

**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)

Tod Everts

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)

543 Everts Drive

Street Address

Troy PA 16947

City, State and Zip Code

570-297-4548

Telephone Number

Bradford

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?**

earth, stone, similar construction material

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) \_\_\_\_\_

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.

Tod Everts (Print Name)	10-17-13 (Date)
 (Signature)	

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WERT INS AGCY INC  
PO BOX 485  
MANSFIELD, PA 16933

803811 31968 | AB 0.384 PA1LS01A 108 031968

Named insured

TOD EVERTS  
543 EVERTS DRIVE  
TROY, PA 16947



**PROGRESSIVE**

**Policy number: 02243373-6**

Underwritten by:  
United Financial Casualty Company  
October 8, 2013  
Policy Period: Aug 1, 2013 - Aug 1, 2014  
Page 1 of 4

**progressiveagent.com**

**Online Service**

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

**1-570-662-7300**

**WERT INS AGCY INC**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page Your coverage has changed

Your coverage began on August 1, 2013 at 12:01 a.m. This policy expires on August 1, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. 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 2852PA (03/11), 1652PA (03/11), 2433PA (03/11), 2434 (08/11), 2371 (06/10), 1198 (01/04), 4881PA (03/11), 4852PA (10/04) and 2228 (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.**

### Policy changes effective October 7, 2013

Premium change:	\$0.00
Changes:	The driver information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

**Outline of coverage**

**Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$4,877
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$1,000,000 combined single limit		58
Underinsured Motorist - Nonstacked	\$1,000,000 combined single limit		124
Basic First Party Benefit - Full Tort			55
Medical Expense Benefit Without Workers Comp	up to \$10,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$15,000 maximum		21
Funeral Expense Benefit Without Workers Comp	up to \$2,500		7
Accidental Death Benefit Without Workers Comp	up to \$5,000		9
Fire And Theft With Combined Additional Coverage			763
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,654
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$8,568</b>

**Commercial General Liability coverage part**

Description	Limits	Premium
Limited General Liability - Trucking Operations	\$1,000,000/\$2,000,000	\$378
Each Occurrence	\$1,000,000	
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
<b>Subtotal policy premium</b>		<b>\$378</b>

**Motor Truck Cargo coverage part**

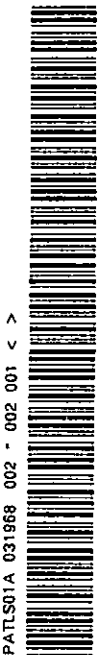
Description	Limits	Deductible	Premium
Motor Truck Cargo	\$10,000	\$1,000	\$314
<b>Subtotal policy premium</b>			<b>\$314</b>
Fees			40
<b>Total 12 month policy premium and fees</b>			<b>\$9,300</b>

**Rated drivers**

1. TOD EVERTS
2. PAUL EVERTS

**Rated commodities**

1. GRAVEL & ROCK
2. SALT



TOD EVERTS TRUCKING  
543 EVERTS DR.  
TROY, PA 16947  
570-297-4548

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