

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

UC# 8913674

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Clise Trucking LLC

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Clise Trucking LLC

Fictitious name and Registration number (if applicable)

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

14504 Flint Rd SW
Street Address

Frostburg, Md 21532
City, State and Zip Code

301-463-6203 Telephone Number ALLEGANY 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

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PA P.U.C.
SECRETARY'S BUREAU

6. Does applicant currently hold or has ever held PA PUC authority?

Yes No (circle one)

If yes, PUC NO. A- _____

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

Coal, Gravel

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

4056678

Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

- PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors
 Copy of Current Safety Rating (if available)

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration - Foreign
(15 Pa.C.S.)

- Registered Limited Liability General Partnership (§ 8211)
- Registered Limited Liability Limited Partnership (§ 8211)
- Limited Partnership (§ 8582)
- Limited Liability Company (§ 8981)

Name
CLISE TRUCKING LLC
ESQUIRE ASSIST
COUNTER PICK UP

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
APPLICATION FOR REGISTRATION 3 Page(s)



Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name of the limited liability company/limited liability partnership/limited partnership in the jurisdiction in which it is formed:
CLISE TRUCKING LLC

2. The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:
CLISE TRUCKING LLC

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:
Jurisdiction: MO Date of Formation: 1-15-09

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider <u>AAAgent Services LLC</u>				County <u>DAUPHIN</u>

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PA DEPT OF STATE

5. Check and complete one of the following:

The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

14504 FLINT RD SW FROSTBURG MD 21532

Number and street City State Zip

It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

Number and street City State Zip

6. For Restricted Professional Limited Liability Company Only. Strike out if inapplicable: The company is a restricted professional company organized to render the following professional service(s):

Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8

7. The name and business address of each general partner.

Name Business Address

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

Number and street City State Zip County

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

20th day of September 2011

CLISE TRUCKING LLC

Name of Partnership/Company

Victoria S. Clise

Signature

MEMBER LLC

Title

CANAL

Greenville, SC

COVER LETTER

Issue Date: 9/1/2011

TO: DUCKWORTH INSURANCE SERVICES

FROM: All Risks, Limited

RE: Policy # PIA04479403
Insured - Clise Trucking LLC

Attached are documents on the above policy. Please reply to any follow-up requirements shown below:

Follow-up Notes

Due Date

Follow-up Notes	Due Date
AMEND ADDRESS	Follow Up Due Date - 1/1/0001

NOTE: The insured or agent may go to Canal's website, www.canal-ins.com, and select the option "INSURED DOCS" to print a Certificate of Insurance form, # EIL 84 CW 0107, for the policy of a Canal insured. The password is the primary insured's SS# or FEIN.

DUCKWORTH INSURANCE SERVICES

PO BOX 336 D

MIDLAND, MD 21542

OIL 88 CW 0906

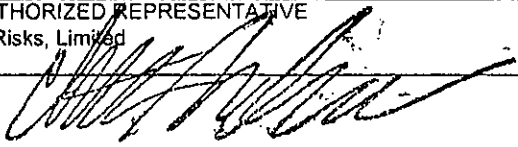
Page 1 of 1

CANAL
Greenville, SC

CHANGE NUMBER: 1
ISSUE DATE: 9/1/2011

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

POLICY NUMBER PIA04479403	POLICY CHANGES EFFECTIVE 8/15/2011 12:01 AM	COMPANY Canal Insurance Company
NAMED INSURED Clise Trucking LLC		AUTHORIZED REPRESENTATIVE All Risks, Limited 
COVERAGE PARTS AFFECTED: LIABILITY, PHYSICAL DAMAGE as applicable		

The following is amended:

The Primary Named Insured's Information has changed

Name: ALLEN CLISE

Company: Clise Trucking LLC DOT#: 084827

The Mailing address is the same as the Physical Address

Physical Address: 14504 FLINT RD Frostburg, MD 21532 County: Allegany

Phone: (301) 463-6203

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
	\$	\$
	\$	\$
	\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RENEWAL CERTIFICATE

POLICY NUMBER PIA04479403		COMPANY Canal Insurance Company	
NAMED INSURED Clise Trucking LLC			
MAILING ADDRESS OF NAMED INSURED Flint Lane Midland, MD 21542			
AGENT OF INSURED DUCKWORTH INSURANCE SERVICES			
ADDRESS OF AGENT OF INSURED PO BOX 336 D MIDLAND, MD 21542			
POLICY PERIOD	EFFECTIVE DATE 1/20/2011	EXPIRATION DATE 1/20/2012	AUTHORIZED REPRESENTATIVE All Risks, Limited


IN RETURN FOR THE 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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS POLICY MAY BE SUBJECT TO AUDIT. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGES PARTS

PREMIUM

COMMERCIAL AUTOMOBILE COVERAGE PART	\$ 6,410.00
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ 0.00
COMMERCIAL INLAND MARINE COVERAGE PART	\$
	\$
TOTAL PREMIUM:	\$ 6,410.00
DEPOSIT:	\$
	\$
	\$
	\$
	\$
	\$
	\$

SEE ATTACHED FORM IL 03 CW FOR A LIST OF FORMS APPLICABLE TO ALL COVERAGE PARTS. This certificate together with the Conditions, Coverage Part Declarations, Coverage Part Coverage Form(s) and any forms and endorsements complete the above numbered policy.
Countersigned Date: 1/13/2011 By: 

All Risks, Limited

CANAL

Greenville, SC

Issue Date: 1/13/2011

Effective Date: 1/20/2011

POLICY NUMBER: **PIA04479403**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FORMS AND ENDORSEMENTS

This schedule applies to the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART

FORMS THAT MAY APPLY TO MORE THAN ONE COVERAGE PART

IL 85 CW 1107 -- Premium Summary, IL 141 CW 1010 -- Policyholder Notice - Punitive Damages Exclusion, IL 90 CW 0906 -- Claims Reporting Info Notice, IL 99 CW 0710 -- Privacy Notice, IL 27 CW 0908 -- Signature Page Endorsement, IL 10 CW 0906 -- Driver Schedule - No Ded (6-28-10), IL 35 CW 1010 -- Punitive Damages Exclusion, IL 00 21 09 08 -- Nuclear Energy Liability Exclusion Endorsement (Broad Form), IL 05 CW 0906 -- Common Policy Conditions, IL 49 CW 0908 Combined Deductible, A-101 MD (9-2009) - Canal Truck Insurance Application, A-101 MD SUPP (1-2011) - MD Supplement.

FORMS THAT APPLY TO THE COMMERCIAL AUTOMOBILE COVERAGE PART

IA 128 CW 0509 -- Policyholder Notice Re State-Federal Filings, IA 95 MD 0110 -- Maryland PIP Policyholder Notice, IA 01 CW 0906 -- Business Auto Declarations Page (Map Rev 0610), IA 02 CW 0610 -- Business Auto Coverage Form, CA 01 70 03 10 - Maryland Changes, CA 02 15 10 09 - MD Cancellation Changes, CA 21 13 03 06 -- MD UM, CA 22 19 01 02 -- MD PIP, CA 23 01 12 93 Explosives, CA 23 05 12 93 Wrong Delivery, CA 23 94 03 06 Silica Dust Exclusion, CA 99 16 12 93 -- Hired Autos Specified As Covered Autos You Own, CA 99 44 12 93(0607) -- Loss Payable Clause, CA 99 48 03 06 Pollution Liability, IA 06 CW 0908 -- Truckers Endorsement, IA 07 CW 0906 -- Contractual Liability Limitation, IA 08 MD 0906 -- Occupant Hazard Exclusion - Maryland, IA 09 CW 0906 -- Dump Site Pollution Exclusion, IA 115 CW 1108 -- Ext of Limit for Towing Expense, IA 121 CW 0908 -- Designated Insured, IA 17 CW 0906 -- Factory Equipment Limitation Endorsement, ID-1 (9-2003),

FORMS THAT APPLY TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART

FORMS THAT APPLY TO THE COMMERCIAL INLAND MARINE COVERAGE PART

IL 03 CW 0906

CANAL

Greenville, SC

POLICY NUMBER: PIA04479403

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SIGNATURE PAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART
GENERAL LIABILITY COVERAGE PART
INLAND MARINE COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

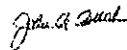
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 1/20/2011	Countersigned By: All Risks, Limited (Authorized Representative)
Named Insured: Clise Trucking LLC	

In Witness Whereof, the company has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the company.



Secretary



President

CANAL

Greenville, SC

ISSUE DATE: 1/13/2011

POLICY NUMBER: PIA04479403

COMMERCIAL AUTO

BUSINESS AUTO DECLARATIONS

ITEM TWO

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

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000	\$ 2,407.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$ 120.00
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS	7	\$ 75,000	\$ 144.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	7	ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$ Included
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$ 3,689.00
TRAILER INTERCHANGE FOR <input type="checkbox"/> COMPREHENSIVE or <input type="checkbox"/> SPECIFIED CAUSES OF LOSS and <input type="checkbox"/> COLLISION		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$
PREMIUM FOR ENDORSEMENTS			\$ 50.00
*ESTIMATED TOTAL PREMIUM			\$ 6,410.00

*This policy may be subject to final audit.

POLICY NUMBER: PIA04479403

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				TERRITORY		
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
1	2007 FREIGHTLINER 1FVHALAV37DX29998				Midland, MD		
CLASSIFICATION							
Covered Auto No.	Radius Of Operation	Business Class	Vehicle Type	Description of Cargo	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.		
					M & T TRUST CO Buffalo, NY		
1	150	Dumping	dump truc	COAL			
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a 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		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End, Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
	1	1,000,000	2,407.00		120.00		
Total Premium		\$ 2,407.00		\$ 120.00	\$		\$

POLICY NUMBER: PIA04479403

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a 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.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Premium	
Total Premium		\$		\$	
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a 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.	<input type="checkbox"/> OCN <input checked="" type="checkbox"/> Stated Value	<input type="checkbox"/> COMPREHENSIVE <input checked="" type="checkbox"/> SPECIFIED CAUSES OF LOSS		COLLISION	
		Deductible	Premium	Deductible	Premium
1	130,000.00	1,000	included	1,000	3,689.00
Total Premium			\$		\$ 3,689.00

Note

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance and Deductible Provision stated in the Business Auto Coverage Form.

POLICY NUMBER: PIA04479403

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE		
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED PREMIUM
\$	\$	\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$ 0.00
Number Of Partners		\$ 0.00
TOTAL PREMIUM		\$

POLICY NUMBER: PIA04479403

ITEM SIX

TRAILER INTERCHANGE COVERAGE (see endorsement IA 19 CW)

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$		\$
SPECIFIED CAUSES OF LOSS		\$		\$
COLLISION		\$		\$
TOTAL PREMIUM				\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

ITEM SEVEN

TRAILERS YOU DO NOT OWN WHILE ATTACHED TO A COVERED AUTO

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DEDUCTIBLE FOR EACH COVERED "TRAILER".	\$		\$
SPECIFIED CAUSES OF LOSS		\$		\$
COLLISION		\$		\$
TOTAL PREMIUM				\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

DUCKWORTH INS. SERVICE

www.duckworthinsurance.com

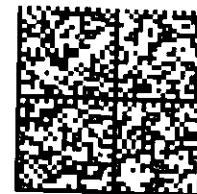
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Secretary
PA Public Utility Comm
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