

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)

Jeremy Allen Ricker

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

JR'S Towing

Fictitious name and Registration number (if applicable)

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

125 Mountain View Rd

Street Address

Elizabethville PA 17023

City, State and Zip Code

717 856 2239

Telephone Number

Dauphin

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?**

Cars, trucks, Heavy Equipment

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

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

JR'S Towing

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.

Jeremy Allen Ricker
(Print Name)

Jeremy Allen Ricker
(Signature) _____ 10/8/12
(Date)



Part B

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

| Factor | Failed Questions | | Performance Test Status | Total Points | Factor Status |
|------------------------|------------------|----------|-------------------------|--------------|---------------|
| | Critical | Acute | | | |
| 1. General | 0 | 0 | — | 0 | PASS |
| 2. Driver | 1 | 0 | — | 1 | PASS |
| 3. Operations | 0 | 0 | — | 0 | PASS |
| 4. Maintenance | 0 | 0 | PASS — 0.00 % | 0 | PASS |
| 5. Hazardous Materials | 0 | 0 | — | 0 | PASS |
| 6. Accidents | — | — | PASS — 0.00 | — | PASS |
| SUM | 1 | 0 | | 1 | PASS |

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.


CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.



| | | |
|--|--------------------------|-------------------------------------|
|  | USDOT# 2174458 | Legal: JEREMY RICKER |
| | | Operating (DBA): JR'S TOWING |

| | | |
|--|---|----------------------------------|
| MC/MX #: 755252 | State #: | Federal Tax ID: 205627013 |
| Review Type: Safety Audit – New Entrant | Location of Review/Audit: Company Facility in the U.S. | |
| Scope: Entire Operation | Territory: PA | |

| | | | | |
|------------------------|-------------------|-------------------|--|------------------------------------|
| Operation Types | Interstate | Intrastate | Business: Individual Gross Revenue: \$12605 | for year ending: 12/31/2011 |
| Carrier: | HM | N/A | | |
| Shipper: | HM | N/A | | |
| Cargo Tank: | N/A | | | |

Company Physical Address:

125 Mountain View Rd
Elizabethville, PA 17023, UNITED STATES

Contact Name: Jeremy Ricker

Phone numbers: (1) 7178562239 (2) Fax

E-Mail Address: oojar2@hotmail.com

Company Mailing Address:

125 Mountain View Rd
Elizabethville, PA 17023, UNITED STATES

Carrier Classification

Authorized for Hire

Cargo Classification

Machinery, Large Objects; Motor Vehicles

Hazardous Materials

9 Miscellaneous HM Carried and Shipped Non-Bulk

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? No

Driver Information

| | | | |
|-------------------------|--------------|--------------|---|
| | Inter | Intra | Average trip leased drivers/month: 0 |
| < 100 Miles: | 0 | 0 | Total Drivers: 1 |
| >= 100 Miles: | 1 | 0 | CDL Drivers: 0 |

Equipment

| | | | | | | |
|-------|--------------|--------------------|--------------------|--------------|--------------------|--------------------|
| | Owned | Term Leased | Trip Leased | Owned | Term Leased | Trip Leased |
| Truck | 1 | 0 | 0 | | | |

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100



Named insured

Policy number: 07570922-2

Underwritten by:
United Financial Casualty Company
August 29, 2012
Policy Period: Aug 2, 2012 - Aug 2, 2013
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JEREMY A RICKER
125 MOUNTAIN VIEW RD
ELIZABETHVILLE, PA 17023

progressive.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.



Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began on August 2, 2012 at 12:01 a.m. This policy expires on August 2, 2013 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1652PA (03/11), MCS90 (10/99), Z438 (06/10), 4881PA (03/11), 4852PA (10/04) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO PRIVATE PASSENGER VEHICLES YOU RENT, BUT NOT TO VEHICLES RENTED FOR 6 MONTHS OR MORE..

Policy changes effective August 28, 2012

| | |
|-----------------|---|
| Premium change: | \$959.00 |
| Changes: | Coverage has been changed on your policy. |

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

| Description | Limits | Deductible | Premium |
|--|------------------------------------|------------|----------------|
| Liability To Others | | | \$4,815 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured Motorist | Rejected | | -- |
| Underinsured Motorist | Rejected | | -- |
| Basic First Party Benefit - Full Tort | | | 40 |
| Medical Expense Benefit Without Workers Comp | up to \$5,000 | | |
| Extraordinary Medical Benefits | Rejected | | -- |
| Income Loss Benefits | Rejected | | -- |
| Funeral Expense Benefits | Rejected | | -- |
| Accidental Death Benefits | Rejected | | -- |
| On-Hook Legal Liability | | | 449 |
| See Auto Coverage Schedule | | | |
| Comprehensive | | | 60 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 303 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Total 12 month policy premium | | | \$5,667 |

Rated driver

1. JEREMY RICKER

Auto coverage schedule

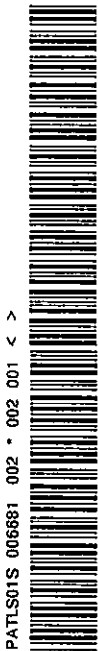
1. **2002 Ford F650 Super Duty** Stated Amount: *\$23,000 (including Permanently Attached Equip)
 VIN: 3FDNF65462MA02317 Garaging Zip Code: 17023 Radius: 200

| Liability Premium | Liability | PIP | Physical Damage Premium | | | | | Auto Total |
|-------------------|-----------|------------|-------------------------|-----------------|--------------|----------------------|-------------------|----------------|
| | Limit | Deductible | On-Hook LL Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| \$4,815 | \$40 | | \$449 | \$500 | \$60 | \$1,000 | \$303 | \$5,667 |

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy: 07570922-2 Business Experience and Paid In Full



Penalty for Insurance Fraud

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

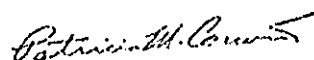
Rejected Coverage

This policy does not provide protection against damages caused by uninsured or underinsured motorists.

Company officers



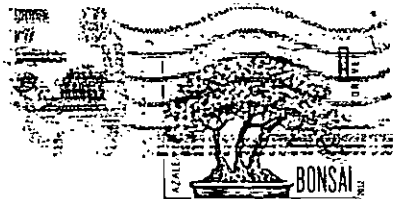
President



Secretary

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ELIZABETHVILLE PA 17023



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