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2012 DEC -3 AM 10:46

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

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)

KANS, Inc.

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

KANS, Inc.

Fictitious name and Registration number (if applicable)

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

1246 Maiden Creek Rd.

Street Address

Fleetwood, PA 19522

City, State and Zip Code

610-310-1815

Telephone Number

Berks

County

This is not
a mailing
address

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

101 Fellowship Rd # 294

Street Address

Duochland, PA 19480

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?

Recyclables

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

23-3034592

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)
- 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.

Deborah Cicalante
 (Print Name)

Deborah Cicalante 11-21-12
 (Signature) (Date)

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PA P.U.C.
SECRETARY'S BUREAU



Policy Number
046CP00199

COMMON POLICY DECLARATIONS
SPARTA INSURANCE COMPANY

CITYPLACE II, 185 ASYLUM STREET, HARTFORD, CT 06103

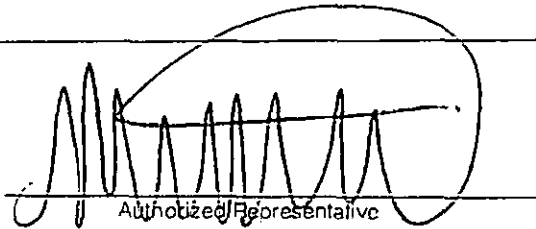
Item 1. Named Insured and Mailing Address	Agent Name and Address	
KANS, INC PO BOX 294 UWCHLAND PA 19480	Mattei Insurance Services, Inc. 701 Pike St. Suite 900 Seattle WA 98101	
	Agent No. 00026	
Item 2. Policy Period	From: 06-19-2012	To: 06-19-2013
at 12:01 A.M., Standard Time at your mailing address shown above.		
Item 3. Business Description:	Form of Business: CORPORATION	
Item 4.	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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.		
Coverage Part(s)		Premium
Commercial Property Coverage Part		NOT COVERED
Commercial General Liability Coverage Part	\$	590.00
Crime and Fidelity Coverage Part		NOT COVERED
Commercial Inland Marine Coverage Part		NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	\$	5,373.00
Commercial Garage Coverage Part		NOT COVERED
	Total Policy Premium \$	5,963.00
Item 5. Forms and Endorsements	Form(s) and Endorsement(s) made a part of this policy at time of issue:	
	See Schedule of Forms and Endorsements	

Countersigned:

Date:

2/19/12

By:


Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

CO-DEC (07/01)

INSURED



Policy Number
046CP00199

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

SPARTA INSURANCE COMPANY

Named Insured KANS, INC

Effective Date: 06-19-2012
12:01 A.M., Standard Time

Agent Name Mattei Insurance Services, Inc.

Agent No. 00026

Item 1. Business Description:

Item 2. Limits of Insurance

Coverage	Limit of Liability	
Aggregate Limits of Liability	\$ 2,000,000	Products/Completed Operations Aggregate
	\$ 2,000,000	General Aggregate (other than Products/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	\$ 1,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
		any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Damage To Premises Rented To You	\$ 100,000	
Coverage B - Personal and Advertising Injury Liability	\$ 1,000,000	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C - Medical Payments	5,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

Item 3. Retroactive Date

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here:

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of Premises

Forms of Business: CORPORATION
Location of All Premises You Own, Rent or Occupy:
See Schedule of Locations

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Item 6. Premiums

Coverage Part Premium:	\$ 590.00
Other Premium:	
Total Premium:	\$ 590.00

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.
GL-DEC (12/01)

POLICY NUMBER: 045CP00199

COMMERCIAL AUTO

SPARTA INSURANCE COMPANY BUSINESS AUTO DECLARATIONS

ITEM ONE

PRODUCER:
Mattei Insurance Services, Inc.

NAMED INSURED: KANS, INC

MAILING ADDRESS: PO BOX 294
UWCHLAND, PA 19480

POLICY PERIOD: From 06-19-2012 to 06-19-2013 at 12:01 A.M. Standard Time at your mailing address shown above

PREVIOUS POLICY NUMBER: NEW

FORM OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

INDIVIDUAL

PARTNERSHIP

OTHER _____

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.

Premium shown is payable at inception: \$ 5,373				
AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:


- IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)
- IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED

7/19/12
(Date)

BY


(Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE. ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

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 AUTOS	LIMIT	PREMIUM
LIABILITY	7, 8, 9	\$1,000,000	\$ 3,127
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$ 6
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	2	\$ 35,000	\$ 11
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$ 35,000	\$ 9
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	\$ 313
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 1,582
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	
TAX/SURCHARGE/FEE			
PREMIUM FOR ENDORSEMENTS			\$ 325
*ESTIMATED TOTAL PREMIUM			\$ 5,373.00

*This policy may be subject to final audit.



KANS, INC.
PO Box 294
Urechland, PH 19480



Justice
FOREVER

PA Public Utility Commission
PO Box 3265
Harrisburg, PA. 17105-3265



171053265