

Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834

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TECHNICAL UTILITY SERVICES  
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## Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

RANDY P. HOFFMAN

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

RP HOFFMAN EXCAVATING

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

110 FEDEX RD  
Street Address

POCONO SUMMIT, PA 18346  
City, State and Zip Code

570-839-6500  
Telephone Number

MONROE  
County

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

2446 ROUTE 940  
Street Address

POCONO SUMMIT, PA 18346  
City, State and Zip Code

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5. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes No (circle one)

If yes, enter current docket number A-00 \_\_\_\_\_

7. What type of commodity do you intend to transport? AGGREGATE

8. **Form of Organization** (Check one that applies to this application)

**Individual**

**Partnership**

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

**Corporation**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

**LLC or LLP**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

**For Corporations:**

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

**For LLPs and LLCs Only:**

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

**For Partnerships Only:**

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

**For ALL Applicants:**

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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) or by the President or Secretary (if a corporation).

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

RANDY P. HOFFMAN  
(Print Name)



Item 2 - Schedule of Coverages and Covered Autos

COPY

This policy provides only those coverages where a charge 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 Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
<b>Liability Coverage</b> Combined Single Limits	01	\$1,000,000 Per Accident	7,055.00
<b>First Party Benefits</b> Medical Expense Benefits Work Loss Benefits Funeral Expense Benefits Accidental Death Benefits <b>Combination First Party Benefits</b> Accidental Death Benefits <b>Extraordinary Medical Expense</b>	05	up to \$5,000 per insured	127.00
<b>Uninsured Motorists (UM) -</b> Combined Single Limits Non Stacked	07	\$35,000 Per Accident	380.00
<b>Underinsured Motorists (UIM) -</b> Combined Single Limits Non Stacked	07	\$35,000 Per Accident	248.00
<b>Physical Damage Insurance</b>		Actual cash value or cost of repair, or the amount stated in the Declarations, whichever is less, minus deductible shown.	
Comprehensive	07 08	See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning.	496.00
Collision Rental Reimbursement Towing and Labor	07 08	See Item 3 for deductible for each covered auto.	1,782.00
Acts of Terrorism Municipal Taxes Other State Specific Charge		Excluded per signed rejection on file.	5.00
Fees Fees		State/Federal Filing Financial Responsibility	
<b>Premium for Endorsements</b>			

Your Estimated Total Policy Premium Is **10,088.00**

THIS IS NOT A BILL. Any outstanding balance due will be billed at a later date.

Named Insured: RANDY HOFFMAN DBA  
Policy No. CPP 2634225 Commercial Auto

BROSKY INSURANCE AGENCY INC  
1540 EAST RACE STREET  
ALLENTOWN, PA  
18109



Grange Mutual Casualty Company  
P.O. Box 1218  
Columbus, Ohio 43216-1218

(610) 264-3940  
Agent No. 37-01032-00  
insurance@broskyins.com  
www.broskyins.com

DBC  
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Named Insured and Address

Policy Type: *Commercial Package*

Reason Issued: *Renewal*  
Policy Number: *CPP 2634225-01*  
Issue Date: *04/20/12*

RANDY HOFFMAN DBA  
RP HOFFMAN EXCAVATING  
2446 ROUTE 940  
POCONO SUMMIT PA 18346

**From: 04/11/12 To: 04/11/13** 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the applications, the commercial lines policy jacket, common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy. 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.

Commercial Policy Declarations

Business Description *EXCAVATION CONTRACTOR*

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part(s)	Premium
COMMERCIAL AUTOMOBILE COVERAGE PART	\$10,254.00
COMMERCIAL PROPERTY COVERAGE PART	\$1,311.00
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$4,495.00
COMMERCIAL INLAND MARINE COVERAGE PART	\$5,542.00
Certified Acts of Terrorism Excluded, except for certain fire losses, per signed rejection on file.	

Your Estimated Total Policy Premium Is **\$21,602.00**

Premium does not include service charges.

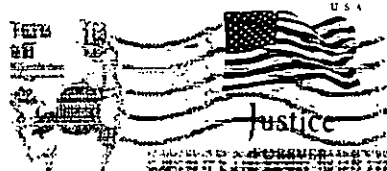
**THIS IS NOT A BILL.** Any outstanding balance due will be billed at a later date.

**R.P. HOFFMAN**

HC 89, Box 119,  
Pocono Summit, PA 18346

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