

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

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)

Bear Fuel Service, 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)

227 SR 118
Street Address

Benton, Pa 17814
City, State and Zip Code

(570) 925-6002 Telephone Number Columbia 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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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?

Wholesale Fuels

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

2918822

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) N/A
- 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.

Tracy Niedzwiecki-Bear
 (Print Name)
Tracy Niedzwiecki Bear
 (Signature)

6/28/16
 (Date)

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Tracy R. Niedzwiecki Bear
owner - President
100% of shares

Bernadine R. Niedzwiecki Bear
Corporate Secretary

Tracy R. Niedzwiecki

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SECRETARY'S BUREAU

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY
INFORMATION PAGE**

MUTUAL COMPANY
PARTICIPATING
NONASSESSABLE POLICY
NCCI Carrier Code: 16446

FEDERATED MUTUAL
INSURANCE COMPANY
Processing Office:
P.O. Box 328
Owatonna, MN 55060-0328

**FEDERATED
INSURANCE**
HOME OFFICE: OWATONNA
MINNESOTA 55060

Policy No. RENEWAL
9883431
Prior Policy No.
Account No. 119-353-1

Producer / Agent:
RYAN L KOPPENHEFFER

Phone: 800-533-0472

ITEM 1. NAMED INSURED AND ADDRESS:

BEAR FUEL SERVICE INC
227 RT 118
BENTON PA 17814

Entity Type Corporation
FEIN 23-3026791

See Extension of Information Page "Named Insured"

Other workplaces not shown above: See Extension of Information Page "Other Workplaces of the Insured"

ITEM 2. POLICY PERIOD: The policy period is from 05-27-2012 to 05-27-2013 12:01 A.M. Standard time, at the insured's mailing address.

ITEM 3. COVERAGE:

- A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation law of the states listed here: PA
- B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in Item 3.A.
The limits of our liability under Part Two are: Bodily Injury by Accident \$1,000,000 each accident
Bodily Injury by Disease \$1,000,000 policy limit
Bodily Injury by Disease \$1,000,000 each employee
- C. OTHER STATES INSURANCE: Part Three of the policy applies to states, if any, listed here: All states except states designated in Item 3.A. and ND OH WA WY
- D. ENDORSEMENTS: This policy includes these endorsements and schedules: See Extension of Information Page "List of Endorsements"

ITEM 4. PREMIUM: The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit to be made ANNUALLY.

Loc. No.	Name No.	Code No.	Classification of Operations	Prem. Basis Est. Total Ann. Remun.	Rate Per \$100 Remun.	Estimated Annual Premium
See Extension of Information Page "Schedule of Operations"						

Minimum Premium	Total Estimated Annual Premium	\$6,791
\$1,150	Total State Surcharges	\$153
	Total Estimated Cost	\$6,944
	Deposit Amount	\$6,944

This Information Page, with "POLICY PROVISIONS", and attached endorsements, if any, complete this policy.

Authorized Representative and Date Signed

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY
INFORMATION PAGE**

MUTUAL COMPANY
PARTICIPATING
NONASSESSABLE POLICY
NCCI Carrier Code: 16446
Producer / Agent:
RYAN L KOPPENHEFFER

FEDERATED MUTUAL
INSURANCE COMPANY
Processing Office:
P.O. Box 328
Owatonna, MN 55060-0328
Phone: 800-533-0472

**FEDERATED
INSURANCE**
HOME OFFICE: OWATONNA
MINNESOTA 55060

Policy No. 9863431
Prior Policy No.
Account No. 119-353-1
Effective Date 05-27-2012
Expiration Date 05-27-2013

ITEM 1. NAMED INSURED AND ADDRESS:

BEAR FUEL SERVICE INC
227 RT 118
BENTON PA 17814

Entity Type Corporation
FEIN 23-3026791

See Extension of Information Page "Named Insured"

EXTENSION OF INFORMATION PAGE

ITEM 1
NAMED INSURED

Entity No.	Name No.**	Name of Insured	Entity Type	F.E.I.N.	UI or State ID No. (State / ID No.)
1	1	BEAR FUEL SERVICE INC	Corporation	23-3026791	
2	2	BEAR EXCAVATING INC	Corporation	23-3026792	

** = Name link number (used for bureau reporting)

Insured Copy

MUTUAL COMPANY
PARTICIPATING
NONASSESSABLE POLICY

Commercial Umbrella Liability Policy
FEDERATED MUTUAL
INSURANCE COMPANY
HOME OFFICE: OWATONNA
MINNESOTA 55060
Phone No. (507) 455-5200
**FEDERATED
INSURANCE**

Policy No. 9863430
Account No. 119-353-1

DECLARATIONS

Item 1. Named Insured and Address:

BEAR FUEL SERVICE INC
227 RT 118
BENTON PA 17814

Item 2. Policy Period: (Mo. Day Yr.)

From 05-27-2012 to 05-27-2013

12:01 A.M., standard time at the address of the named insured as stated herein.

The named insured is:
Corporation

Business of named insured is:

Item 3. \$1,000,000 Occurrence Limit

Item 4. \$1,000,000 Aggregate Limit

Item 5. As Billed Annual Premium

Item 6. Schedule of Underlying Insurance Policies.

CERTIFIED ACTS OF
TERRORISM PREMIUM:

\$23

Type of Insurance	Limits of Liability		Insurer - Federated unless otherwise indicated.
	Per Occurrence	Aggregate	
GENERAL LIABILITY			
<input checked="" type="checkbox"/> Commercial General Liability	\$1,000,000	\$2,000,000	
<input type="checkbox"/> Businessowners			
<input type="checkbox"/> Dwelling			
<input type="checkbox"/> Dwelling			
<input type="checkbox"/> Dwelling			
AUTO LIABILITY			
<input checked="" type="checkbox"/> Business Auto	\$1,000,000		
<input type="checkbox"/> Garage			
<input type="checkbox"/> Businessowners			
<input type="checkbox"/> Personal Auto			
OTHER UNDERLYING INSURANCE			
<input type="checkbox"/> Equipment Dealers Stock Floater, Coverage B - Property of Others			
<input type="checkbox"/> Garagekeepers			
<input type="checkbox"/> Legal Liability - Building			
EMPLOYERS LIABILITY		Limits of Liability	
<input checked="" type="checkbox"/> Employers Liability	\$1000/1000/1000		
<input type="checkbox"/> State Fund			
<input type="checkbox"/> Self-Insured Work Comp			

Endorsement(s) attached hereto: See Schedule of Forms and Endorsements Attached

Date

Authorized Representative

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL UMBRELLA LIABILITY POLICY

ADDITIONAL NAMED INSUREDS ENDORSEMENT

The Named Insured shown in the Declarations includes the person(s) or organization(s) designated below, subject to the following additional policy conditions:

1. The Named Insured shown in the Declarations is authorized to act for additional named insured(s) in all matters relating to this insurance.
2. If the Named Insured shown in the Declarations becomes insolvent or bankrupt, the additional named insured(s) agree to pay us any premium for this insurance.
3. This endorsement will not waive any rights of recovery as a claimant which would be valid, if not shown as an additional named insured.
4. Knowledge or discovery by any insured (including any partner or officer) shall be considered knowledge or discovery made by all insureds.
5. The Named Insured shown in the Declarations declares that all firms named in the policy (named insureds and additional named insureds) are owned or financially controlled by the same interests.

Names of Additional Named Insureds:

Entity No.	Name of Insured	Entity Type	F.E.I.N
1	BEAR FUEL SERVICE INC	Corporation	23-3026791
2	BEAR EXCAVATING INC	Corporation	23-3026792

**DECLARATIONS
BUSINESS AUTO COVERAGE PART**

ITEM ONE - NAMED INSURED and Address - Refer to COMMON POLICY DECLARATIONS

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This coverage part provides only those coverages for which an "X" is shown in the Coverages Provided Column below. Each of these coverages will apply 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 SECTION ONE - COVERED AUTOS of the Business Auto Coverage Form.

COVERAGES	COVERED AUTOS (Entry of one or more symbols shows which "autos" are covered "autos")	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	COVERAGES PROVIDED
Liability	1	\$1,000,000	X
Personal Injury Protection (or equivalent No-fault cov.)	5	Separately stated in each P.I.P. Endorsement	X
Added Personal Injury Protection (or equivalent No-fault cov.)		Separately stated in each P.I.P. Endorsement	
Property Protection (Michigan only)		Separately stated in the P.P.I. Endorsement \$ Deductible (Nil if nothing shown)	
Auto Medical Payments			
Uninsured Motorists	2A	SEE CA-F-93	X
Underinsured Motorists	2A	SEE CA-F-93	X
Physical Damage Comprehensive Coverage	2A 11 12	Actual Cash Value or Cost of Repair, whichever is less, minus the deductible stated in the auto schedule for each covered "auto" for all "loss" except fire or lightning.	X
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$25 Deductible for each covered "auto" for "loss" caused by mischief or vandalism.	
Physical Damage Collision Coverage	2A 11 12	Actual Cash Value or Cost of Repair, whichever is less, minus the deductible stated in the auto schedule for each covered "auto".	X

DESCRIPTION OF ADDITIONAL COVERED AUTO DESIGNATION SYMBOLS

- Symbol 10 = EXCLUDING ANY "AUTO" NOT HAVING AN ACTUAL CASH VALUE OF AT LEAST
- Symbol 11 = EXCLUDING ANY VEHICLE 1996 AND PRIOR
- Symbol 12 = INCLUDING 1995 TOPKICK 3000 GAL TANK TRK #9064
- Symbol 13 =

ITEM THREE - SCHEDULE OF COVERED "AUTOS" YOU OWN - REFER TO AUTO SCHEDULE

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUM - LIABILITY INSURANCE

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire
IF ANY		

Cost of hire means the total amount you incur for the hire of "autos" you do not own (not including "autos" you borrow or rent from your 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 of Employees: **8**

FORMS AND ENDORSEMENTS APPLICABLE: SEE SCHEDULE ATTACHED

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**DECLARATIONS
COMMERCIAL GENERAL LIABILITY COVERAGE PART**

LIMITS OF INSURANCE

Limit

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)		\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT		\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT		\$1,000,000
EACH OCCURRENCE LIMIT		\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	Any one premises	\$100,000
MEDICAL EXPENSE LIMIT	Any one person	EXCLUDED

RETROACTIVE DATE (Claims Made Coverage Form CG 00 02 only)

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown below.

Retroactive Date: _____

Refer to General Liability Schedule CG-F-8 for Locations and Classifications.

ENDORSEMENTS APPLICABLE:

See Schedule Attached

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL PACKAGE POLICY ENDORSEMENT

ADDITIONAL NAMED INSURED ENDORSEMENT

The first Named Insured shown in the Declarations includes the person(s) or organization(s) designated below, subject to the following additional Common Policy Conditions:

1. The first Named Insureds shown in the Declarations is authorized to act for additional named insured(s) in all matters relating to this insurance.
2. If the first Named Insured shown in the Declarations becomes insolvent or bankrupt, the additional named insured(s) agree to pay us any premium for this insurance.
3. This endorsement will not waive any rights of recovery as a claimant which would be valid, if not shown as an additional named insured.
4. Knowledge or discovery by any insured (including any partner or officer) shall be considered knowledge or discovery made by all insureds.
5. The first Named Insured shown in the Declarations declares that all firms named in the policy (named insureds and additional named insureds) are owned or financially controlled by the same interests.

Names of Additional Named Insureds:

Entity No.	Name of Insured	Entity Type	F.E.I.N
1	BEAR FUEL SERVICE INC	Corporation	23-3026791
2	BEAR EXCAVATING INC	Corporation	23-3026792



FEDERATED MUTUAL INSURANCE COMPANY
Home Office
121 East Park Square
Owatonna, MN 55060
(507) 455-5200

All other terms of this policy remain unchanged.

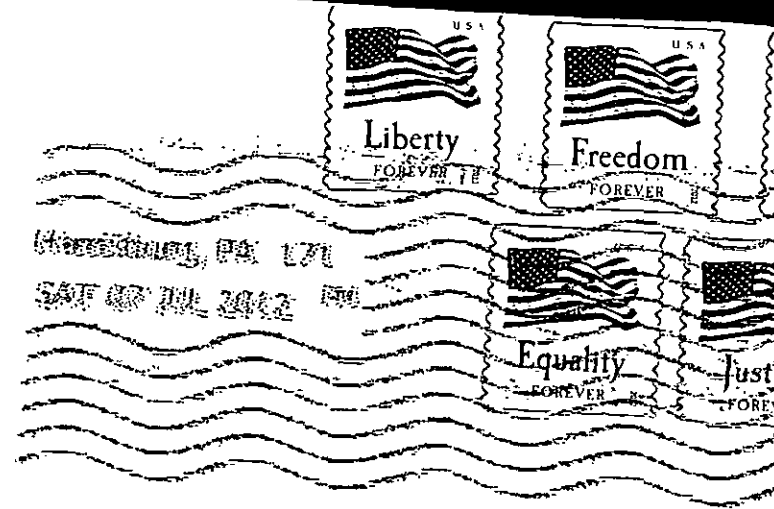
CP-F-18 (01-86)

Policy Number: 9863429

Transaction Effective Date: 05-27-2012



Hibernate with oil heat
227 State Route 118
Benton, PA 17814



Pennsylvania Public Utilities Commission
PO Box 3065
Harrisburg Pa 17105-3065