

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)

LISA'S TRUCKING LLC. B. LISA BAILEY

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

LISA'S TRUCKING LLC.

Fictitious name and Registration number (if applicable)

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

90 LARKIN ROAD

Street Address EMLENTON, PA 16373

City, State and Zip Code 814-358-2403 CLARION

Telephone Number _____ County

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

90 LARKIN ROAD

Street Address EMLENTON, PA 16373

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?**

_____ COAL & LIMESTONE _____

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

27-0479990

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) *W/A*
- 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)

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.

<i>B. LISA BAILEY</i>	
(Print Name)	
<i>B. Lisa Bailey</i>	8-2-2012
(Signature)	(Date)

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ACORD INSURANCE BINDER

DATE (MM/DD/YYYY)
8/2/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

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PRODUCER H.B. Beels & Son, Inc. P.O. Box 1, 433 Main Street Knox, PA 16232 Deb Keister	PHONE (A/C, No, Ext): 814-797-1121 FAX NO. (A/C, No, Ext):	COMPANY Rockwood Casualty Ins. Co.	BINDER # 1420
DATE EFFECTIVE TIME 08/02/12 12:01		EXPIRATION DATE TIME 09/02/12 12:01 AM	

AGENCY CUSTOMER ID: LISA STR	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Trucking 92 Mack Tri-Axle 2M2P270C7NC011634 92 Mack Tri-Axle 2M2P270C0NC011636 91 Mack Tri axle 1M2P270C7MM010658 92 Mack Triaxle 2M2P270C6NC011608
INSURED Lisa's Trucking c/o B. Lisa Bailey 90 Larkin Road Emlenton PA 16373	

PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %

LIABILITY <input type="checkbox"/> SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input checked="" type="checkbox"/> OTHER: Commercial GL <input type="checkbox"/> MEDICAL PAYMENTS <input type="checkbox"/> PERSONAL INJURY	COVERAGE/FORMS CGL171658 5/18/12-5/18/13 FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	EACH OCCURRENCE AGGREGATE BODILY INJURY \$ \$ PROPERTY DAMAGE \$ \$ BI & PD COMBINED \$ 1,000,000 \$ 1,000,000 MEDICAL PAYMENTS PER PERSON \$ 5,000 PER ACCIDENT \$ PERSONAL INJURY \$ 1,000,000
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AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 35,000
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AUTO PHYSICAL DAMAGE DEDUCTIBLE ALL VEHICLES SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER
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EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 100,000

Commercial Trucker's Liability Policy - TP15985 5/16/12 to 5/16/13.
 Worker's Compensation Policy - WC668444 5/18/12 to 5/18/13

NAME & ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE Deb Keister <i>Deborah E. Keister</i>

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Not

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

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Emlenton, PA 16373



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