

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

RECEIVED  
2013 JUL 22 AM 10:34  
PA.P.U.C.  
SECRETARY'S BUREAU

## **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)

The Harriman Corp.

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)

325 Eisenhower Drive

Street Address

Orwigsburg, PA 17961

City, State and Zip Code

570-366-2960

Telephone Number

Schuylkill

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

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?

Construction Equipment

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

2075562  
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

**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.

Lisa Lickman  
(Print Name)

(Signature)

July 15, 2013

(Date)

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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)

**THE HARRIMAN CORP.**

325 Eisenhower Drive, Orwigsburg, PA 17961

570-366-2960 / 888-727-8460 (fax)

[lisa@thelickmangroup.com](mailto:lisa@thelickmangroup.com)

July 15, 2013

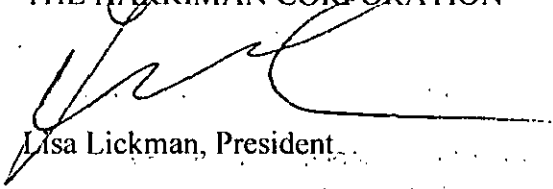
PA PUC  
PO Box 3265  
Harrisburg, PA 17105-3265

To Whom It May Concern:

This letter is written as an attachment to my Application for Motor Common Carrier of Property. I am the only stockholder of the applicant company.

If you need anything else, please let me know.

Very truly yours,  
THE HARRIMAN CORPORATION



Lisa Lickman, President

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308, NORTH OFFICE BUILDING  
HARRISBURG, PENNSYLVANIA 17120

271

5/27/92

HARRIMAN CORPORATION THE

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

ENTITIES ACTING AS PROFESSIONAL FUNDRAISING CONSULTANTS OR PROFESSIONAL SOLICITORS ON BEHALF OF CHARITIES SOLICITING CONTRIBUTIONS WITHIN THE COMMONWEALTH OF PENNSYLVANIA MUST REGISTER WITH THE DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS, ROOM 308, NORTH OFFICE BUILDING, HARRISBURG, PENNSYLVANIA 17120-0029 (717/783-1720).

ENTITY NUMBER: 2075562

MICROFILM NUMBER: 09226

1719-1720

ST CLAIR & ASSOCIATES PC  
ATTN: LINDA D FENNINGER  
1 NORWEGIAN PLAZA  
POTTSVILLE, PA 17901

**AMENDED - BUSINESS AUTO COVERAGE FORM DECLARATIONS**

**ITEM ONE**

NAMED INSURED

THE HARRIMAN CORP.  
325 EISENHOWER DRIVE  
ORWIGSBURG PA 17961

AGENT (570-622-1424)

KERWICK INSURANCE AGENCY INC  
1762 WEST MARKET STREET  
POTTSVILLE PA 17901

THIS AMENDED DECLARATION EFFECTIVE 6/24/2013 SUPERSEDES ANY PRIOR DECLARATION.  
REASON: CHANGE LOSS PAYEE / AI  
FORM OF BUSINESS: Corporation

POLICY NUMBER	COVERAGE PERIOD	BILL PLAN	AMENDMENT DATE
3391920	3/23/2013 AT 12:01 AM UNTIL 3/23/2014 12:01 AM	12 MO '20.00% DP 9 IN	6/24/2013

**ITEM TWO  
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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

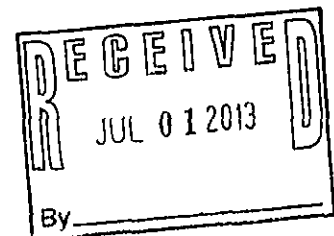
**THIS POLICY DOES NOT PROVIDE COVERAGE FOR COLLISION DAMAGE TO RENTAL VEHICLES.**

COVERAGES	COVERED AUTOS Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$1,000,000 CSL EA AC	\$6,264.00
MEDICAL EXPENSE BENEFIT	7	\$50,000 EA PERSON W/O WRKCOMP	\$555.00
INCOME LOSS BENEFIT			\$0.00
TOTAL EXPENSE BENEFIT			\$0.00
ACCIDENTAL DEATH BENEFIT			\$0.00
COMBINATION BENEFITS			\$0.00
EXTRAORDINARY MEDICAL EXPENSE			\$0.00
UNINSURED MOTORIST BODILY INJURY (NONSTACKED)	7	\$35,000 SL EA AC	\$94.00
UNDERINSURED MOTORIST BODILY INJURY (NONSTACKED)	7	\$35,000 SL EA AC	\$168.00
PHYSICAL DAMAGE COMPLEMENTARY COVERAGE	7	See Schedule of Covered Autos for Stated Amount and Deductible.	\$86.00
PHYSICAL DAMAGE THEFT & THEFT W/ VAG	7	See Schedule of Covered Autos for Stated Amount and Deductible.	\$152.00
PHYSICAL DAMAGE COLLISION COVERAGE	7	See Schedule of Covered Autos for Stated Amount and Deductible.	\$1,154.00
ENTRANCE COVERAGE		See Schedule of Covered Autos for Limit and Deductible.	\$0.00
			\$0.00
			\$0.00
WARNERS & ADDITIONAL INSURED LITES			\$0.00
			\$15.00
<b>TOTAL TERM PREMIUM &amp; FEES</b>			<b>\$8,488.00</b>
<b>CHANGE THIS TRANSACTION</b>			<b>\$0.00</b>

Your Premium has been discounted by the following:  
RENEWAL DISCOUNT #1

\$432

*Joseph E. Kerwick*  
Countersigned by



ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:

CC500371002	Business Auto Coverage Form Dec	CC575371205	
CE200371002	Pennsylvania Amendatory Endorsement	CE225990297	Nuclear Energy Liability Exclusion
CE245990297	Radius - Limitation of Use	CE401370105	Cancellation and Nonrenewal
CP101371205	Commercial Automobile Policy	CC535371205	
CE361371002	Underinsured Motorists Insurance -	CE365371002	Uninsured Motorists Insurance - Non

HIRED AUTO: Rate Per \$100 Cost of Hire: \$.000 Estimated Cost of Hire:  
 EMPLOYERS NONOWNERSHIP LIABILITY: Number of Employees:

LOSS PAYEE SCHEDULE:

A "Loss Payee Endorsement" has been issued naming the following entities:

Veh #	Name	Address	City/State	Zip	Date Added
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ADDITIONAL INSURED SCHEDULE:

An "Additional Insured Endorsement" has been issued naming the following entities:

Name	Address	City/State	Zip	Date Added
LONDONDERRY TOWNSHIP, DAUPHIN COUNT	783 SOUTH GEYERS CHURCH R	MIDDLETOWN	PA 17057	2013-06/24
HUMMELSTOWN BOROUGH, DAUPHIN COUNT	136 SOUTH HANOVER ST	HUMMELSTOWN	PA 17036	2013-06/24
HERBERT, ROWLAND & GRUBIC, INC	369 EAST PARK DRIVE	HARRISBURG	PA 17111	2013-06/24
SDL CONSTRUCTION LLC	325 EISENHOWER DR	ORWIGSBURG	PA 17961	2013-06/24

ADDITIONAL INSURED LESSOR SCHEDULE:

An "Additional Insured Lessor Endorsement" has been issued naming the following entities:

Veh #	Name	Address	City/State	Zip	Date Added
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WAIVER OF SUBROGATION SCHEDULE:

A "Waiver of Subrogation" has been issued naming the following entities:

Name	Address	City/State	Zip	Date Added
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EN  
FF



Ms. Lisa Lickman  
325 Eisenhower Dr  
Orwigsburg, PA 17961-1607

**ZIP CODE**



B30111.24

**\$0.460**

US POSTAGE  
FIRST-CLASS  
062S0000943383  
17961



PA PUC

PO BOX 3265

HARRISBURG PA 17105-3265

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