

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

RECEIVED  
BUREAU OF  
TECHNICAL UTILITY SERVICES  
2011 OCT -6 AM 9:01

## 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)

Mulhern's Moving Inc

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

U-Call, We-Haul, U-Save

**Fictitious name and Registration number** (if applicable)

Microfilm # 9785-444 Entity # 2785957

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

1579 W. County Line Rd.

Street Address

Datboro PA 19040

City, State and Zip Code

215-678-2513

Telephone Number

Bucks

County

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

N/A

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

N/A

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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2011 OCT -6 PM 2:46  
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?

General + Commercial misc. Property, Removal of unwanted items

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

Corporation Bureau Entity ID Number

☒ Corporation – For Profit

2865561

☐ Corporation – Nonprofit

Corporation Bureau Entity ID Number

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 → *Daniel Mulhern President 100% 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)

## 11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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.

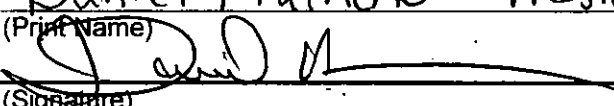
**You must sign the following Verification of Application.**

### 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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

Daniel Mulhern President 100% of shares Mulhern Moving  
(Print Name) FMC.  
  
(Signature) 9/26/11  
(Date)

9920-1521

MAR 10 1999

Microfilm Number \_\_\_\_\_

Filed with the Department of State on \_\_\_\_\_

Entity Number 2865561

ACTIVE Secretary of the Commonwealth

OK

ARTICLES OF INCORPORATION-FOR PROFIT  
OFMulhern's Moving Inc.  
Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

☐ Business-stock (15 Pa.C.S. § 1306)☐ Management (15 Pa.C.S. § 2702)☒ Business-nonstock (15 Pa.C.S. § 2102)☐ Professional (15 Pa.C.S. § 2903)☐ Business-statutory close (15 Pa.C.S. § 2303)☐ Insurance (15 Pa.C.S. § 3101)☐ Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Mulhern's Moving Inc.

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

(a) 1579 W. Countyline Rd. Hathor PA 19040 Montgomery  
Number and Street City State Zip County

(b) c/o: SAME  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

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

4. The aggregate number of shares authorized is: 100% (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name Address  
Mulhern's Moving Inc. 1579 W. Countyline Rd. Hathor PA 19040

6. The specified effective date, if any, is: \_\_\_\_\_  
month day year hour, if any

PA DEPT. OF STATE

PA DEPT. OF STATE

MAR 10 1999

MAR 22 1999

9785-444

Microfilm Number \_\_\_\_\_

Filed with the Department of State on NOV 21 1997Entity Number 2785957
  
 Secretary of the Commonwealth

## APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: U-Call We-Haul U-Save

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

transportation of ~~goods~~ goods (or chattle)

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

<u>4025 Market St.</u>	<u>Phila.</u>	<u>PA</u>	<u>19104</u>	<u>Phila.</u>
Number and Street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
<u>Daniel Mulhearn</u>	<u>1579 W. Conestoga Ave</u>	<u>Hatboro</u>	<u>Pa</u>	<u>19040</u>
<u>Lyle Arana</u>	<u>1541 Fitzwaterstown Rd</u>	<u>W. New Grove</u>	<u>PA</u>	<u>19090</u>

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any
<u>Same</u>				

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

Same

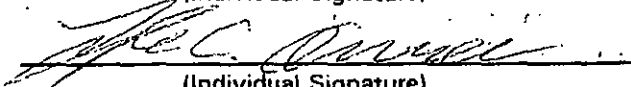
PA DEPT. OF STATE

NOV 21 1997

9785-446

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed  
this 18 day of November, 19 97.

  
(Individual Signature)

  
(Individual Signature)

\_\_\_\_\_  
(Name of Entity)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Name of Entity)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255

DATE OF THIS NOTICE: 03-09-1999  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 23-2993332  
FORM: SS-4  
2877707079 B

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

MULHERNS MOVING INC  
1579 W COUNTYLINE RD  
HATBORO PA 19040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 23-2993332. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2000

Your Form 2290 becomes due the month after your vehicle is put into use.

Please file your Form by the due date shown above. If this date has passed and you have not yet filed, please file your Form by 03-24-1999. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.



PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

MULHERN'S MOVING INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.  
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE  
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS  
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY  
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2865561

MICROFILM NUMBER: 09920

1521-1522

DANIEL J MULHERN  
1579 W COUNTY LINE RD  
HATBORO PA 19040

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

107

U-CALL WE-HAUL U-SAVE

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.  
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE  
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS  
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY  
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2785957

MICROFILM NUMBER: 09785

0444-0445

DANIEL & ALICE MULHERN  
1579 W COUNTY LINE RD  
HATBORO PA 19040-1009

**Cochrane Insurance Agency Inc.**  
**1078 York Road**  
**Warminster, PA 18974**  
**Phone: (215) 444-9250 Fax:(215) 444-9254**  
**E-mail: cochraneins@comcast.net**

July 12, 2011

Mulhern's Moving Inc.T/A U-CALL WE-HAUL U-SAVE  
1579 W. County Line Rd  
Hatboro, PA 19040

RE: General Liability policy #CIP90220  
Burns & Wilcox Ltd.  
Effective April 21, 2011 to April 21, 2012

Dear Dan,

Enclosed please find your renewal General Liability policy referenced above. Please review the policy declarations to make sure that the correct information is listed on all forms. If changes and/or updates are required, please contact our agency immediately and we would be happy to assist you.

Please read the policy declarations to become aware of the coverage afforded by it. If you need further specification regarding your policy, our agency is here to answer your questions and/or concerns. Our agency also can provide e-mail service for your policy inquiries; if you wish to go paperless and receive your policy documents via e-mail, please advise our agency at any time. By choosing the paperless program, you would be contributing to a cause that benefits our environment.

Thank you for choosing Cochrane Insurance Agency Inc. As a full line Insurance agency, we have the skills and experience to assist you in all your insurance needs, offering a range of products including Commercial, Home, Automobile, Life and Health Insurance. Please give our office a call for a free competitive quote.

Sincerely,



Nicole Keller  
Cochrane Insurance Agency, Inc.

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 300

Alpharetta, GA 30022

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

**Commercial Auto Declaration****MULHERNS MOVING INC  
1579 W COUNTY LINE RD  
HATBORO PA 19040-1009****POLICY NUMBER: 537-70000-1271-001****POLICY PERIOD: 07/30/2011 To 07/30/2012**

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. on the last day of the policy period.

The following coverages and limits apply to each described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	COL/COM/FTC	#	Driver Name	DOB	Excl
1	02	GMC C-SERIES C7H042	1GDJ7H1C62J510093	N/A / N/A / N/A	1	Dan Mulhern	09/16/1973	No
2	93	GMC TOPKICK C6H042	1GDJ6H1P5PJ507005	N/A / N/A / N/A	2	Alice Mulhern	02/04/1972	No

COVERAGES - LIMITS OF LIABILITY				PREMIUMS FOR VEHICLES	
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED				VEH 1	VEH 2
BI/PD Liability	\$750,000 CSL			2050	2050
Uninsured Motorist	\$35,000 each person	\$35,000 each accident		63	63
Underinsured Motorist	\$35,000 each person	\$35,000 each accident		109	109
Medical Benefits w/Worker's Comp		\$5,000 Limit		38	38
PREMIUM BY VEHICLE:				2260	2260

PUC: No	TOTAL VEHICLE PREMIUM	\$ 4520.00
	POLICY FEES	
	TOTAL POLICY PREMIUM	\$ 4520.00

**SEE REVERSE FOR ADDITIONAL INFORMATION****ENDORSEMENTS MADE A PART OF THIS POLICY:**

53750AE101; 53750POL02

**IF YOU PURCHASE COLLISION COVERAGE, THIS POLICY PROVIDES COLLISION COVERAGE FOR RENTAL VEHICLES WHEN RENTAL VEHICLES ARE USED AS A TEMPORARY SUBSTITUTE VEHICLE FOR YOUR INSURED AUTO.**

INSURED COPY

AMEND DATE: 07/21/2011

Additional Information:

Agency information:

COCHRANE INSURANCE AGENCY INC 16622 (215) 444-9250  
1078 YORK RD  
WARMINSTER, PA 189742015

Please mail all inquiries to:

Infinity Commercial Auto  
11700 Great Oaks Way, Suite 300  
Alpharetta, GA 30022

Please fax all inquiries to:

1-877-722-3391

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh # Addlnt # Name

ADDITIONAL INTEREST

Veh # Addlnt # Name

FOR COMPANY USE ONLY

RATING CRITERIA:

VEH #	DRV #	DRV PNTS	VEH GVW	VEH USE	VEH TERRITORY	VEH VALUE	VEH RADIUS	VEH BODY
1	1	0	26000	H	19040	1000	50	217
2	2	0	26000	H	19040	1000	50	217

PAY PLAN: 12-Pay  
RATE REVISION: 1.00  
PREV. POLICY:

**COMMON POLICY  
DECLARATIONS**

**CRANBROOK INSURANCE COMPANY  
FARMINGTON HILLS, MICHIGAN  
PRIMARY FACILITY POLICY**

RENEWAL OF:  
CBGL40506R3

Renewal of Number

Policy Number  
CIP90220

**Item 1. Named Insured and Mailing Address:**

MULHERN'S MOVING INC.  
U-CALL WE HAUL U-SAVE  
1579 W. COUNTY LINE ROAD

HATBORO PA 19040

**Agent Name and Address:**

BURNS & WILCOX, LTD.  
FOSTER PLAZA 9 750 HOLIDAY DRIVE, SUITE 430

PITTSBURGH PA 15220

**Item 2. Policy Period** From: 04/ 21/ 2011 To: 04/ 21/ 2012

12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

**Item 3. Retroactive Date:** None

**Item 4. Business Description:** COMMERCIAL TRUCK

**Item 5. 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$
Commercial General Liability Coverage Part	\$ 750.00
Professional Liability Coverage Part	\$
	\$
	\$
	\$
	\$
	\$
	\$
State Tax	\$ 22.50
Stamping Fee	\$ 25.00
Policy Fee	\$ 200.00
Inspection Fee	\$
Minimum & Advance Premium 100.0000%	Total \$ 997.50
Minimum Earned Premium 25 % of the original premium	

**Item 6. Forms and endorsements applicable to all Coverage Parts:**

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

BURNS & WILCOX LTD.

Countersigned 04/ 21/ 2011 MCH/ PD By  
DATE COUNTERSIGNED

## SCHEDULE OF FORMS AND ENDORSEMENTS

<b>POLICY NUMBER:</b> CIP90220	<b>EFFECTIVE DATE:</b> 04/21/2011	<b>NAMED INSURED:</b> MULHERN'S MOVING INC. U-CALL WE HAUL U-SAVE
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<b>SOFAE 09-10</b> <b>COMMERCIAL FORMS</b>	<b>SCHEDULE OF FORMS</b>
-----------------------------------------------	--------------------------

VICD1 09-04 VIC100 VIC900 06-08 1L0017 11-98 VIC3380 09-04 VIC3550 12-05	COMMON DECLARATIONS POLICY JACKET SERVICE OF SUIT ENDORSEMENT COMMON POLICY CONDITIONS FRAUD AND MISREPRESENTATION MINIMUM EARNED PREM & CANCELLA
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**STATE FORMS**

1L0246 09-07 1L0910 12-03	PA CHANGES - CANCELLATION/NONRENEWAL PA NOTICE
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**GENERAL LIABILITY**

VICSD1L 09-04 CIC000899 11-10 CIC001007 09-10 CIC001401 09-10 VIC3378 12-05 VIC33510 04-07 VIC3400 06-05 VIC000839 08-08 VIC000848 10-06 VIC000873 02-08 VIC001396 09-04 CG0001 12-07 CG0068 05-09 CG0300 01-96 CG2139 10-93 CG2167 12-04 CG2173 01-08	COMM GL SUP DEC AMENDMENT-AIRCRAFT, AUTO, OR WATERCRAFT EXCLUSION COMBINED COVERAGE AND EXCLUSION ENDORSEMENT DAMAGE TO PREMISES RENTED TO YOU LIMITATION AMENDMENT OF SECTION IV CLASSIFICATION LIMIT ABSOLUTE SILICA DUST EXCL EMPLOYEES, IND CONTRACTORS, LE PROPERTY ENTRUSTED EXCL KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY INFRINGEMENT, MISAPPROPRIATION CGL COVERAGE FORM AND CONDITIO REC/DIST OF MATERIAL OR INFO DEDUCTIBLE LIABILITY CONTRACTUAL LIABILITY FUNGI OR BACTERIA EXCLUSION EXCLUSION OF CERTIFIED ACTS OF TERRORISM
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**ADDITIONAL FORMS**

**SOFAE (09/ 10)**

# CRANBROOK INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## AMENDMENT - AIRCRAFT, AUTO OR WATERCRAFT EXCLUSION

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

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

Endorsement Number	Inception Date 04/ 21/ 2011	Expiration Date 04/ 21/ 2012
Endorsement Effective	Policy Number CIP90220	
Named Insured MULHERN'S MOVING INC. U-CALL WE HAUL U-SAVE		

SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, paragraph (g.) Aircraft, Auto Or Watercraft is deleted and replaced with the following:

#### g. Aircraft, Auto Or Watercraft

This insurance does not apply to:

- (1) "Bodily injury" or "property damage" arising out of or in connection with the ownership, operation, maintenance or use of any aircraft or watercraft by any insured.
- (2) "Bodily injury" or "property damage" arising out of or in connection with the ownership, operation, maintenance or use of any "auto" by any insured.
- (3) The "loading or unloading" of any aircraft, "auto" or watercraft by any insured.

This exclusion applies to "bodily injury" or "property damage" arising out of any aircraft, "auto" or watercraft, whether or not owned, maintained, used, rented, leased, hired, loaned, borrowed or entrusted to others or provided to another by any insured.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, entrustment, permitting, training or monitoring of others by an insured.

This exclusion applies even if the claims against any insured allege direct or vicarious liability.

This exclusion does not apply to:

- (1) A watercraft while ashore on premises you own, rent or on any premises while being worked upon;
- (2) A watercraft you do not own that is:
  - (a) Less than 26 feet long; and
  - (b) Not being used to carry persons or property for a charge;
- (3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or any insured;
- (4) Liability assumed under any insured contract for the ownership, maintenance or use of aircraft or watercraft; or



- (5) "Bodily injury" or "property damage" arising out of:
- (a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged; or
  - (b) The operation of any of the machinery or equipment listed in Paragraph f. (2) or f. (3) of the definition of "mobile equipment".

**Cochrane Insurance Agency Inc.**  
**1078 York Road**  
**Warminster, PA 18974**  
**Phone: (215) 444-9250 Fax: (215) 444-9254**  
**E-mail: cochraneins@comcast.net**

May 2, 2011

Mulhern's Moving Inc. T/A U-CALL WE-HAUL U-SAVE  
1579 W. County Line Rd  
Hatboro, PA 19040

RE: General Liability policy #CBGL40506R3  
Burns & Wilcox Ltd.  
Effective April 21, 2011 to April 21, 2012

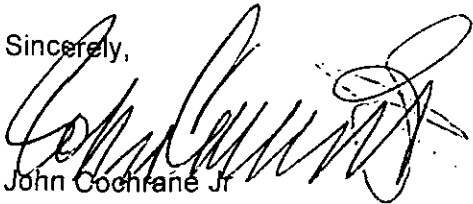
Dear Dan,

Enclosed please find your renewal General Liability policy referenced above. Please review the policy declarations to make sure that the correct information is listed on all forms. If changes and/or updates are required, please contact our agency immediately and we would be happy to assist you.

Please read the policy declarations to become aware of the coverage afforded by it. If you need further specification regarding your policy, our agency is here to answer your questions and/or concerns. Our agency also can provide e-mail service for your policy inquiries; if you wish to go paperless and receive your policy documents via e-mail, please advise our agency at any time. By choosing the paperless program, you would be contributing to a cause that benefits our environment.

Thank you for choosing Cochrane Insurance Agency Inc. As a full line Insurance agency, we have the skills and experience to assist you in all your insurance needs, offering a range of products including Commercial, Home, Automobile, Life and Health Insurance. Please give our office a call for a free competitive quote.

Sincerely,



John Cochrane Jr.  
Cochrane Insurance Agency, Inc.

**CRANBROOK INSURANCE COMPANY**  
**PRIMARY FACILITY**  
**COMMERCIAL GENERAL LIABILITY COVERAGE PART**  
**SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number

CIP90220

LIMITS OF INSURANCE							
General Aggregate Limit (other than Products/ Completed Operations)		\$	2,000,000				
Products/ Completed Operations Aggregate Limit		\$	INCLUDED				
Personal and Advertising Injury Limit		\$	1,000,000				
Each Occurrence Limit		\$	1,000,000				
Damage to Premises Rented to You Limit		\$	100,000				
Medical Expense Limit		\$	5,000				any one person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES	
Form of business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (other than Partnership or Joint Venture) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Business description: COMMERCIAL TRUCK	
Location of all premises you own, rent or occupy: 1579 W. COUNTY LINE ROAD, HATBORO, PA 19040	

PREMIUM							
Classification	Code No.	* Premium Basis	PR/ Co	Rate All Other	Advance Premium Pr/ Co	All Other	
TRUCKERS INCLUDING PRODUCTS/ COMPLETED OPERATIONS	99793	P) 9793	INCL	21.220	\$ INCL	\$ 750MP	

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)	
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:  <div style="text-align: center;">SEE SCHEDULE OF FORMS AND ENDORSEMENTS</div>	

DEDUCTIBLE: \$ 500	Per Claim
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\*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

## PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. Surveys;
2. Consultation or advice; or
3. Inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. If the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. To consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. If any acts or omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

### Instruction to Policy Writers

Attach the Pennsylvania Notice to all new and renewal certificates insuring risks located in Pennsylvania.



U.S. Department  
of  
Transportation

**Federal Motor  
Carrier Safety  
Administration**

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

September 9, 2011

In reply refer to:  
USDOT No.: 2046404

MC Number: MC719190

DANILE J MULHERN  
PRESIDENT  
MULHERN'S MOVING INC  
1579 W COUNTY LINE RD  
HATBORO, PA 19040

**Safety Audit Pass**

This letter is to inform you that, based on the results of the safety audit conducted on MULHERN'S MOVING INC on August 11, 2011, the Federal Motor Carrier Safety Administration (FMCSA) has determined that MULHERN'S MOVING INC may continue to operate in interstate commerce within the United States.

However, for-hire motor carriers cannot operate in interstate commerce unless they obtain operating authority from FMCSA by following the registration procedures described in 49 CFR part 365, unless providing transportation exempt from 49 CFR part 356 registration requirements.

In addition, the agency did observe deficiencies while conducting the safety audit and MULHERN'S MOVING INC is encouraged to take appropriate action(s) promptly to correct the deficiencies and comply with the regulations specified below:

General Question 2 - Evidence of Financial Responsibility (MCS-90), Section 387.7(d)

General Question 5 - Operating Authority, Section 13901 (392.9a(a)(1))

Please contact your local FMCSA Division Administrator listed below if you have any questions concerning these deficiencies:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
215 LIMBKILN ROAD, SUITE 200  
NEW CUMBERLAND, PA 17070  
Phone: 717-614-4060

You are reminded that as a new entrant motor carrier FMCSA will continue to monitor and evaluate MULHERN'S MOVING INC's safety management practices and on-road performance to ensure MULHERN'S MOVING INC is complying with Federal requirements including the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Federal Hazardous Materials Regulations (HMRs). MULHERN'S MOVING INC 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 MULHERN'S MOVING INC's USDOT New Entrant or permanent registration.

If you have any questions concerning your New Entrant Status, please call your division office number listed above.

Sincerely,

John Van Steenburg, Director, Office of  
Enforcement and Compliance

Mulhern's Moving Inc  
1579 West County Line Rd  
Hatboro PA 19040



Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
P.O. BOX 3265  
Harrisburg PA 17105-3265

REC-100

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PAUL  
SECRETARY'S BUREAU