

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

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BUREAU OF
TECHNICAL UTILITY SERVICES

2013 JUN -4 AM 11:35

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Luke Didden

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

LD Trucking

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

781 New Schaefferstown Rd
Street Address

Berksville, PA 19506
City, State and Zip Code

484 2500 3453
Telephone Number

Berks
County

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

Street Address

City, State and Zip Code

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PA PUC
SECRETARY'S BUREAU

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00 _____

7. What type of commodity do you intend to transport? _____

_____ mattresses/Bottled water, general freight _____

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

For ALL Applicants:

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/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.

Luke Didden
(Print Name)

5/23/13

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

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 PA. P.U.C.
 SECRETARY'S BUREAU

Name <u>Luke Didden</u>		
Address <u>781 New Schaefferstown Rd</u>		
City <u>Beruville</u>	State <u>PA</u>	Zip Code <u>19526</u>

Document will be returned to name and address you enter to the left.



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
LD Trucking

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Trucking

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

<u>781 New Schaefferstown Rd</u>	<u>Beruville</u>	<u>PA</u>	<u>19526</u>	<u>Berks</u>
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
<u>Luke Didden</u>	<u>781 New Schaefferstown Rd</u>	<u>Beruville</u>	<u>PA</u>	<u>19526</u>
<u>Stacey Didden</u>	<u>781 New Schaefferstown Rd</u>	<u>Beruville</u>	<u>PA</u>	<u>19526</u>

5. Each entity, other than an individual, interested in such business is (are):


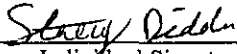
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

23 day of May, 2013.

 Individual Signature	Individual Signature
 Individual Signature	Individual Signature
Entity Name	Entity Name
Signature	Signature
Title	Title

PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

Named insured

LUKE DIDDEN
LD TRUCKING
781 NEW SCHAEFFERSTO
BERNVILLE, PA 19506

Policy number: 02221151-0

Underwritten by:
United Financial Casualty Company
May 21, 2013
Policy Period: May 20, 2013 - Nov 20, 2013
Page 1 of 3

progressive.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of May 20, 2013 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on November 20, 2013 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1652PA (03/11), Z434 (08/11), Z440 (06/10), MCS90 (10/99), 4717 (02/11), 4881PA (03/11), 4852PA (10/04) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$8,395
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Basic First Party Benefit - Full Tort			50
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefits	Rejected		--
Funeral Expense Benefits	Rejected		--
Accidental Death Benefits	Rejected		--
Trailer Interchange	\$30,000	\$2,000	1,060
Subtotal policy premium			\$9,505

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$2,500	\$1,027
Refrigeration Breakdown	included in Motor Truck Cargo Limit	\$2,500	included
Subtotal policy premium			\$1,027
Fees			35
Total 6 month policy premium and fees			\$10,567

Rated driver

- LUKE DIDDEN

Rated commodities

- FURNITURE (NEW)
- OTHER FOOD & BEVERAGES

Auto coverage schedule

- 1988 Intl CF6**
VIN: 1HSRDGURS1H551676 Garaging Zip Code: 19506 Radius: 200

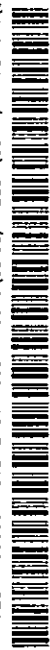
Liability Premium	Liability	PIP	Auto Total
	\$8,021	\$45	\$8,066

- NON Owned Attached Trlr ****
VIN: NONE Garaging Zip Code: 19506 Radius: 200

Liability Premium	Liability	PIP	Auto Total
	\$374	\$5	\$379

** Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

PATLG04K 000032 015 C 014 005 < 0040 (09/06) * 2364 (08/11) * 1781 PA (03/11) ^



Premium discounts

Policy

02221151-0

CDL Experience and Paid In Full

Penalty for Insurance Fraud

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rejected Coverage

This policy does not provide protection against damages caused by uninsured or underinsured motorists.

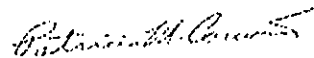
Information Regarding Your Premium

A surcharge of \$3,434.00 due to violations or accidents is included in the total policy premium.

Company officers



President

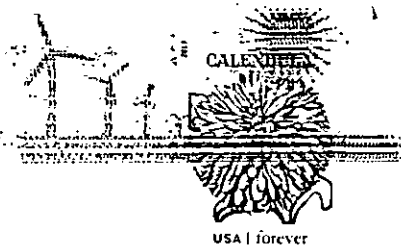


Secretary

Like Didden
781 New Schreffers town Rd.
Barnville PA 19566

HARRISBURG PA 171

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