

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)

Fredrick W. Shunk

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

North East Trucking & Excavating Shunk d/b/a

Fictitious name and Registration number (if applicable)

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

11500 Damsite Road

Street Address

North East, PA 16428

City, State and Zip Code

814-725-0590

Telephone Number

Eric

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?

Agricultural Products

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)

Sole Proprietor 100% Owner

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

Sole Proprietor 100% Owner

- 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.

Fredrick W. Shynk
 (Print Name)

Fredrick W. Shynk
 (Signature)

5-1-2013
 (Date)

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MAY 01 2013

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**



Policy Q04-2130562 Declaration effective 04/21/2013

COMMERCIAL AUTO POLICY
NON-FLEET

CONTINUATION NOTICE

AA2121 EADES INSURANCE AGENCY 04/21/13 TO 04/21/14 Q04 2130562 E7
NORTH EAST TRUCKING AS LISTED BELOW
& ENDT #1
11500 DAMSITE RD
NORTH EAST PA 16428-5262

* 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	93	FREI TRCTR	1FUJ3ECB7PH490719	PA	4M				7	
11	97	TRAN FLTBD TRLR	1TTF4520XV2000502	PA	4M	M6			7	
12	68	RODG TRLR	13980	PA	4M	I6			7	
13	91	FORD DUMP TRK	1FTYR90L0MVA04985	PA	4M	U6			7	
14	94	FREI TRCTR	1FUJDZYB2RP489516	PA	4M	16			7	
15	95	TRAN TRLR	1TTF4520XS1047305	PA	4M	N6			7	

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

M EQUALS THOUSAND \$	# 10	# 11	# 12	# 13	# 14	# 15
LIABILITY PROTECTION-						
BOD INJ & PROP DAMAGE \$1000M/ACC	801	72	72	749	801	72
FIRST PARTY BENEFITS-						
MEDICAL EXPENSE \$5M	11			11	11	
INCOME LOSS \$1M/MONTH, \$5M MAXIMUM	6			6	6	
UNINSURED MOTORISTS COVERAGE-						
BODILY INJURY \$35M/ACC-UNSTACKED	13			13	13	
UNDERINSURED MOTORISTS COVERAGE-						
BODILY INJURY \$35M/ACC-UNSTACKED	18			18	18	
PHYSICAL DAMAGE COVERAGES-						
COMPREHENSIVE - \$1M DED				68	180	
COMPREHENSIVE - \$500 DED		30	18			33
COLLISION - \$1M DED				240	454	
COLLISION - \$500 DED		83	53			88
TOTAL ANNUAL PREMIUM FOR EACH AUTO	849	185	143	1105	1483	193
TOTAL ANNUAL POLICY PREMIUM	\$ 3,958					

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
ENDORSEMENT 1

IT IS AGREED THAT NAMED INSURED SHALL READ AS FOLLOWS:
NORTH EAST TRUCKING & EXCAVATING
FREDERICK W SHUNK D/B/A

ALL AUTOS - CAP 04/96, ACPA01 03/09, UF0190* 06/11, UF2106* 04/08.
AUTO 10 - AHPU01 11/11, ABPN01 10/98.
AUTO 13 - AHPU01 11/11, ABPN01 10/98.
AUTO 14 - AHPU01 11/11, ABPN01 10/98.

MISCELLANEOUS INFORMATION

TRUCKS TRACTORS TRAILERS RADIUS OF OPERATIONS
50 MILES UNLESS OTHERWISE SPECIFIED

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 EXCAVATION

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

LIENHOLDER FOR AUTO 11
 NORTHWEST SAVINGS BANK ISAOA
 PO BOX 786
 WARREN PA 16365-0786
 LIENHOLDER FOR AUTO 13
 NORTHWEST SAVINGS BANK ISAOA
 PO BOX 786
 WARREN PA 16365-0786
 LIENHOLDER FOR AUTO 15
 NORTHWEST SAVINGS BANK ISAOA
 PO BOX 786
 WARREN PA 16365-0786

LIENHOLDER FOR AUTO 12
 NORTHWEST SAVINGS BANK ISAOA
 PO BOX 786
 WARREN PA 16365-0786
 LIENHOLDER FOR AUTO 14
 NORTHWEST SAVINGS BANK ISAOA
 PO BOX 786
 WARREN PA 16365-0786

ERIE INSURANCE EXCHANGE
 COMMERCIAL AUTO POLICY
 NON-FLEET

CONTINUATION NOTICE

AA2121 EADES INSURANCE AGENCY 04/21/13 TO 04/21/14 Q04 2130562 E7
 NORTH EAST TRUCKING
 & ENDT #1
 11500 DAMSITE RD
 NORTH EAST PA 16428-5262

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	# 11	# 12	# 13	# 14	# 15
	ANNUAL PREMIUMS					
BODILY INJURY \$15M/PERSON \$30M/ACC						
PROPERTY DAMAGE \$5M/ACC	205	19	19	192	205	19
FIRST PARTY BENEFITS - MEDICAL EXPENSE \$5M	219	20	20	205	219	20



Policy Q45-2530216 Declaration effective 09/25/2012

ERIE INSURANCE EXCHANGE
COMMERCIAL INLAND MARINE POLICY

RENEWAL CERTIFICATE

AA2121 EADES INSURANCE AGENCY 09/25/12 TO 09/25/13 Q45 2530216 E
NORTH EAST TRUCKING
& ENDT #1
11500 DAMSITE RD
NORTH EAST PA 16428-5262

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

WE COVER THE FOLLOWING CLASSES	AMOUNT OF	PREMIUM
OF INLAND MARINE PROPERTY	INSURANCE	\$ INCL
MOTOR TRUCK CARGO COVERAGE	\$ 10,000	\$ 102.
R CYW	TOTAL PREMIUM - - - - -	AMOUNT OF
		INSURANCE

SCHEDULE OF COVERAGES BY ITEM

MOTOR TRUCK CARGO COVERAGE - COMPREHENSIVE PERILS -
\$500. DEDUCTIBLE
UNDER 100 MI RADIUS OF NORTH EAST, PA
OWNERS COVERAGE AND LEGAL LIABILITY

PER VEHICLE	\$ 10,000
PER CASUALTY	\$ 10,000

CARGO CARRIED: GRAPES FOR HARVEST
CARRIERS:

. VARIOUS BORROWED/LEASED TRAILERS - SEE SCHEDULE UNDER
AUTO POLICY Q04 2130562
APPLICABLE FORMS - SEE SCHEDULE OF FORMS

ENDORSEMENT #1

IT IS AGREED THAT THE NAMED INSURED SHALL READ AS FOLLOWS -
NORTH EAST TRUCKING & EXCAVATING
FREDRIK W SHUNK D/B/A

ERIE INSURANCE EXCHANGE
COMMERCIAL INLAND MARINE POLICY

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NORTH EAST TRUCKING
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SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
CIM	02/02	COMMERCIAL INLAND MARINE POLICY
MT2010C	11/05	MOTOR TRUCK CARGO OWNERS AND TRUCKMENS COVERAGE - COMPREHENSIVE PERILS - OWNERS COVERAGE AND/OR LEGAL LIABILITY FOR CARGO IN TRANSIT
GU15	12/85	PENNSYLVANIA NOTICE
GU18	01/96	PENNSYLVANIA AMENDATORY ENDORSEMENT
GU44	03/01	PENNSYLVANIA AMENDATORY ENDORSEMENT
CIMDTF	10/98	DATE OR TIME FAILURE EXCLUSION
IL0952	01/08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IMAH	08/03	EXCLUSION - FUNGUS, WET ROT, DRY ROT, AND BACTERIA
ENDT1		LONG NAMED INSURED ENDORSEMENT
IL0985*	01/08	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
UF4810	03/08	IMPORTANT NOTICE-POLICY SERVICE FEES
UF4110	01/10	IMPORTANT NOTICE TO POLICYHOLDERS -TERRORISM COVERAGE-PROPERTY

ERIE INSURANCE EXCHANGE

COMMERCIAL INLAND MARINE POLICY

RENEWAL CERTIFICATE

AA2121 EADES INSURANCE AGENCY 09/25/12 TO 09/25/13 Q45 2530216 E
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& ENDT #1
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FORMS

CIM 0202 MT2010C GU15 GU18 GU44 CIMDTF IL0985* UF4110 IL0952 IMAH
UF4810 ENDT2
X017/073

MISCELLANEOUS INFORMATION

AA2121 EADES INSURANCE AGENCY
MOTOR TRUCK CARGO - RATE 1.015 - \$ 10,000 \$ 102.
CYW



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 5/1/13

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY EADES INSURANCE AGENCY 10418 W MAIN RD NORTH EAST, PA 16428-2860 (814)725-2222	AGENT'S NO. AA2108	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable in NY) Erie Indemnity Co., Attorney-In-Fact Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED NORTH EAST TRUCKING & ENDT #1 11500 DAMSITE RD NORTH EAST, PA 16428	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	FIRE DAMAGE (Any One Fire)	\$	MED EXP (Any One Person)	\$	PERSONAL & ADV. INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$
EACH OCCURRENCE	\$																
FIRE DAMAGE (Any One Fire)	\$																
MED EXP (Any One Person)	\$																
PERSONAL & ADV. INJURY	\$																
GENERAL AGGREGATE	\$																
PRODUCTS-COMP/OP AGG	\$																
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q04 2130562	4/21/13	4/21/14	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td>\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td>\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000				
BODILY INJURY (EACH PERSON)	\$																
BODILY INJURY (EACH ACCIDENT)	\$																
PROPERTY DAMAGE	\$																
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000																
<input type="checkbox"/>	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$				
EACH OCCURRENCE	\$																
AGGREGATE	\$																
	\$																
	\$																
<input type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><th colspan="3" style="text-align: center;">STATUTORY</th></tr> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">BODILY INJURY BY</td> <td style="width: 40%;">ACCIDENT</td> <td style="width: 50%;">\$ EACH ACCIDENT</td> </tr> <tr> <td>DISEASE</td> <td>\$ POLICY LIMIT</td> </tr> <tr> <td>DISEASE</td> <td>\$ EACH EMPLOYEE</td> </tr> </table>	STATUTORY			BODILY INJURY BY	ACCIDENT	\$ EACH ACCIDENT	DISEASE	\$ POLICY LIMIT	DISEASE	\$ EACH EMPLOYEE		
STATUTORY																	
BODILY INJURY BY	ACCIDENT	\$ EACH ACCIDENT															
	DISEASE	\$ POLICY LIMIT															
	DISEASE	\$ EACH EMPLOYEE															
<input checked="" type="checkbox"/>	OTHER Commercial Inland Marine	Q45 2530216	9/25/12	9/25/13	10000												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Insured has \$1000000 single combined limits on his commercial auto and \$10000 cargo coverage.

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

NAME AND ADDRESS OF CERTIFICATE HOLDER Commonwealth of Pennsylvania Public Utilities Commissions PO Box 3265 Harrisburg, PA 17105	AUTHORIZED REPRESENTATIVE
--	--------------------------------------

LONG NAME INSURED:

North East Trucking & Excavating
Fredrick W Shunk d/b/a
11500 Damsite Road
North East, PA 16428

Fredrick W. Shunk
11500 Damsite Road
North East, PA 16428

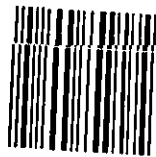
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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



1006



17105

U.S. POSTAGE
PAID
NORTH EAST, PA
16428
MAY 01, 13
AMOUNT

\$5.60
00060897-04

USPS TRACKING NUMBER



9505 5106 0897 3121 5978 23

The Secretary
Pennsylvania Public Utilities Commission
PO Box 3265
Harrisburg, PA 17105-3265