

LEGISLATIVE RUSH

**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)

Thomas Robert Kronenwetter

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

T. R. Kronenwetter

Fictitious name and Registration number (if applicable)

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

126 Linwood Ave.

Street Address

St. Marys PA 15857

City, State and Zip Code

(814) 335-7313 or 781-3752 County EIK

Telephone Number

County

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

P.O. Box 7

Street Address

St. Marys PA 15857

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?

General commodities except household goods

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) _____

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

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- 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.

Thomas R. Kronenwetter
(Print Name)

Thomas R. Kronenwetter 5/13/13
(Signature) (Date)

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CONTINUATION NOTICE

Agent	ITEM 2. Policy Period	Policy Number
AA4157 STRAUB INS. AGY., INC.	06/03/13 TO 06/03/14	Q06 0330660 E7

ITEM 1. Named Insured and Address
 THOMAS ROBERT KRONENWETTER
 126 LINWOOD AVENUE
 PO BOX 7
 SAINT MARYS PA 15857-2709

ITEM 3. Other Interest
 AS LISTED BELOW

 * YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER *
 * AUTOS YOU, A PARTNER OR EXECUTIVE OFFICER RENT FOR 45 DAYS OR LESS. *
 * THIS IS SUBJECT TO LIMITS, TERMS AND CONDITIONS IN THE POLICY. *

ITEM 4. AUTOS COVERED

AUTO	YR	MAKE	VIN	ST	TER	SYM	CM	CL	RATING	CLASS
10	94	WHIT	CONVENTIO	4V2JCBJF9RR830573	PA	2N	46			2
11	00	HIRED	AUTOS	IF ANY	PA	2N				
12	00	NON-OWNED	AUTOS	0-25 EMPLS	PA	2N				

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

	# 10	# 11	# 12
M EQUALS THOUSAND \$			
LIABILITY PROTECTION-			
BODILY INJURY \$1000M/PERSON \$1000M/ACC	783		
PROPERTY DAMAGE \$1000M/ACC	595		
HIRED AUTOS LIABILITY-			
BODILY INJURY \$1000M/PERSON \$1000M/ACC		38	
PROPERTY DAMAGE \$1000M/ACC		11	
EMPLOYERS NON-OWNED AUTOS LIABILITY-			
BODILY INJURY \$1000M/PERSON \$1000M/ACC			45
PROPERTY DAMAGE \$1000M/ACC			11
FIRST PARTY BENEFITS-			
MEDICAL EXPENSE \$10M	13		
INCOME LOSS \$1M/MONTH, \$5M MAXIMUM	6		
ACCIDENTAL DEATH \$5M	2		
FUNERAL BENEFIT \$2.5M	2		
UNINSURED MOTORISTS COVERAGE-			
BOD INJ \$15M/PERSON \$30M/ACC-UNSTACKED	10		
UNDERINSURED MOTORISTS COVERAGE-			
BOD INJ \$15M/PERSON \$30M/ACC-UNSTACKED	12		
PHYSICAL DAMAGE COVERAGES-			
COMPREHENSIVE - \$1M DED	345		
COLLISION - \$1M DED	809		
TOTAL ANNUAL PREMIUM FOR EACH AUTO	2577	49	56
TOTAL ANNUAL POLICY PREMIUM	\$ 2,682		

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ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
 ALL AUTOS - CAP 04/96, ACPA01 05/13*, UF0190* 06/11, UFB304* 05/13*,
 UF2106* 04/08.
 AUTO 10 - AHPU01 11/11, ABPN01 10/98.

MISCELLANEOUS INFORMATION

VEHICLES - RADIUS OF OPERATIONS - 51-100 MILES

 010

ITEM 7. EACH AUTO WE INSURE WILL BE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN
 IN ITEM 1, UNLESS ANOTHER ADDRESS IS SHOWN BELOW.

ITEM 8. EACH AUTO WE INSURE IS USED IN THE BUSINESS AS SHOWN BELOW.

ITEM 8 HAULS CONTAINERS

ITEM 9. UNLESS OTHERWISE INDICATED BELOW, THE NAMED INSURED IS THE SOLE
 OWNER OF EACH AUTO WE INSURE.

LIENHOLDER FOR AUTO 10
 C N B
 PO BOX 42
 CLEARFIELD PA 16830-0042

DRIVER	BIRTH DATE
1 THOMAS KRONENWETTER	10/06/89

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER
 FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR
 MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT
 FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, AS ENACTED BY THE
 GENERAL ASSEMBLY, ONLY REQUIRE YOU TO PURCHASE LIABILITY AND
 FIRST-PARTY MEDICAL BENEFIT COVERAGES. ANY ADDITIONAL COVERAGE OR
 COVERAGES IN EXCESS OF THE LIMITS REQUIRED BY LAW ARE PROVIDED ONLY
 AT YOUR REQUEST AS ENHANCEMENTS TO BASIC COVERAGES.

	# 10
	ANNUAL PREMIUMS
BODILY INJURY \$15M/PERSON \$30M/ACC	348
PROPERTY DAMAGE \$5M/ACC	397
FIRST PARTY BENEFITS - MEDICAL EXPENSE \$5M	10

Q06 0330660

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ERIE INSURANCE EXCHANGE
COMMERCIAL INLAND MARINE POLICY

RENEWAL CERTIFICATE

Agent	ITEM 2. Policy Period	Policy Number
AA4157 STRAUB INS. AGY., INC.	05/20/13 TO 05/20/14	Q41 2030292 E

ITEM 1. Named Insured and Address	ITEM 3. Other Interest
THOMAS ROBERT KRONWETTER 126 LINWOOD AVE PO BOX 7 ST MARYS PA 15857-2709	

COVERAGE BEGINS AND ENDS AT 12.01 AM STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED.

WE COVER THE FOLLOWING CLASSES OF INLAND MARINE PROPERTY	AMOUNT OF INSURANCE	PREMIUM
MOTOR TRUCK CARGO COVERAGE	\$ 20,000	\$ INCL
R CYW TOTAL PREMIUM - - - - -		\$ 315.

SCHEDULE OF COVERAGES BY ITEM	AMOUNT OF INSURANCE
MOTOR TRUCK CARGO COVERAGE - COMPREHENSIVE PERILS \$500. DEDUCTIBLE	
OVER 100 MILE RADIUS OF ST MARYS, ELK CO, PA	
LEGAL LIABILITY	PER VEHICLE \$ 20,000 PER CASUALTY \$ 20,000
CARGO CARRIED - CONTAINERS	

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

See Reverse Side

Stephenm Straub