

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)

Savior Towing & Transport LLC

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)

3410 South St.

Street Address

Morgantown Pa 19543

City, State and Zip Code

215-294-7171 Berks

Telephone Number

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

RECEIVED
2013 APR -1 AM 12:09
PA P.U.C.
SECRETARY'S BUREAU

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?**

Autos

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

4135138

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)
- 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.

Kevin B. Smith
(Print Name)

(Signature)

3-25-2013
(Date)

Savior Towing & Transport LLC
owner

Kevin B. Smith 100% sole owner
3410 South Street
Morgantown PA, 19543

HUB INTERNATIONAL NORTHEAST
1805 LOUCKS ROAD, SUITE 300
YORK, PA

17408



Grange Indemnity Insurance Co.
P.O. Box 1218
Columbus, Ohio 43216-1218

DBC

(800) 220-3008
Agent No. 37-01029-00
stephanie.gladhill@hubinternational.com
www.hubinternational.com

Named Insured and Address

Policy Type: *Commercial AutoAccel*

Reason Issued: *New Business*
Policy Number: *XA 2002418-00*
Issue Date: *10/08/12*

SAVIOR TOWING & TRANSPORT, LLC
3410 SOUTH ST
MORGANTOWN PA 19543

From: **10/05/12** To: **10/05/13** 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the application, common policy conditions, forms and endorsements, if any, 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 Auto Coverage Part/Business Auto Coverage Form Declarations

Named Insured's Legal Entity Is: *LIMITED LIABILITY CO*

PLEASE SEE THE
NEXT PAGE
FOR A
BREAKDOWN
OF COVERAGES.

NAMED INSURED IS NOT ELIGIBLE FOR STACKED UNINSURED AND/OR UNDERINSURED MOTORISTS COVERAGE
COLLISION DAMAGE DOES NOT APPLY TO RENTAL VEHICLES

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

Your Estimated Total Policy Premium Is **\$ 4,696.00**
Premium does not include service charges.

Item 2 - 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 Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
Liability Coverage Combined Single Limits	07	\$300,000 Per Accident	\$ 2,807.00
First Party Benefits	07		
Medical Expense Benefits		up to \$5,000 per insured	64.00
Work Loss Benefits		up to \$1,000; max of \$5,000 per month	25.00
Funeral Expense Benefits		up to \$2,500 per insured	17.00
Accidental Death Benefits		up to \$5,000 per insured	16.00
Combination First Party Benefits			
Accidental Death Benefits			
Extraordinary Medical Expense			
Uninsured Motorists (UM) - Combined Single Limits Non Stacked	07	\$300,000 Per Accident	51.00
Underinsured Motorists (UIM) - Combined Single Limits Non Stacked	07	\$300,000 Per Accident	113.00
Physical Damage Insurance		Actual cash value or cost of repair, or the amount stated in the Declarations, whichever is less, minus deductible shown.	
Comprehensive	07	See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning.	188.00
Collision	07	See Item 3 for deductible for each covered auto.	646.00
Rental Reimbursement			
Towing and Labor			
On-Hook Towing		\$25,000 Per Accident	764.00
Acts of Terrorism			5.00
Municipal Taxes			
Other State Specific Charge			
Fees		State/Federal Filing	
Fees		Financial Responsibility	
Premium for Endorsements			

Your Estimated Total Policy Premium Is **\$ 4,696.00**
Premium does not include service charges.

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

Named Insured: SAVIOR TOWING & TRANSPORT, LLC
Policy No. XA 2002418 Commercial AutoAccel

Item 7 - Driver Information

Driver	Name	Sex	Marital Status	Date of Birth	Status
01	KEVIN B SMITH	Male	Married	09/30/80	

*EXC=Excluded **FR=Financial Responsibility

Named Insured: SAVIOR TOWING & TRANSPORT, LLC

Policy No. XA 2002418 Commercial AutoAccel

XA 241 (01-2006)



Corporations

[Online Services](#) | [Corporations](#) | [Forms](#) | [Contact Corporations](#) | [Business Services](#)

- Search
- By Business Name
- By Business Entity ID
- Verify
- Verify Certification
- Online Orders
- Register for Online Orders
- Order Good Standing
- Order Certified Documents
- Order Business List
- My Images
- Search for Images

Business Entity Filing History

Date: 9/20/2012 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
SAVIOR TOWING & TRANSPORT, LLC	Current Name

Limited Liability Company - Domestic - Information

Entity Number:	4135138
Status:	Active
Entity Creation Date:	9/19/2012
State of Business.:	PA
Registered Office Address:	3410 South St Morgantown PA 19543 Berks
Mailing Address:	No Address

Copyright © 2002 Pennsylvania Department of State. All Rights Reserved.
[Privacy Policy](#) | [Security Policy](#)



TRUCKER'S
PAPER TRAIL, INC.

745 G East Main Street
New Holland, PA 17557



Justice
FOREVER

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

17105326548009