

**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)

BOOTH TRUCKING CORPORATION

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

BOOTH TRUCKING CORPORATION

**Fictitious name and Registration number** (if applicable)

\_\_\_\_\_

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

203 BUCHANAN AVE  
Street Address  
EDGEWATER PARK NEW JERSEY 0806  
City, State and Zip Code  
609-387-4146 Burlington  
Telephone Number County

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

\_\_\_\_\_

\_\_\_\_\_

5. **Attorney** (if applicable)

\_\_\_\_\_

\_\_\_\_\_

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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?**

STONE -

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

4205294  
\_\_\_\_\_  
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

- 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.

WINDA BOOTH  
(Print Name)

Winda Booth 8-13-13  
(Signature) (Date)

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
[WWW.CORPORATIONS.STATE.PA.US/CORP](http://WWW.CORPORATIONS.STATE.PA.US/CORP)

BOOTH TRUCKING CORPORATION

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT [WWW.CORPORATIONS.STATE.PA.US/CORP](http://WWW.CORPORATIONS.STATE.PA.US/CORP) OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4205294

*Booth Trucking & Construction Inc.  
203 Buchanan Ave. Edgewater Park, NJ 08010  
Chris 609-828-3938 Noel 609-828-5761  
Fax 609-387-1952 E-Mail BTC.CORP@Yahoo.com*

## **STOCKHOLDERS**

- 1. LINDA BOOTH    PRESIDENT    94%**
  
- 2. CHRISTOPHER BOOTH    VICE PRESIDENT    3%**
  
- 3. F. NOEL BOOTH    SECRETARY/TREASURER    3%**

USDOT Number  MC/MX Number  Name

Enter Value:

**Company Snapshot**

**BOOTH TRUCKING CORP**  
USDOT Number: 1216626

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

Other Information for this Carrier

- ▼ [SMS Results](#)
- ▼ [Licensing & Insurance](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 08/13/2013.

<b>Entity Type:</b>	Carrier																																
<b>Operating Status:</b>	ACTIVE	<b>Out of Service Date:</b>	None																														
<b>Legal Name:</b>	BOOTH TRUCKING CORP																																
<b>DBA Name:</b>																																	
<b>Physical Address:</b>	203 BUCHANAN AVE BEVERLY, NJ 08010																																
<b>Phone:</b>	(609) 387-4146																																
<b>Mailing Address:</b>	203 BUCHANAN AVE BEVERLY, NJ 08010																																
<b>USDOT Number:</b>	1216626	<b>State Carrier ID Number:</b>																															
<b>MC/MX/FF Number(s):</b>		<b>DUNS Number:</b>	-																														
<b>Power Units:</b>	4	<b>Drivers:</b>	4																														
<b>MCS-150 Form Date:</b>	07/29/2013	<b>MCS-150 Mileage (Year):</b>	245,000 (2012)																														
<b>Operation Classification:</b>																																	
<input checked="" type="checkbox"/> Auth. For Hire      Priv. Pass.(Non-business)      State Gov't <input type="checkbox"/> Exempt For Hire      Migrant      Local Gov't <input type="checkbox"/> Private(Property)      U.S. Mail      Indian Nation <input type="checkbox"/> Priv. Pass. (Business)      Fed. Gov't																																	
<b>Carrier Operation:</b>																																	
<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Only (HM) <input type="checkbox"/> Intrastate Only (Non-HM)																																	
<b>Cargo Carried:</b>																																	
<table border="0"> <tr> <td>General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td>Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td>Metal: sheets, coils, rolls</td> <td>Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td>Motor Vehicles</td> <td>Oilfield Equipment</td> <td>Beverages</td> </tr> <tr> <td>Drive/Tow away</td> <td>Livestock</td> <td>Paper Products</td> </tr> <tr> <td>Logs, Poles, Beams, Lumber</td> <td>Grain, Feed, Hay</td> <td>Utilities</td> </tr> <tr> <td>Building Materials</td> <td>Coal/Coke</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td>Mobile Homes</td> <td>Meat</td> <td><input checked="" type="checkbox"/> Construction</td> </tr> <tr> <td>Machinery, Large Objects</td> <td>Garbage/Refuse</td> <td>Water Well</td> </tr> <tr> <td>Fresh Produce</td> <td>US Mail</td> <td><input checked="" type="checkbox"/> SALTSANDSTONE</td> </tr> </table>				General Freight	Liquids/Gases	Chemicals	Household Goods	Intermodal Cont.	Commodities Dry Bulk	Metal: sheets, coils, rolls	Passengers	Refrigerated Food	Motor Vehicles	Oilfield Equipment	Beverages	Drive/Tow away	Livestock	Paper Products	Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities	Building Materials	Coal/Coke	Agricultural/Farm Supplies	Mobile Homes	Meat	<input checked="" type="checkbox"/> Construction	Machinery, Large Objects	Garbage/Refuse	Water Well	Fresh Produce	US Mail	<input checked="" type="checkbox"/> SALTSANDSTONE
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**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

US Inspection results for 24 months prior to: 08/13/2013

Total Inspections: 8  
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

**Inspections:**

Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	4	8	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	%	0%
Nat'l Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

**Crashes reported to FMCSA by states for 24 months prior to: 08/13/2013**

**Note:** Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

**Crashes:**

Type	Fatal	Injury	Tow	Total
Crashes	0	0	1	1

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

**Canadian Inspection results for 24 months prior to: 08/13/2013**

Total inspections: 0

**Note:** Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

**Inspections:**

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

**Crashes results for 24 months prior to: 08/13/2013**

**Note:** Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

**Crashes:**

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

*The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.*

**Carrier Safety Rating:**

The rating below is current as of: 08/13/2013

**Review Information:**

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None



**BUSINESS AUTO  
DECLARATION**

**ITEM ONE**

Policy Number CAC 0004925 01  
Renewal of CAC 0004925

Policy Period From 12/19/2012 To 12/19/2013  
12:01 A.M. Standard Time at the Named Insured's Address

Transaction RENEWAL DECLARATION

PAYPLAN: Direct - 25% Down & 9 Equal Installments

Named Insured and Address  
BOOTH TRUCKING CORP  
203 BUCHANAN AVE  
EDGEWATER PARK NJ 08010-2109

Producer  
HUB INTERNATIONAL TRANSPORTATI 0006169  
ON INSURANCE SERVICES INC  
30 KIMBALL AVENUE SUITE 301  
SOUTH BURLINGTON VT 05403  
Telephone: 800-322-8782

Business Description  
SAND & GRAVEL HAULER

Type of Business  
CORPORATION

Audit Period  
NONE

**TEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$1,000,000 per accident	\$22,479.00
PERSONAL INJURY PROTECTION <i>(or equivalent No-fault coverage)</i>		Separately stated in each PIP endorsement minus Deductible	\$0.00
ADDED PERSONAL INJURY PROT. <i>(or equivalent No-fault coverage)</i>		Separately stated in each Added PIP endorsement	\$0.00
PROPERTY PROTECTION INS. <i>(Michigan only)</i>		Separately stated in the P.P.I. endorsement minus Deductible	\$0.00
AUTO MEDICAL PAYMENTS		Each Insured	
UNINSURED MOTORISTS	7	\$35,000 Each Accident	\$111.00
UNDERINSURED MOTORISTS <i>(When not included in Uninsured Motorists coverage)</i>		Each Accident	INCLUDED
PHYSICAL DAMAGE COMPREHENSIVE	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	\$608.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	\$0.00
PHYSICAL DAMAGE COLLISION	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$4,879.00
PHYSICAL DAMAGE LOADING AND LABOR <i>(not available in California)</i>	7	\$50 for each disablement of a private passenger "auto".	\$3.00
<b>Forms and Endorsements Applicable to this policy</b>			<b>Premium for Endorsements</b>
See Forms and Endorsements Schedule			\$382.00
			<b>Estimated Total Premium</b>
			\$28,462.00

**BUSINESS AUTO**

**ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

Unit #	DESCRIPTION				Original Cost New	LOCATION		
	Year, Make & Model, Serial No. or Vehicle Identification Number					Town	State	Terr
1	1999 KENWORTH	CONSTRUCT W900	1NKWXBEX0XJ822596		\$93,322	EDGEWATER PARK	NJ	114
3	2005 PETERBILT	CONVENTIONAL 35	1NPALBOX85N846352		\$131,004	EDGEWATER PARK	NJ	114
4	2007 KENWORTH	CONSTRUCT T800	1NKDXBEX87J174299		\$116,350	EDGEWATER PARK	NJ	114
5	2008 FORD	F250 SUPER DUTY	1FTSW21R98EB90220		\$34,195	EDGEWATER PARK	NJ	114
6	2008 PETERBILT	CONSTRUCT T800	1NPTLBEXX8D755966		\$126,081	EDGEWATER PARK	NJ	114

Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Sealing Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		
1	40521	Intermediate	Commercial	Over 45,000 GVW	2.92000	1.30000	0.75000	6
3	40521	Intermediate	Commercial	Over 45,000 GVW	2.92000	1.30000	0.75000	6
4	40521	Intermediate	Commercial	Over 45,000 GVW	2.92000	1.30000	0.75000	6
5	03499	Local	Commercial	0-10,000 GVW	1.32000	1.08000	0.00000	6
6	40521	Intermediate	Commercial	Over 45,000 GVW	2.92000	1.30000	0.75000	6

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES								
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)		
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement	Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
1	\$1,000,000	\$4,880						
3	\$1,000,000	\$4,880						
4	\$1,000,000	\$4,880						
5	\$1,000,000	\$1,600						
6	\$1,000,000	\$4,880						

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
Unit #	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		AUTO MED PAY	
	Limit	Premium	Limit	Premium	Limit	Premium
1	\$35,000	\$17				
3	\$35,000	\$17				
4	\$35,000	\$17				
5	\$35,000	\$17				
6	\$35,000	\$17				

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)								
Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR		
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium
1	\$1,000	\$92			\$1,000	\$689		
3	\$1,000	\$128			\$1,000	\$1,132		
4	\$1,000	\$137			\$1,000	\$1,183		
5	\$1,000	\$49			\$1,000	\$194	\$50	\$1
6	\$1,000	\$143			\$1,000	\$1,274		

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Page 3 of 7

**BUSINESS AUTO**

**ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

DESCRIPTION				LOCATION			
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number			Original Cost New	Town	State	Terr
7	2012 FORD ESCAPE XLT 1FMCU9D79CKB99597			\$30,000	EDGEWATER PARK	NJ	114

CLASSIFICATION								
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		
7	7398	N/A	N/A	N/A	1.32000	1.08000	0.00000	2

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
7	\$1,000,000	\$1,359					
		\$22,479					

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		AUTO MED PAY		
	Limit	Premium	Limit	Premium	Limit	Premium	
7	\$35,000	\$26					
		\$111					

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium
7	\$1,000	\$59		\$1,000	\$407	\$50	\$2
		\$608			\$4,879		\$3

Issued Date: 12/20/2012

DEC 0801

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Page 4 of 7

CIP

Tower Insurance Company of New York

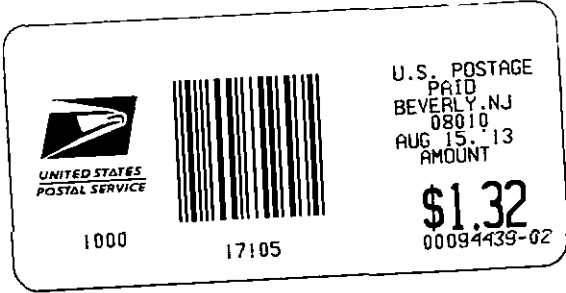
**COMMERCIAL POLICY  
LOCATION ADDRESS SCHEDULE**

Prem # 00001  
203 BUCHANAN AVE  
EDGEWATER PARK NJ 08010-2109

**COMMERCIAL POLICY  
FORMS AND ENDORSEMENTS SCHEDULE**

<b>Form Nbr.</b>	<b>Ed. Date</b>	<b>Description</b>
<b>All Lines</b>		
ILP001	01/04	PHN: U.S.Treasury Department's Office Of Foreign Assets Control
<b>Commercial Auto</b>		
BADEC	08/01	Business Auto Declaration
CA0001	03/10	Business Auto Coverage Form
CA0121	02/99	Limited Mexico Coverage
CA0184	09/95	New Jersey Changes - Physical Damage Inspection
CA0188	06/08	New Jersey Changes
CA0204	04/11	New Jersey Changes - Cancellation For Oversized Vehicles
CA2001	03/06	Lesser - Additional Insured And Loss Payee
CA2048	02/99	Designated Insured
CA2114	02/08	New Jersey Uninsured And Underinsured Motorists Coverage
CA90407	04/10	Commercial Auto Broad Form Endorsement
CA90735	06/12	NJ UM/UIM Selection Form
CA90737	09/09	NJ Auto Insurance Buyer's Guide
CA90738	09/09	NJ Auto Ins Cons Bill of Right
CA9930	03/10	Tapes And Records Coverage
CA9944	12/93	Loss Payable Clause
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL0141	09/08	New Jersey Changes - Civil Union
IL0208	09/07	New Jersey Changes - Cancellation & Nonrenewal

South Trumbull Corp  
203 Buchanan Ave  
Coventry CT 06230



SECRETARY  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. Box 3265  
Harrisburg, Pa

17105-3265