

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

RECEIVED

2011 OCT 19 AM 10:26

PA P.U.C.
SECRETARY'S BUREAU

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)

Georgia Peach, Inc.

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

Fictitious name and Registration number (if applicable)

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

147 Vista Dr
Street Address

Saylorsburg, PA 18353
City, State and Zip Code

610-381-5300 / 973-713-7837 Monroe
Telephone Number County

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

P.O. Box 1329
Street Address

Brodheads ville, PA 18322-1329
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 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?**

Building materials

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

22-2596234
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

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.

Chris Behrens
 (Print Name)

Chris Behrens
 (Signature)

10/18/11
 (Date)

POLICY - DECLARATIONS

Renewal of Number

PL19957319D

OIDA RISK RETENTION GROUP, INC.

Barre, Vermont

NOTICE

Policy No.

PL19957319E

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

GEORGIA PEACH INC.
92 VISTA DR
SAYLORSBURG, PA 18353

Agent

Owner Operator Services, Inc.
1 N W OOIDA Drive
Grain Valley, Missouri 64029

Policy Period:

From

08/26/2011

to

08/26/2012

12:01 A.M. Standard Time at your mailing address shown above.
(Unless otherwise endorsed)

Business Description
TRUCKING

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 PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| COVERAGE PART | COVERAGE PART DECLARATIONS (FORM NUMBER) | PREMIUM |
|--|--|--------------------------|
| Commercial Property | _____ | \$ _____ |
| Commercial General Liability | RGL 16 01 11 07 | \$ 500.00 |
| Commercial Crime | _____ | \$ _____ |
| Commercial Inland Marine | RCL 12 01 01 05 | \$ 722.25 |
| Commercial Auto - Business Auto | _____ | \$ _____ |
| Commercial Auto - Garage | _____ | \$ _____ |
| Commercial Auto - Motor Carriers | CA 00 19 01 09 | \$ 3,333.84 |
| Other Charges: Hired Auto | _____ | \$ _____ |
| Terrorism | _____ | \$ _____ |
| Travel Expense | _____ | \$ _____ |
| Premium show is payable: | <input type="checkbox"/> at inception <input checked="" type="checkbox"/> Per Payment Form Attached | TOTAL \$ 4,556.09 |
| Audit Period: Annual, unless otherwise stated _____ | | |
| Form(s) and Endorsement(s) made a part of this policy at time of issue*: | | |
| RGP 10 01 11 07 | CA 00 19 01 09 | RPL 11 01 12 95 |
| RPL 41 01 12 95 | RPL 41 02 12 95 | CA 99 17 10 01 |
| RCL 12 01 01 05 | RGL 16 01 11 07 | RGP 10 02 05 08 |
| | | CA 99 48 03 09 |
| | | RPL 11 02 12 04 |
| | | IL 00 21 05 04 |
| | | RGP 10 04 02 00 |
| | | FORM MCS-90 |

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Date of Issue:

Countersigned By

Deborah Winkler

Authorized Representative

RGP 10 01 11 07

2946 022

08/30/2011

Memb # 2946

| 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 | | P.I.P. | | | P.P.I. (Mich. only) | | AUTO. MED. PAY. | | COMPREHENSIVE | | SPEC. CAUSES OF LOSS | COLLISION | | TOWING & LABOR | |
| | Limit (In Thousands) | Premium | Limit* minus deductible shown below | Add'l P.I.P. Limit* | Premium | Limit* minus deductible shown below | Premium | Limit (In Thousands) | Premium | Limit* minus deductible shown below | Premium | Limit** Premium | Limit** minus deductible shown below | Premium | Limit per dis-ablement | Premium |
| 1 | | | 5,000 | | 100.00 | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| Total Premium | | | XXXX | XXXX | 100.00 | XXXX | | XXXX | | XXXX | | | XXXX | | XXXX | |

Add'l Coverage(s) - Premium, Limit, Deductible: *Limit stated in each applicable P.I.P. or P.P.I. Endorsement. **Limit stated in ITEM TWO.

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 |
|---|------------------------|----------------------------------|-------------------------|
| HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS | \$ | \$ | \$ |
| LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS | | | |

| STATE | ESTIMATED COST OF HIRE FOR EACH STATE | RATE PER EACH \$100 OF HIRE | FACTOR (IF LIAB. COV. IS PRIMARY) | PREMIUM |
|---------------|---------------------------------------|-----------------------------|-----------------------------------|---------|
| | \$ | \$ | | \$ |
| | \$ | \$ | | \$ |
| TOTAL PREMIUM | | | | \$ |

| 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 | MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING | \$ | \$ | \$ |
| SPECIFIED CAUSES OF LOSS | MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ | \$ | \$ |
| COLLISION | MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO | \$ | \$ | \$ |
| TOTAL PREMIUM | | | | \$ |

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semi-trailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, or hired automobiles whether hired with a driver by lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

| RATING BASIS | NUMBER | PREMIUM | TOTAL PREMIUM |
|---------------------|--------|---------|---------------|
| Number of Employees | | \$ | |
| Number of Partners | | \$ | \$ |

ITEM SIX - TRAILER INTERCHANGE COVERAGE

| COVERAGES | LIMIT OF INSURANCE | DAILY RATE | ESTIMATED PREMIUM | TOTAL PREMIUM |
|--------------------------|--------------------|------------|-------------------|---------------|
| COMPREHENSIVE | STATED IN ITEM TWO | \$ | \$ | \$ |
| SPECIFIED CAUSES OF LOSS | | \$ | \$ | |
| COLLISION | | \$ | \$ | |

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS BASIS - LIABILITY COVERAGE

| Estimated Yearly Gross Receipts | RATES | | PREMIUMS | |
|---------------------------------|-----------------------------|-----------------------|--------------------|-----------------------|
| | Per \$100 of Gross Receipts | | LIABILITY COVERAGE | AUTO MEDICAL PAYMENTS |
| | LIABILITY COVERAGE | AUTO MEDICAL PAYMENTS | | |
| \$ | \$ | \$ | \$ | |
| \$ | \$ | \$ | \$ | |
| \$ | \$ | \$ | \$ | |
| \$ | \$ | \$ | \$ | |
| TOTAL PREMIUMS | | \$ | \$ | |
| MINIMUM PREMIUMS | | \$ | \$ | |

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier." Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

MOTOR CARRIER COVERAGE FORM DECLARATIONS

The Declarations include a second part designated "Part 2".

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP, YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

Policy No. **PL19957319E**

Effective Date: **08/26/2011**
12:01 A.M. Standard Time

ITEM ONE - Named Insured and Mailing Address/Policy Period - shown in Policy Declarations.

Form of Business: Individual Partnership Corporation Other _____

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a change 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 Motor Carrier Coverage Form next to the name of the coverage.

| COVERAGES | | COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTO Section of the Motor Carrier Coverage Form shows which autos are covered autos)</small> | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | | PREMIUM | |
|--|---|--|---|---|--------------------------|--------------------|
| LIABILITY | | 67 | \$ 1,000,000 CSL | | \$ 3,183.84 | |
| PERSONAL INJURY PROTECTION (P.I.P.)++ | | 65 | SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE | | \$ 100.00 | |
| ADDED P.I.P. (or equivalent added No-fault cov.) | | | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT | | \$ | |
| PROPERTY PROTECTION INS. (P.P.I.) <small>(Michigan only)</small> | | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT | | \$ | |
| AUTO MEDICAL PAYMENTS | | | \$ | | \$ | |
| UNINSURED MOTORISTS (UM) | | 66 | \$ 35,000 | | \$ 25.00 | |
| UNDERINSURED MOTORISTS <small>(when not included in UM Cov.)</small> | | 66 | \$ 35,000 | | \$ 25.00 | |
| TRAILER INTER-CHANGE | COMPREHENSIVE COVERAGE | | \$ | WHICHEVER IS LESS | \$ | |
| | SPECIFIED CAUSES OF LOSS COVERAGE | | ACTUAL CASH VALUE, COST OF REPAIR OR | WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ | |
| | COLLISION COVERAGE | | \$ | WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO | \$ | |
| PHYSICAL DAMAGE | COMPREHENSIVE COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS | \$ DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING | \$ | |
| | SPECIFIED CAUSES OF LOSS COVERAGE | | \$ | \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ | |
| | COLLISION COVERAGE | | \$ | DEDUCTIBLE FOR EACH COVERED AUTO | \$ | |
| | TOWING AND LABOR <small>(Not available in California)</small> | | \$ | for each disablement of a private passenger auto | \$ | |
| FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE +: | | | | | | |
| RPL 41 03 01 09 | | RGPPA 20 24 08 10 | IL 09 10 04 09 | CA 01 80 09 97 | PREMIUM FOR ENDORSEMENTS | \$ |
| IL 02 46 07 02 | | CA 22 37 01 09 | CA 21 92 01 10 | CA 21 93 01 10 | ESTIMATED TOTAL PREMIUM | \$ 3,333.84 |
| RPI PA 61 51 08 97 | | | | | | |

++ (or equivalent No-fault cov.)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

| Covered Auto No. | DESCRIPTION | | PURCHASED | | | TERRITORY: Town & State Where the Covered Auto will be principally garaged | | |
|------------------|---|--|---|---------------|---|--|-------------------------|---|
| | Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN) | | Original Cost New | Actual Cost & | NEW (N) USED (U) | | | |
| 1 | SEE FORM # RPL 11 01 12 95 | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Covered Auto No. | CLASSIFICATION | | | | | | | 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 |
| | Radius of Operation (In Miles) | Business use S=Service R=Retail C=Commercial | Size GVW, GCW or Vehicle Seating Capacity | Age Group | Primary Rating Factor Lib. Pty. Damage | | Secondary Rating Factor | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

+Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



MCMIS

Motor Carrier Management Information System

Selection Criteria:
 Crash Sum Date: 10/17/2009 To 10/17/2011
 Crash Detail Date: 10/17/2009 To 10/17/2011
 Insp Sum Date: 10/17/2009 To 10/17/2011
 Insp Detail Date: 10/17/2009 To 10/17/2011
 Inspection: ALL

Company Safety Profile

Legal Name: GEORGIA PEACH INC
Doing Business As:
USDOT #: 302070

Report 1 **Carrier Operations and Safety Ratings**

| Physical Address: | Mailing Address: |
|--|--|
| 92 VISTA DR SAYLORSBURG, PA 18353 (610) 381-5300 County Name: MONROE | P O BOX 1329 BRODHEADSVILLE, PA 18322 |

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 SECRETARY'S OFFICE

Status: ACTIVE
Class: AUTHORIZED FOR HIRE
Carrier Type: CARRIER
Carrier Operation: INTERSTATE
Shipper Operation:
Cargo: GENERAL FREIGHT, LOGS, POLES, BEAMS, LUMBER, BUILDING MATERIALS
Hazmat C:
Hazmat S:
Drivers: 1 **Power Units:** 1 **Truck Units:** 1 **Bus Units:** 0
MCS-150 Date: 09/30/2010
New Entrant: NEVER IN NEW ENTRANT PROGRAM

Safety Audit:
 NO SAFETY AUDIT FOR THIS COMPANY

| Safety Rating: | Rating Date: | Review/Audit Date: | | | | |
|---|--------------|--------------------|--------|--------------|------|------------------|
| Review/Rating History: | | | | | | |
| Type | Review Date | Rating Date | Rating | Conducted By | Code | Reason Not Rated |
| NO REVIEW/RATING HISTORY FOR THIS COMPANY | | | | | | |

Mileage from Motor Carrier Identification Report (Form MCS-150):
Mileage Year: 2010 **Carrier Reported Mileage:** 34,567

| Out of Service Records: | | | |
|---------------------------------|--------------|------------|-----------------|
| OOS Date | Rescind Date | OOS Reason | OOS Reason Desc |
| NO OOS RECORDS FOR THIS COMPANY | | | |

Insurance Information:



MCMIS

Motor Carrier Management
Information System

Selection Criteria:
Crash Sum Date: 10/17/2009 To 10/17/2011
Crash Detail Date: 10/17/2009 To 10/17/2011
Insp Sum Date: 10/17/2009 To 10/17/2011
Insp Detail Date: 10/17/2009 To 10/17/2011
Inspection: ALL

Company Safety Profile

Legal Name: GEORGIA PEACH INC
Doing Business As:
USDOT #: 302070

Report 1 **Carrier Operations and Safety Ratings**

Name on Operating Authority Documents: GEORGIA PEACH INC.
MC/MX Number: MC 203590

Operating Authority Status

| Common Authority | Contract Authority | Broker Authority |
|------------------|--------------------|------------------|
| ACTIVE | ACTIVE | NONE |

Insurance Requirements and Status:

| Liability Insurance | Cargo Insurance | Bonds or Trust Fund |
|---------------------|-----------------|---------------------|
| REQUIRED: \$750 | NOT REQUIRED | NOT REQUIRED |
| OK | OK | OK |

RECEIVED

Ⓢ USDOT Number ○ MC/MX Number ○ Name

Enter Value: 302070

Search

2011 OCT 19 AM 10:27

Company Snapshot

GEORGIA PEACH INC
USDOT Number: 302070

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

| Other Information for this Carrier |
|--|
| <ul style="list-style-type: none"> ♥ SMS Results ♥ Licensing & Insurance |

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 10/16/2011.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------|---|---|---|--|------------------|----------------------|---|------------|-------------------|---|--------------------|-----------|---|-----------|----------------|--|------------------|-----------|--|-----------|----------------------------|---------------------------------------|------|--|--|----------------|------------|--|---------|--|
| Entity Type: | Carrier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Status: | REGISTERED | Out of Service Date: | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name: | GEORGIA PEACH INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DBA Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address: | 92 VISTA DR SAYLORSBURG, PA 18353 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | (610) 381-5300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | P O BOX 1329 BRODHEADSVILLE, PA 18322 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USDOT Number: | 302070 | State Carrier ID Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MC or MX Number: | MC-203590 | DUNS Number: | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Power Units: | 1 | Drivers: | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCS-150 Form Date: | 09/30/2010 | MCS-150 Mileage (Year): | 34,567 (2010) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operation Classification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Auth. For Hire</td> <td style="width: 33%;">Priv. Pass.(Non-business)</td> <td style="width: 33%;">State Gov't</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td>Migrant</td> <td>Local Gov't</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass. (Business)</td> <td>Fed. Gov't</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> Auth. For Hire | Priv. Pass.(Non-business) | State Gov't | <input type="checkbox"/> Exempt For Hire | Migrant | Local Gov't | <input type="checkbox"/> Private(Property) | U.S. Mail | Indian Nation | <input type="checkbox"/> Priv. Pass. (Business) | Fed. Gov't | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Auth. For Hire | Priv. Pass.(Non-business) | State Gov't | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Exempt For Hire | Migrant | Local Gov't | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Private(Property) | U.S. Mail | Indian Nation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Priv. Pass. (Business) | Fed. Gov't | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier Operation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Interstate</td> <td style="width: 33%;"><input type="checkbox"/> Intrastate Only (HM)</td> <td style="width: 33%;"><input type="checkbox"/> Intrastate Only (Non-HM)</td> </tr> </table> | | | | <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Intrastate Only (HM) | <input type="checkbox"/> Intrastate Only (Non-HM) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Intrastate Only (HM) | <input type="checkbox"/> Intrastate Only (Non-HM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cargo Carried: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> General Freight</td> <td style="width: 33%;">Liquids/Gases</td> <td style="width: 33%;">Chemicals</td> </tr> <tr> <td><input type="checkbox"/> Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td><input checked="" type="checkbox"/> Metal: sheets, coils, rolls</td> <td>Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td><input type="checkbox"/> Motor Vehicles</td> <td>Oilfield Equipment</td> <td>Beverages</td> </tr> <tr> <td><input type="checkbox"/> Drive/Tow away</td> <td>Livestock</td> <td>Paper Products</td> </tr> <tr> <td><input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber</td> <td>Grain, Feed, Hay</td> <td>Utilities</td> </tr> <tr> <td><input checked="" type="checkbox"/> Building Materials</td> <td>Coal/Coke</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td><input type="checkbox"/> Mobile Homes</td> <td>Meat</td> <td><input checked="" type="checkbox"/> Construction</td> </tr> <tr> <td><input checked="" type="checkbox"/> Machinery, Large Objects</td> <td>Garbage/Refuse</td> <td>Water Well</td> </tr> <tr> <td><input type="checkbox"/> Fresh Produce</td> <td>US Mail</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> General Freight | Liquids/Gases | Chemicals | <input type="checkbox"/> Household Goods | Intermodal Cont. | Commodities Dry Bulk | <input checked="" type="checkbox"/> Metal: sheets, coils, rolls | Passengers | Refrigerated Food | <input type="checkbox"/> Motor Vehicles | Oilfield Equipment | Beverages | <input type="checkbox"/> Drive/Tow away | Livestock | Paper Products | <input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber | Grain, Feed, Hay | Utilities | <input checked="" type="checkbox"/> Building Materials | Coal/Coke | Agricultural/Farm Supplies | <input type="checkbox"/> Mobile Homes | Meat | <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Machinery, Large Objects | Garbage/Refuse | Water Well | <input type="checkbox"/> Fresh Produce | US Mail | |
| <input checked="" type="checkbox"/> General Freight | Liquids/Gases | Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Household Goods | Intermodal Cont. | Commodities Dry Bulk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Metal: sheets, coils, rolls | Passengers | Refrigerated Food | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Motor Vehicles | Oilfield Equipment | Beverages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Drive/Tow away | Livestock | Paper Products | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber | Grain, Feed, Hay | Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Building Materials | Coal/Coke | Agricultural/Farm Supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mobile Homes | Meat | <input checked="" type="checkbox"/> Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Machinery, Large Objects | Garbage/Refuse | Water Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fresh Produce | US Mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

US Inspection results for 24 months prior to: 10/16/2011

Total inspections: 5

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:

| Inspection Type | Vehicle | Driver | Hazmat |
|---------------------------------|---------|--------|--------|
| Inspections | 4 | 5 | 0 |
| Out of Service | 1 | 0 | 0 |
| Out of Service % | 25% | 0% | % |
| Nat'l Average % (2009- 2010) | 20.72% | 5.51% | 4.50% |

Crashes reported to FMCSA by states for 24 months prior to: 10/16/2011

Crashes:

| Type | Fatal | Injury | Tow | Total |
|---------|-------|--------|-----|-------|
| Crashes | 0 | 0 | 0 | 0 |

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian Inspection results for 24 months prior to: 10/16/2011

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.**Inspections:**

| Inspection Type | Vehicle | Driver |
|------------------|---------|--------|
| Inspections | 0 | 0 |
| Out of Service | 0 | 0 |
| Out of Service % | 0% | 0% |

Crashes results for 24 months prior to: 10/16/2011

Crashes:

| Type | Fatal | Injury | Tow | Total |
|---------|-------|--------|-----|-------|
| Crashes | 0 | 0 | 0 | 0 |

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)*The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.***Carrier Safety Rating:**

The rating below is current as of: 10/16/2011

Review Information:

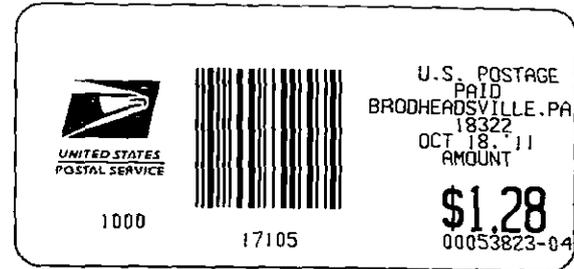
| | | | |
|--------------|------|--------------|------|
| Rating Date: | None | Review Date: | None |
| Rating: | None | Type: | None |

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1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

Georgia Peach, Inc

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Brodheads ville. PA 18322-1329



Pennsylvania Public Utility Commission

P.O. Box 3265

Harrisburg, PA 17105-3265

Attn Sec. New Application