

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

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2013 JUN 24 AM 11:41  
PA P.U.C.  
SECRETARY'S BUREAU

A-2013-2370656

**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)

Daniel Thomas Transportation, LLC UCH 8915834

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)

45 Terry Drive  
Street Address

Traverse Pa 19053  
City, State and Zip Code

215-322-3141  
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

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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?

\_\_\_\_\_  
\_\_\_\_\_

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

46-2076662  
\_\_\_\_\_  
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

**10. ATTACHMENT CHECKLIST – Please review carefully to ensure that all necessary documents are included with the application.**

- 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 AND VERIFICATION – 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, a member (if a limited liability company), or by any officer (if a corporation).**

**Please complete all pertinent parts of the application.  
If you need help, you may call 717-787-1227.**

- 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**

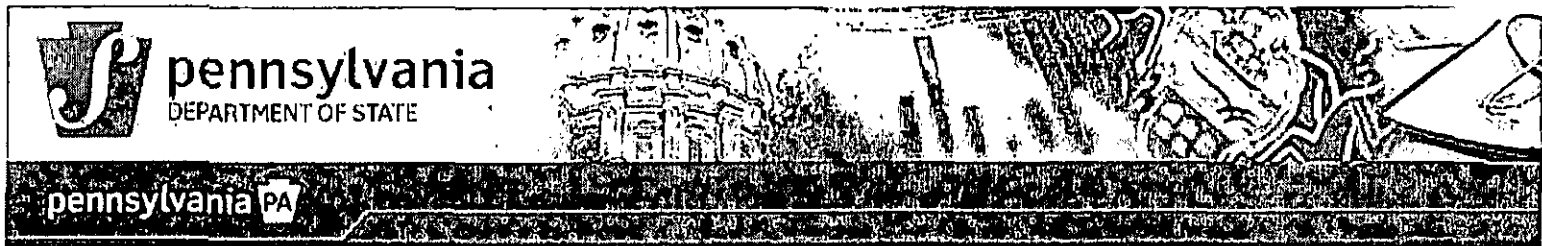
The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

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 McWAMEE*  
 \_\_\_\_\_  
 (Print Name)

*[Signature]*
*4.10.13*  
 \_\_\_\_\_  
 (Signature) (Date)



## Corporations

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### Business Entity Filing History

**Date:** 5/15/2013 (Select the link above to view the Business Entity's Filing History)

#### Business Name History

Name	Name Type
Daniel Thomas Transportation LLC	Current Name

#### Limited Liability Company - Domestic - Information

<b>Entity Number:</b>	4167553
<b>Status:</b>	Active
<b>Entity Creation Date:</b>	2/20/2013
<b>State of Business.:</b>	PA
<b>Registered Office Address:</b>	45 Terry Drive Trevose PA 19056 Bucks
<b>Mailing Address:</b>	No Address

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# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
2/20/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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).

<b>PRODUCER</b> WASHINGTON INS GROUP LLC 1120 Taylorsville Road Washington Crossing, PA 18977 473873	<b>CONTACT NAME:</b> _____
	PHONE (A/C, No, Ext): (215) 321-4990      FAX (A/C, No) 215-321-0224 E-MAIL ADDRESS: howard@crossinginsurance.com
<b>INSURED</b> DANIEL THOMAS AUTO TRANSPORT LLC  45 Terry Drive Treose-Feasterville, PA 19053	INSURER(S) AFFORDING COVERAGE      NAIC#
	INSURER A: GRANGE INSURANCE CO      10322
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Avy one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			XA 2014010	2/20/13	2/20/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If y/n, describe under DESCRIPTION OF OPERATIONS below		N/A				W/C STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Auto Transport Company: 2005 Freightliner 1FUBA5CG85LU01872

MAY - 3 2013

PA PUBLIC UTILITY COMMISSION  
 SECRETARY'S BUREAU

<b>CERTIFICATE HOLDER</b>  Daniel Thomas Leasing 45 Terry Drive Feasterville PA 19053-6517	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
--	--

**NEW**

Renewal of Number

# United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Customer Copy

POLICY DECLARATIONS

No. CL 1597942

NAMED INSURED AND ADDRESS:

**DANIEL THOMAS TRANSPORTATION, LLC**

45 TERRY DRIVE

TREVOSE, PA 19053

POLICY PERIOD: (MO. DAY YR.) From: 03/14/2013 To: 03/14/2014

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Limited Liability Company

BUSINESS DESCRIPTION: Trucker

**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.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

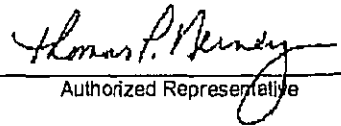
	PREMIUM
Commercial Liability Coverage Part	
Wholesaler Broker Fee	\$
<b>TOTAL:</b>	

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue  
**See Endorsement EOD (1/95)**

Agent: TRI-STATE GENERAL INSURANCE AGENCY, LTD. (1720)  
P.O. Box 2719  
Salisbury, MD 21802-2719

Issued: 03/19/2013 6:37 AM

Broker: Washington Crossing Insurance Group, LLC  
1120 Taylorsville Road  
Washington Crossing, PA 18977

By:   
Authorized Representative

UPD (08-07) THESE DECLARATIONS TOGETHER WITH THE 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.



**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Policy No. **CL 1597942**

Effective Date: **03/14/2013**  
12:01 AM STANDARD TIME

**LIMITS OF INSURANCE**

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000

**LIABILITY DEDUCTIBLE** \$0

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Location	Address	Territory
1	45 Terry Drive, Trevoese, PA 19053	007

**PREMIUM COMPUTATION**

Loc	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
1	Truckers	99793	1 Per Unit	Included		Included	

**MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:** .

**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:** .

(This Premium may be subject to adjustment.) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

**See Form EOD (01/95)**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

## EXTENSION OF DECLARATIONS

Policy No. CL 1597942

Effective Date: 03/14/2013

12:01 AM STANDARD TIME

### FORMS AND ENDORSEMENTS

The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2136	03/05	Exclusion - New Entities
CG2139	10/93	Contractual Liability Limitation
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/08	Exclusion Of Certified Acts Of Terrorism
CG2294	10/01	Excl - Damage To Work Performed By Subcontractors On Your Behalf
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
IL0166	09/07	Pennsylvania Changes - Actual Cash Value
IL0172	09/07	Pennsylvania Changes
IL0246	09/07	Pennsylvania Changes - Cancellation And Nonrenewal
IL0910	12/03	Pennsylvania Notice
L-224	10/10	Punitive Or Exemplary Damages Exclusion
L-232s	09/05	Classification Limitation Endorsement
L-441	12/03	Ice And Snow Exclusion
L-500	02/11	Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors, And Subcontractors
L-599	10/07	Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
L-610	11/04	Expanded Definition Of Bodily Injury
L-731	10/09	Mobile Equipment Exclusion
L-745	07/10	Transportation - Absolute Aircraft, Auto Or Watercraft Exclusion
LLQ100	07/06	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
TRIADN	01/08	Disclosure Notice Of Terrorism Insurance Coverage
Jacket	09/10	Commercial Insurance Policy Jacket

PA OPEN FOR BUSINESS

215-322-3143

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2. This enterprise is organized for profit

3. This enterprise is not exempt from taxation under internal revenue code section 501(C)(3).

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**SECTION 6 OWNERS, PARTNERS, SHAREHOLDERS, OFFICERS, RESPONSIBLE PARTY INFORMATION**

Provide the following for All individual and/or enterprise owners, partners, shareholders, officers and responsible parties.

If Stock Is Publicly Traded, provide the following for any shareholder with an equity position of 5% or more.

**INDIVIDUAL**

1. Name : THOMAS MCNAMEE  
 2. Social Security Number :  
 3. Date of birth :  
 4. Federal EIN :  
 5. Type : Member Manager Organizer  
 6. Title :  
 7. Effective date of title :  
 8. Percentage of ownership :  
 9. Effective date of ownership :  
 10. Home address (street) :  
     Address1 : 25 TULIP LANE  
     Address2 :  
     City/Town : LANGHORNE  
     County :  
     State : Pennsylvania  
     Country : UNITED STATES OF AMERICA  
     Zip Code + 4 : 19053  
 11. This person is responsible to remit/maintain :

Employer Withholding  
 Workers' Compensation Coverage

**INDIVIDUAL**

1. Name : PATRICK D MCNAMEE  
 2. Social Security Number :  
 3. Date of birth :  
 4. Federal EIN :  
 5. Type : Member  
 6. Title :  
 7. Effective date of title :  
 8. Percentage of ownership :  
 9. Effective date of ownership :  
 10. Home address (street) :

PA OPEN FOR BUSINESS

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Address1 : 2 CHAD CT  
 Address2 :  
 City/Town : LITIZ  
 County : Lancaster  
 State : Pennsylvania  
 Country : UNITED STATES OF AMERICA  
 Zip Code + 4 : 17543

11. This person is responsible to remit/maintain :

Employer Withholding

Workers' Compensation Coverage

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**SECTION 7 ESTABLISHMENT BUSINESS ACTIVITY INFORMATION**

NAICS Codes	%	Description
488510	100	TRANSPORTATION SERVICES
Total	100	

2. Enter the percentage that this establishment's receipts or revenues represent of the total PA receipts or revenues of the enterprise. \_\_\_\_\_ %
3. Establishments engaged in construction *must* enter the percentage of construction activity that is new and/or renovative and the percentage of construction activity that is residential and/or commercial

% New	+ % Renovative	= 100%
% Residential	+ % Commercial	= 100%

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**SECTION 8 ESTABLISHMENT SALES INFORMATION**

- The establishment is **not** selling taxable products or offering taxable services to consumers from a location in **Pennsylvania**.
- The establishment is **not** selling cigarettes in **Pennsylvania**.
- Counties in **Pennsylvania** where this establishment is conducting taxable sales activity(ies).

County:

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**SECTION 9 ESTABLISHMENT EMPLOYMENT INFORMATION**

Part 1

- This establishment **does** employ individuals who work in **Pennsylvania**.
  - Date wages first paid: 03/15/2013
  - Date wages resumed when following a break in employment:
  - Total number of employees: 1
  - Number of employees primarily working in new construction:
  - Number of employees primarily working in renovative construction:
  - Estimated gross wages per quarter: \$ 6000.00
  - Name of workers' compensation insurance company:

1. Policy number:                      Effective start date:                      End date:

DJ

45 Terry Drive

Truax, Pa 19053



Commonwealth of Pennsylvania

P.O. Box 3245

Harrisburg, Pa 17105-3245