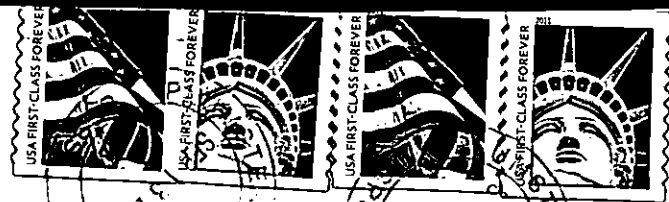
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ESTIMATED TOTAL POLICY PREMIUM

This policy may be subject to final audit.

Countersigned By _____ AUTHORIZED REPRESENTATIVE

Plumsteadville, PA 18949



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