



IRWIN BUILDERS SUPPLY CORPORATION

P. O. Box 406 • Irwin, PA 15642 • (724) 863-5200 • (724) 863-5201 (facsimile)

Along with its subsidiaries and affiliates:

**INNOVATIVE KITCHENS & BATHS
IBS INSTALLATION SERVICES, LLC**

October 26, 2012

Pennsylvania Public Utility Commission
PO BOX 3265
Harrisburg, PA 17105-3265

RE: APPLICATION FOR MOTOR COMMON CARRIER OF PROPERTY

To Whom it may concern:

Enclosed is our application for your handling along with the required attachments and our check for \$ 100.00 to cover the filing fee.

The application required that we identify the Irwin Builders Supply Corporation corporate officers. It's sole officer is: Daniel J. Paulone, President (100%)

If you have any questions or need further information regarding the enclosed application, please contact Lisa Dawson, Credit Manager at 724 382 5805 or via email at lisa@ibspa.com.

Thank you.

Very truly yours,

Lisa A. Dawson
Credit Manager

LAD/
Enclosures

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SECRETARY'S BUREAU

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)

IRWIN Builders Supply Corporation.

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

IRWIN Builders Supply.

Fictitious name and Registration number (if applicable)

IRWIN Builders Supply 3805065

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

10249 Garnet Lane

Street Address

North Huntingdon, PA 15642

City, State and Zip Code

724-863-5200

Telephone Number

Westmoreland.

County

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

PO Box 406

Street Address

IRWIN, PA 15642

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?

Cabinetry & building materials

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

174731

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

3805065

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.

DANIEL J. PAULONE
(Print Name)
[Signature] 10/29/13
(Signature) (Date)



IRWIN BUILDERS SUPPLY

DOT#: 988248

The SMS provides an assessment of a motor carrier's on-road performance and investigation results within the Behavior Analysis and Safety Improvement Categories (BASICS). Assessments cover 24 months of activity and results are updated monthly. For current Motor Carrier Safety Ratings visit SAFER and for current operating authority and insurance information visit Licensing and Insurance (L&I) system.

Select a BASIC below to view details

BASICS Overview	PERFORMANCE	BASICS Status
Unsafe Driving (Based on a 24-month record ending August 23, 2013)	On-Road Investigation 36.2%	
Hours-of-Service (HOS) Compliance	< 3 insp. w/ viol.	
Driver Fitness	< 5 insp. w/ viol.	
Controlled Substances and Alcohol	0%	
Vehicle Maintenance	71.1%	
Hazardous Materials (HM) Compliance	Not Public	Not Public
Crash Indicator	Not Public	Not Applicable

SUMMARY OF ACTIVITIES

	Number	OOS Rate
Total Inspections:	27	
Driver Inspections:	27	4 %
Vehicle Inspections:	22	32 %
Placardable HM Inspections:	0	0 %
% Placardable HM Inspections:	0 %	
Total Crashes*:	1	
Fatal Crashes:	0	
Injury Crashes:	0	
Towaway Crashes:	1	

*Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility. [Continue for details](#)

RECENT INVESTIGATIONS

There are no recent investigations.

ICDN LEGEND



Setback violation cited within last 12 months from an investigation



Denotes the carrier exceeds the FMCSA intervention threshold relative to its safety event grouping based upon roadside data and/or has been cited with one or more serious violations within the past 12 months during an investigation. Therefore, the carrier may be prioritized for an intervention action and roadside inspection.

Carrier Registration Information as of August 23, 2013

Legal Name:	Irwin Builders Supply	Vehicle Miles Traveled:	350,098
DBA Name:		VMY Year:	7009
DOT#:	988248	Power Units:	21
MC or MX#:		DUNS Number:	
Address:	10249 Centar Hwy Irwin, PA 15642	Drivers:	15
Telephone:	(724) 863-5200	Carrier Operation:	Interstate
Fax:	(724) 863-5201	Passenger:	No
Email:	lea@ibspa.com	Subject to Placardable HM Threshold:	No
		HHG:	No
		New Entrant:	No

Operation Classification:

AUTHORIZED FOR HIRE	EXEMPT FOR HIRE	XPRIVATE PROPERTY
PRIVATE PASSENGER, BUSINESS	PRIVATE PASSENGER, NON-BUSINESS	MIGRANT
U. S. MAIL	FEDERAL GOVERNMENT	STATE GOVERNMENT
LOCAL GOVERNMENT	INDIAN TRIBE	OTHER

Cargo Carried:

GENERAL FREIGHT	HOUSEHOLD GOODS	METAL; SHEETS, COILS, ROLLS
MOTOR VEHICLES	DRIVE AWAY/TOWAWAY	XLOGS, POLES, BEAMS, LUMBER
XBUILDING MATERIALS	MOBILE HOMES	MACHINERY, LARGE OBJECTS
FRESH PRODUCE	LIQUIDS/GASES	INTERMODAL CONTAINERS
PASSENGERS	OIL FIELD EQUIPMENT	LIVESTOCK
GRAIN FEED, HAY	COAL, COKE	MEAT
GARBAGE, REFUSE, TRASH	U.S. MAIL	CHEMICALS
COMMODITIES DRY BULK	REFRIGERATED FOOD	BEVERAGES
PAPER PRODUCTS	UTILITY	FARM SUPPLIES
CONSTRUCTION	WATER WELL	OTHER



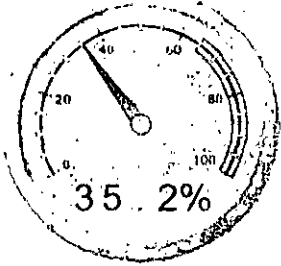
Unsafe Driving

Operation of CMVs by drivers in a dangerous or careless manner. (FMCSR Parts 392 and 397)

BASIC Overall Status

Does not exceed intervention threshold based upon On-road Performance and Investigation Results.
(Based on a 24-month record ending August 23, 2013)

On-road Performance Overview



MEASURE: 1.38
 PERCENTILE: 35.2%
 (Threshold: 65%)

Safety Event Grouping: 3-4
 Segment: Straight

Average Power Units: 21.0
 Vehicle Miles Traveled (VMT): 0
 VMT Year: VMT Source:
 Average Power Units (APU) x Utilization Factor (UF): 21.0
 Total Inspections with Unsafe Driving Violations: 4
 Total Unsafe Driving Violations: 4

The Unsafe Driving measure/percentile is based on Roadside Inspection reports. Some Unsafe Driving violations are reported when a Roadside Inspection was performed following a traffic stop for the Unsafe Driving violation. These reported violations do not always result in the issuance of a citation to the driver.

UNSAFE DRIVING

Violation	Description	# Total Violations	# OOS Violations	Violation Weight
392.16	Failing to use seat belt while operating CMV	3	0	7
397.3	State/local laws, ordinances, regulations	1	0	1

INSPECTIONS WITH VIOLATIONS HISTORY

Report		Vehicle				Measure		
Inspection Date	ST	Plate #	Lic ST	Type	Severity Weight (A)	Time Weight (B)	Time Severity Weight (AxB)	
12/12/2012	PA	AF78054	PA	Straight Truck	7	2	14	
Violation: 392.16 Failing to use seat belt while operating CMV (Non-OOS)								
7/17/2012	OH	YSK2816	PA	Straight Truck	7	1	7	
Violation: 392.16 Failing to use seat belt while operating CMV (Non-OOS)								
5/4/2012	WV	YSK2816	PA	Straight Truck	7	1	7	
Violation: 392.16 Failing to use seat belt while operating CMV (Non-OOS)								
4/19/2012	PA	YRD3662	PA	Straight Truck	1	1	1	
Violation: 397.3 State/local laws, ordinances, regulations (Non-OOS)								

Investigation Results Overview

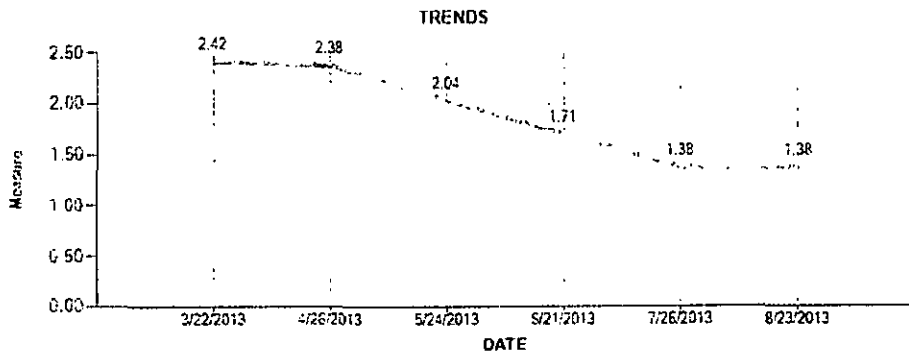


No serious violation(s) discovered

Certain violations found during an investigation can result in a for a BASIC. This status remains for 12 months following the investigation.

SERIOUS VIOLATIONS FROM INVESTIGATIONS

There are no Serious Violations to display



Trends Detail	03/22/2013	04/26/2013	05/24/2013	06/21/2013	07/26/2013	08/23/2013
Percentage:	52.9%	52.8%	48%	42.8%	35.9%	35.2%
Measure:	2.42	2.38	2.04	1.71	1.38	1.38
Safety Event Grouping:	○○○○ 3-4	○○○○ 3-4	○○○○ 3-4	○○○○ 3-4	○○○○ 3-4	○○○○ 3-4
Segment:	Straight	Straight	Straight	Straight	Straight	Straight
Average Power Units:	21	21	21	21	21	21
Vehicle Miles Traveled (VMT):	-	-	-	-	-	-
VMT Year:	-	-	-	-	-	-
VMT Source:	-	-	-	-	-	-
Average Power Units(APU) x Utilization Factor (UF)	21.0	21.0	21.0	21.0	21.0	21.0
Total Inspections with Unsafe Driving Violations	4	4	4	4	4	4
Total Unsafe Driving Violations	4	4	4	4	4	4



Hours-of-Service (HOS) Compliance

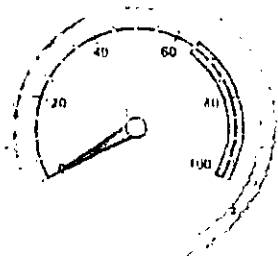
Operation of CMVs by drivers who are ill, fatigued, or in non-compliance with the Hours-of-Service (HOS) regulations. (FMCSR Parts 392 and 395)

BASIC Overall Status

Does not exceed intervention threshold based upon On-road Performance and Investigation Results.

(Based on a 24-month record ending August 23, 2013)

On-road Performance Overview



MEASURE: 0.14
 PERCENTILE: < 3 Insp. w/ viol. (Threshold: 65%)
 Safety Event Grouping: ○○○○○ (21-100)

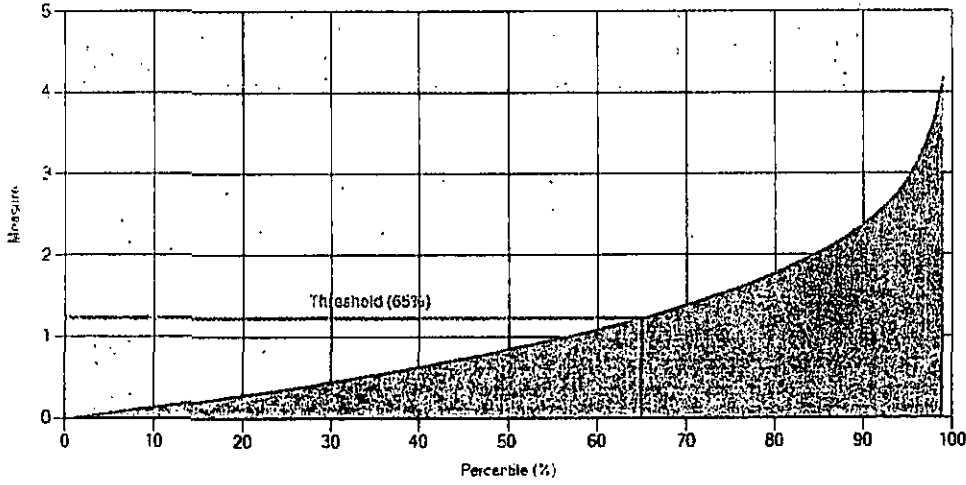
Relevant Inspections: 27
 Total Inspections with HOS Compliance Violations: 1
 Total HOS Compliance Violations: 1

HOS COMPLIANCE

Violation	Description	Total Violations	Open Violations	Violation with a 30-day
395 B(n)	No driver's record of duty status	1	1	5

INSPECTIONS WITH VIOLATIONS HISTORY

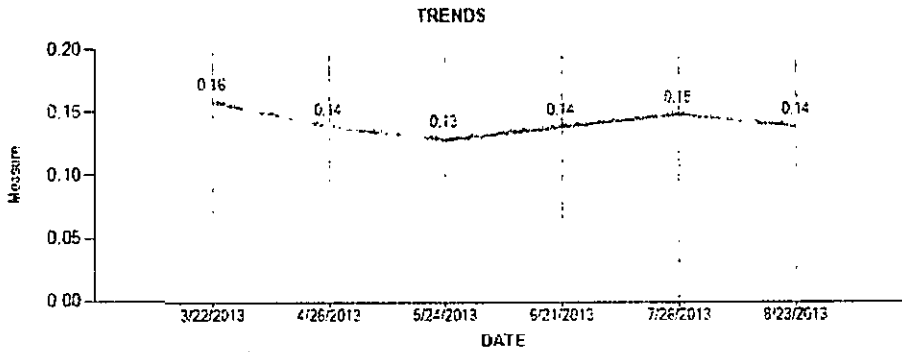
Safety Event Group Measure vs Percentile



$$\text{Measure} = \frac{\text{Sum of Time Severity Weight (AxB)} \quad 7}{\text{Sum of Time Weight (B)} \quad 48} = 0.14 \Rightarrow < 3 \text{ insp. w/ viol.}$$

Trends of Hours-of-Service (HOS) Compliance Measure based on SMS 3.0

The trends area shows a Motor Carrier's safety performance over time using a consistent methodology, SMS 3.0



Trends Detail:	03/22/2013	04/26/2013	05/24/2013	06/21/2013	07/26/2013	08/23/2013
Percentage:	< 3 insp. w/ viol.	< 3 insp. w/ viol.	< 3 insp w/ viol.	< 3 insp w/ viol.	< 3 insp. w/ viol.	< 3 insp. w/ viol.
Measure:	0.16	0.14	0.13	0.14	0.15	0.14
Safety Event Grouping:	21-100	21-100	21-100	21-100	21-100	21-100
Relevant Inspections:	25	26	29	27	26	27
Total Inspections with HOS Compliance Violations:	1	1	1	1	1	1
Total HOS Compliance Violations:	1	1	1	1	1	1

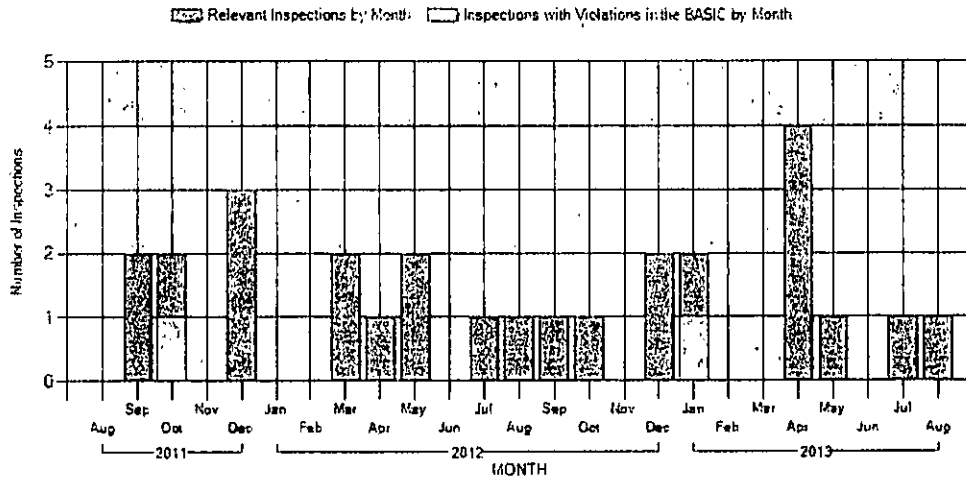


Driver Fitness

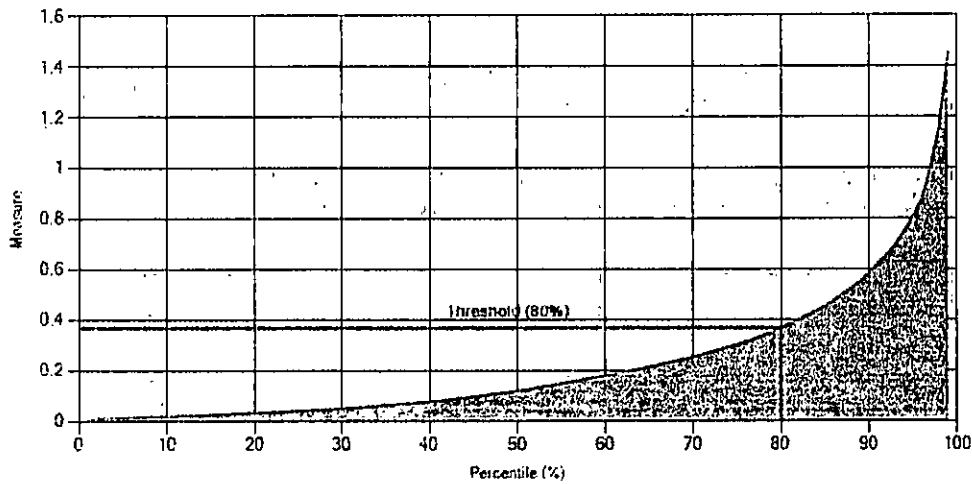
Operation of CMVs by drivers who are unfit to operate a CMV due to lack of training, experience, or medical qualifications. (FMCSR Parts 395 and 391)

BASIC Overall Status

Relevant Inspections vs Inspections with Violations



Safety Event Group Measure vs Percentile



$$\text{Measure} = \frac{\text{Sum of Time Severity Weight (AxB)}}{\text{Sum of Time Weight (B)}} = \frac{3}{48} = 0.06 \Rightarrow < 5 \text{ insp. w/ viol.}$$

Trends of Driver Fitness Measure based on SMS 3.0

The trends are shown a Motor Carrier's safety performance over time using a consistent methodology, SMS 3.0



No serious violation(s) discovered

Certain violations found during an investigation can result in a **43** for a BASIC. The status remains for 12 months following the investigation.

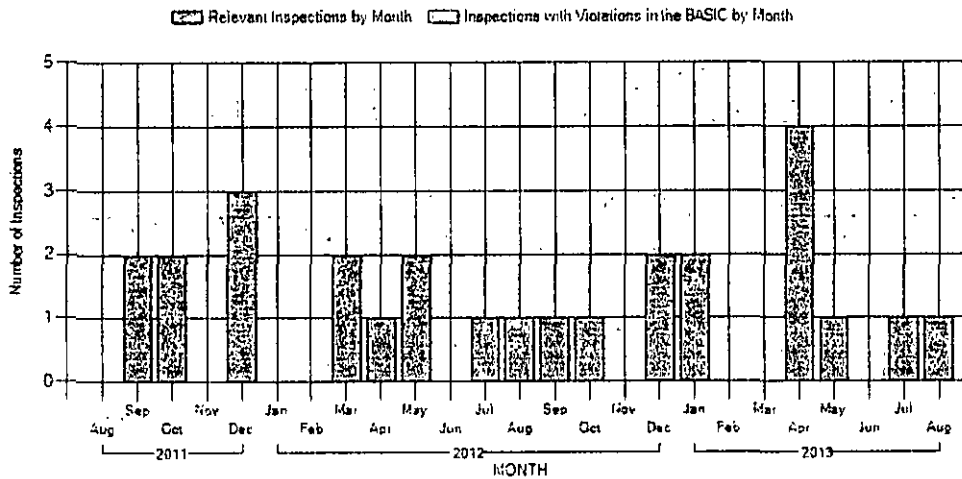
SERIOUS VIOLATIONS FROM INVESTIGATIONS

There are no Serious Violations to display

Use this page to view graphs of various aspects of your safety performance.

Trends View

Relevant Inspections vs Inspections with Violations



Safety Event Group Measure vs Percentile

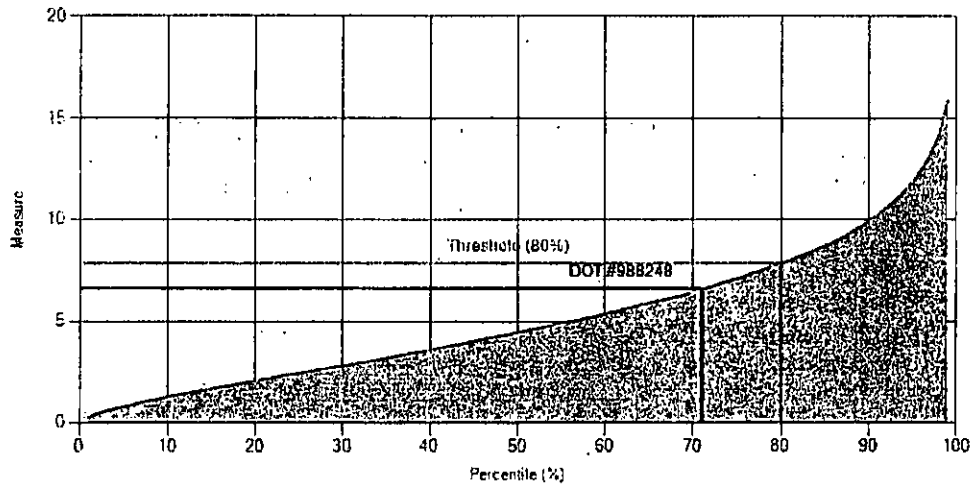
The motor carrier's percentile is 0%. No graph available.

393.11	No/defective lighting devices/reflective devices/projected	2	0	3
393.207(n)	Axle positioning parts defective/missing	1	0	7
393.207(c)	Leaf spring assembly defective/missing	1	1	7
393.25(b)	Lamps are not visible as required	1	0	6
393.45	Brake tubing and hose adequacy	1	1	4
393.45(b)(2)	Failing to secure brake hose/tubing against mechanical damage	2	0	4
393.47(n)	Clamp/Roto-Chamber type brake(s) out of adjustment	5	0	4
393.48(a)	Inoperative/defective brakes	2	0	4
393.53(b)	Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake	5	0	4
393.65(c)	Improper securement of fuel tank	1	0	1
393.75(a)(1)	Tire - ply or belt material exposed	1	1	8
393.78	Windshield wipers inoperative/defective	1	0	1
393.83(h)	Exhaust system not securely fastened	1	0	1
393.9	Inoperative required lamps	2	1	2
393.95(a)	No/discharged/unsecured fire extinguisher	1	0	2
393.95(f)	No / insufficient warning devices	1	0	2
393.9(a)	Inoperative required lamps	1	0	2
393.9T	Inoperative tail lamp	1	0	0
393.9TS	Inoperative turn signal	1	1	6
398.11	No or inadequate driver vehicle inspection report	1	0	4
398.3(ii)(1)	Inspector/repair and maintenance parts and accessories	2	0	2
398.3A1B	Brakes (general)	1	1	4
398.5(b)	Oil and/or grease leak	2	0	3

INSPECTIONS WITH VIOLATIONS HISTORY

Report		Vehicle				Measure		
Inspection Date	ST	Plate #	Lic ST	Type	Severity Weight	Time Weight (B)	Time Severity Weight (AxB)	
1: 4/17/2013	PAM17200183	PA	YDZ4257	PA	Straight Truck	0	3	27
Violation: 398.5(b) Oil and/or grease leak (Non-OOS)					3			
Violation: 393.9T Inoperative tail lamp (Non-OOS)					0			
2: 4/18/2013	MOA3WA000785	MO	AF78064	PA	Straight Truck	12	3	38
Violation: 393.45(b)(2) Failing to secure brake hose/tubing against mechanical damage (Non-OOS)					4			
Violation: 393.47(e) Clamp/Roto-Chamber type brake(s) out of adjustment (Non-OOS)					4			
Violation: 393.53(b) Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake (Non-OOS)					4			
3: 12/12/2012	PAM505000106	PA	AF78064	PA	Straight Truck	12	2	24
Violation: 393.95(a) No/discharged/unsecured fire extinguisher (Non-OOS)					2			
Violation: 393.53(b) Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake (Non-OOS)					4			
Violation: 393.47(e) Clamp/Roto-Chamber type brake(s) out of adjustment (Non-OOS)					4			
Violation: 393.95(f) No / insufficient warning devices (Non-OOS)					2			
4: 12/3/2012	PAM178000108	PA	YSX0182	PA	Straight Truck	13	2	26
Violation: 393.47(e) Clamp/Roto-Chamber type brake(s) out of adjustment (Non-OOS)					4			
Violation: 393.53(b) Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake (Non-OOS)					4			
Violation: 393.65(c) Improper securement of fuel tank (Non-OOS)					1			
Violation: 393.9 Inoperative required lamps (OOS)					4		=2 (viol weight) + 2 (OOS)	
5: 9/20/2012	PAM185000181	PA	YSX0182	PA	Straight Truck	12	2	24
Violation: 393.47(e) Clamp/Roto-Chamber type brake(s) out of adjustment (Non-OOS)					4			
Violation: 393.53(b) Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake (Non-OOS)					4			
Violation: 393.9 Inoperative required lamps (Non-OOS)					2			
Violation: 398.3(ii)(1) Inspection/repair and maintenance parts and accessories (Non-OOS)					2			
6: 8/28/2012	VW3246001479	VV	YSX0182	PA	Straight Truck	3	2	6
Violation: 398.5(b) Oil and/or grease leak (Non-OOS)					3			
7: 7/17/2012	CH3252009488	OH	YSK2816	PA	Straight Truck	1	1	1
Violation: 393.78 Windshield wipers inoperative/defective (Non-OOS)					1			
8: 4/18/2012	PAM048000140	PA	YRD3902	PA	Straight Truck	4	1	4
Violation: 393.83(h) Exhaust system not securely fastened (Non-OOS)					1			
Violation: 393.11 No/defective lighting devices/reflective devices/projected (Non-OOS)					3			
9: 3/23/2012	PAM180000146	PA	YPP9905	PA	Straight Truck	23	1	23
Violation: 393.47(e) Clamp/Roto-Chamber type brake(s) out of adjustment (Non-OOS)					4			
Violation: 393.207(c) Leaf spring assembly defective/missing (OOS)					9		=7 (viol weight) + 2 (OOS)	
Violation: 393.53(b) Automatic brake adjuster CMV manufactured on or after 10/20/1994 - air brake (Non-OOS)					4			
Violation: 398.3A1B Brakes (general) (OOS)					6		=4 (viol weight) + 2 (OOS)	
10: 12/8/2011	PAS274000080	PA	YSX0182	PA	Straight Truck	17	1	17
Violation: 393.207(a) Axle positioning parts defective/missing (Non-OOS)					7			
Violation: 393.25(b) Lamps are not visible as required (Non-OOS)					0			
Violation: 393.45(b)(2) Failing to secure brake hose/tubing against mechanical damage (Non-OOS)					4			
11: 12/7/2011	PAS019003242	PA	YYX2402	PA	Straight Truck	1	1	1
Violation: 393.104(b) Damaged securement system/tiedowns (Non-OOS)					1			
12: 10/25/2011	PAS274000042	PA	AF92686	PA	Straight Truck	14	1	14
Violation: 393.75(a)(1) Tire - ply or belt material exposed (OOS)					10		=8 (viol weight) + 2 (OOS)	
Violation: 393.48(a) Inoperative/defective brakes (Non-OOS)					4			
13: 10/19/2011	PAS178002202	PA	AE85246	PA	Truck Tractor	12	1	12
Violation: 393.48(a) Inoperative/defective brakes (Non-OOS)					4			
Violation: 393.45 Brake tubing and hose adequacy (OOS)					8		=4 (viol weight) + 2 (OOS)	
Violation: 393.9(a) Inoperative required lamps (Non-OOS)					2			
14: 8/28/2011	PAS274000026	PA	YYX2402	PA	Straight Truck	8	1	8
Violation: 393.9TS Inoperative turn signal (OOS)					8		=6 (viol weight) + 2 (OOS)	
15: 10/17/2011	PAS185000181	PA	YSX0182	PA	Straight Truck	12	2	24

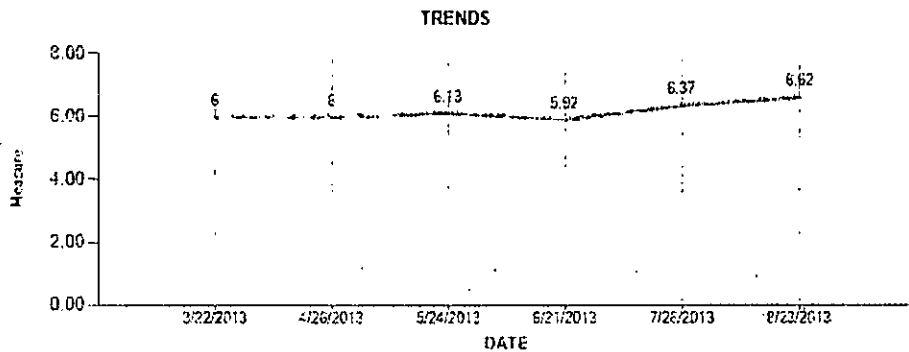
Safety Event Group Measure vs Percentile



$$\text{Measure} = \frac{\text{Sum of Time Severity Weight (AxB)} \quad 232}{\text{Sum of Time Weight (B)} \quad 35} = 6.62 \Rightarrow 71.1\%$$

Trends of Vehicle Maintenance Measure based on SMS 3.0

The trends area shows a Motor Carrier's safety performance over time using a consistent methodology, SMS 3.0



Trends Detail	03/22/2013	04/26/2013	05/24/2013	06/21/2013	07/26/2013	08/23/2013
Percentage:	65.1%	64.9%	66.7%	65.1%	69%	71.1%
Measure	6.00	6.00	6.13	5.92	6.37	6.62
Safety Event Grouping:	●○○○ 21-100	●○○○ 21-100	●○○○ 21-100	●○○○ 21-100	●○○○ 21-100	●○○○ 21-100
Relevant Inspections:	24	26	26	24	23	22
Total Inspections with Vehicle Maint. Violations:	16	17	17	16	16	15
Total Vehicle Maint. Violations:	38	41	41	39	39	38



Hazardous Materials (HM) Compliance

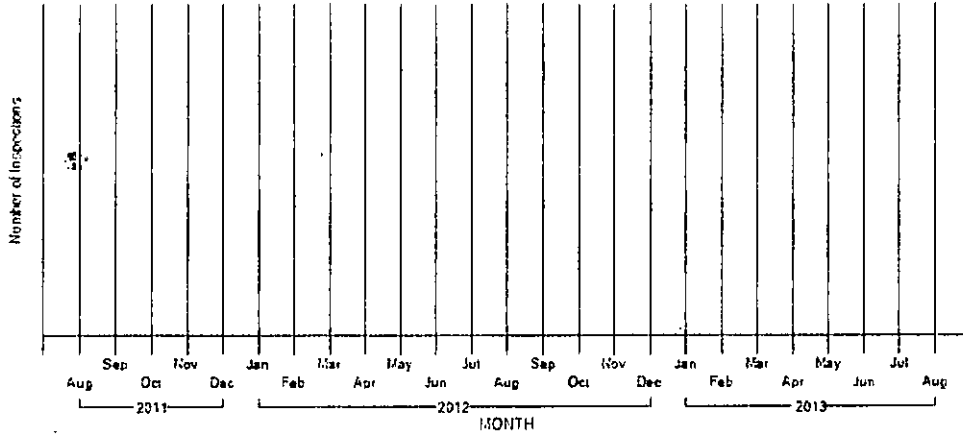
Unsafe handling of hazardous materials on a CMV. (FMCSR Parts 171, 172, 173, 177, 178, 180 and 392)

BASIC Overall Status

Not Public - Details of this BASIC available only to logged-in users.

Relevant Inspections vs Inspections with Violations

Relevant Inspections by Month
 Inspections with Violations in the BASIC by Month



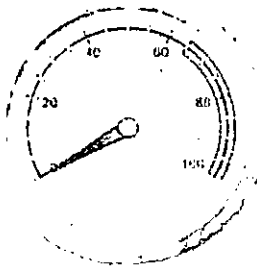
Crash Indicator

Histories or patterns of high crash involvement, including frequency and severity. It is based on information from State-reported crashes.

BASIC Overall Status

Not Public - Details of this BASIC available only to logged-in users.
 (Based on a 24-month record ending August 23, 2013)

On-road Performance Overview



MEASURE: Safety Event Grouping
PERCENTILE: Not Public (Threshold, 60%)
Segment: Straight

Average Power Units: 21.0
 Vehicle Miles Traveled (VMT): 0
 VMT Year: VMT Source:
 Average Power Units (APU) x Utilization Factor (UF): 21.0
 Number of Crashes: 1
 Number with Injuries or Fatalities: 0
 Number with HM Release: 0

A motor carrier's crash assessment (Crash Indicator BASIC measure and percentile) and the list of crashes below represent a motor carrier's involvement in 24 months of reportable crashes, without any determination as to responsibility. [Continue for details.](#)

CRASH ACTIVITY DETAIL (List of vehicles involved in crashes)

Date	Report No.	State	Vehicle	Plate	Crash	Measure	Time	Time
							(B)	(A)
7/18/2013	PA300720800Y	PA	PA	AF73974	0	0	Y	N
							1	2
								2

Investigation Results Overview

Details of Investigation Results are only available to logged in users.



The Cincinnati Casualty Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

COMMON POLICY DECLARATIONS

Billing Method: AGENCY BILL

POLICY NUMBER EBA

NAMED INSURED IRWIN BUILDERS SUPPLY CORP, INNOVATIVE KITCHENS & BATHS,
APPLIANCE WORLD BY IBS, APPLE STAIR & MILLWORK LLC
ADDRESS PO BOX 406
(Number & Street, IRWIN, PA 15642-0406
Town, County,
State & Zip Code)

Previous Policy Number:
NEW

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: FROM: TO:

Automobile and / or Garage

Policy number: EBA FROM: 10-01-2013 TO: 10-01-2014

Agency HENDERSON BROTHERS, INC. 37-093

City PITTSBURGH, PA

Legal Entity / Business Description

ORGANIZATION (ANY OTHER)

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.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

IL0017 11/98 COMMON POLICY CONDITIONS
IA102A 09/08 SUMMARY OF PREMIUMS CHARGED
IP446 08/01 NOTICE TO POLICYHOLDERS
IA4111PA 11/09 PENNSYLVANIA CHANGES - CANCELLATION AND NONRENEWAL
IA4189PA 04/99 IMPORTANT NOTICE
IA4295PA 08/06 PENNSYLVANIA WARNING NOTICE
IA4338 05/11 SIGNATURE ENDORSEMENT
IL0910 07/02 PENNSYLVANIA NOTICE
AAQ505PA 03/06 BUSINESS AUTO COVERAGE PART DECLARATIONS

10-28-2013 11:36

Countersigned _____

(Date)

By _____

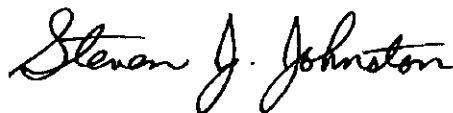
(Authorized Representative)

SIGNATURE ENDORSEMENT

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. The failure to countersign does not void coverage in Arizona, Virginia and Wisconsin.



Secretary



President

The signature on any form, endorsement, policy, declarations, jacket or application other than the signature of the President or Secretary named above is deleted and replaced by the above signatures.

PROOF

THE CINCINNATI CASUALTY COMPANY

Mailing Address: P.O. BOX 145496, CINCINNATI OHIO 45250-5496
 Home Office: FAIRFIELD, OHIO 45014-5141
 513-870-2000

BUSINESS AUTO COVERAGE PART DECLARATIONS

ITEM ONE

Attached to and forming part of POLICY NUMBER: EBA

Named Insured is the same as it appears in the Common Policy Declarations.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This coverage part provides only those coverages where a premium or "incl" is shown in the premium column below. The limit of insurance for each coverage listed is subject to all applicable policy provisions. 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.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS ONE Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$ 1,000,000	INCL
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)	7	Separately stated in each P.I.P. endorsement minus \$ NONE Ded. REFER TO CA2237	INCL
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)	7	Separately stated in each added P.I.P. endorsement REFER TO CA2238	INCL
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in each P. P.I. endorsement minus \$ Ded for each accident	
AUTO. MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS	2	\$ 100,000	INCL
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$ SEE AA4183	INCL
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7, 8	Actual cash value or cost of repair, Whichever is less minus \$ SEE AA4183 Ded. For each covered auto. But no Deductible applies to loss caused by Fire or lightning. See Item Three for hired or borrowed "autos"	INCL
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, Whichever is less minus \$ Ded. For Each covered auto. For loss caused by mischief or vandalism. See Item Three for hired or borrowed "autos"	
PHYSICAL DAMAGE COLLISION COVERAGE	7, 8	Actual cash value or cost of repair, Whichever is less minus \$ SEE AA4183 Ded for each covered auto. See Item Three for hired or borrowed "autos".	INCL
PHYSICAL DAMAGE INSURANCE TOWING AND LABOR		\$ for each disablement of a private passenger auto	
PREMIUM FOR ENDORSEMENTS		*ESTIMATED TOTAL PREMIUM	INCL

FORMS AND ENDORSEMENTS CONTAINED IN THIS COVERAGE PART AT ITS INCEPTION:

AA4183 02/06 AUTOMOBILE SCHEDULE

FORMS AND ENDORSEMENTS CONTAINED IN THIS COVERAGE PART AT ITS INCEPTION:

AA101	03/06	BUSINESS AUTO COVERAGE FORM
AA4081PA	07/13	REJECTION OF UNINSURED MOTORIST PROTECTION
AA4083PA	07/13	REJECTION OF UNDERINSURED MOTORIST PROTECTION
AA4128PA	07/13	IMPORTANT NOTICE AND FIRST PARTY BENEFITS EXTRAORDINARY MEDICAL BENEFITS OPTION SELECTION FORM UNINSURED AND UNDERINSURED MOTORISTS PROTECTION OPTION SELECTION FORM
AA296	07/12	CHANGES - AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE
AA4004	03/06	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION
AA4013PA	11/12	PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE-NONSTACKED
AA4014PA	11/12	PENNSYLVANIA UNINSURED MOTORISTS COVERAGE-NONSTACKED
AA4177	03/06	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE
AA4263	04/10	OFFICE OF FOREIGN ASSETS CONTROL (OFAC) COMPLIANCE ENDORSEMENT
CA0180	01/97	PENNSYLVANIA CHANGES
CA2237	12/92	PENNSYLVANIA BASIC FIRST PARTY BENEFIT
CA2238	07/90	PENNSYLVANIA ADDED AND COMBINATION FIRST PARTY BENEFITS ENDORSEMENT
CA9923	12/93	RENTAL REIMBURSEMENT COVERAGE
CA9944	12/93	LOSS PAYABLE CLAUSE
AA265	04/09	CINCIPLUS BUSINESS AUTO EXPANDED COVERAGE (XC®) ENDORSEMENT

IMPORTANT NOTICE: YOUR POLICY PROVIDES DOES NOT PROVIDE COLLISION COVERAGE ON RENTAL VEHICLES. IF COLLISION COVERAGE IS PROVIDED, PLEASE REFER TO THE PORTION OF YOUR POLICY PROVIDING THIS COVERAGE FOR ANY LIMITATIONS THAT MAY APPLY.

* This policy may be subject to final audit.



The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

COMMON POLICY DECLARATIONS

Billing Method: AGENCY BILL

POLICY NUMBER > EPP

NAMED INSURED IRWIN BUILDERS SUPPLY CORP INNOVATIVE KITCHENS & BATHS APPLIANCE
WORLD BY IBS DANIEL PAULONE AND SCANNO LTD

ADDRESS REFER TO IA905
(Number & Street, PO BOX 406
Town, County, IRWIN, PA 15642-0406
State & Zip Code)

Previous Policy Number:
NEW

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: EPP FROM: 10-01-2013 TO: 10-01-2014

Automobile and / or Garage

Policy number: FROM: TO:

Agency HENDERSON BROTHERS, INC. 37-093

City PITTSBURGH, PA

Legal Entity / Business Description

ORGANIZATION (ANY OTHER)

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.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

IL0017	11/98	COMMON POLICY CONDITIONS
IA102A	09/08	SUMMARY OF PREMIUMS CHARGED
IA904	04/04	SCHEDULE OF LOCATIONS
IA905	02/98	NAMED INSURED SCHEDULE
IA4236	01/08	POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE
IP446	08/01	NOTICE TO POLICYHOLDERS
IA4006	07/10	SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT
IA4111PA	11/09	PENNSYLVANIA CHANGES - CANCELLATION AND NONRENEWAL
IA4189PA	04/99	IMPORTANT NOTICE
IA4226	03/02	NOTICE TO POLICY HOLDERS FUNGI OR BACTERIA EXCLUSION ENDORSEMENTS
IA4238	01/08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IA4295PA	08/06	PENNSYLVANIA WARNING NOTICE
IA4313PA	07/09	PENNSYLVANIA CHANGES - ACTUAL CASH VALUE
IA4314PA	07/09	PENNSYLVANIA CHANGES
IA4338	05/11	SIGNATURE ENDORSEMENT
IL0022	05/87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL0910	07/02	PENNSYLVANIA NOTICE
FM502	07/08	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
GA532	07/08	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
MA559	05/10	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART DECLARATIONS
MA573	06/07	ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE FORM DECLARATIONS
MA560	06/07	INSTALLATION FLOATER COVERAGE PART DECLARATIONS
MA571	06/07	MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS

FORMS APPLICABLE TO ALL COVERAGE PARTS:

CA519XCP 03/09 CINCIPLUS® CRIME XC+® (EXPANDED COVERAGE PLUS) COVERAGE PART
DECLARATIONS
CA516 03/09 CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL
ENTITIES)
USC513 05/10 COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

10-28-2013 11:37

Countersigned _____

(Date)

By _____

(Authorized Representative)

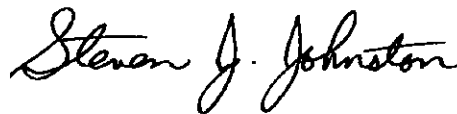
PROOF

SIGNATURE ENDORSEMENT

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. The failure to countersign does not void coverage in Arizona, Virginia and Wisconsin.



Secretary



President

The signature on any form, endorsement, policy, declarations, jacket or application other than the signature of the President or Secretary named above is deleted and replaced by the above signatures.

PROOF

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP

Named Insured is the same as it appears in the Common Policy Declarations

TYPE OF COVERAGE

OWNER'S FORM

LEGAL LIABILITY

COVERAGE PROVISIONS

Described Cargo

The described cargo consists of:

BUILDING MATERIALS

Covered Radius of Operations

200

mile radius of

IRWIN

(City)

PA

(State)

For each situation described below, the coverage amount shown is the most that we will pay for a loss:

1. Each unit that is covered must be described below or on a schedule that is a part of this policy. A coverage amount must be shown for each unit. This is the most that we will pay for a loss to cargo, carried in or on the unit, except for cargo listed in Items 2. and 3. below.

	Trade Name	Described Units			Factory or Motor Number	Coverage Amount
		Year Built	Type of Body or Weight			
a.	IRWIN BUILDING MATERIALS	2010	6100 LBS	WORTHINGTON TRAIL	\$ 5,000	
b.					\$	
c.					\$	
d.					\$	

2. For cargo that consists of furs; garments trimmed with or that consist principally of fur; liquor, when the alcoholic content exceeds 10%; silk, rayon, nylon, wool, cotton and other textiles, including garments made from these; tobacco and tobacco products or a combination of these carried on each described unit, the most that we will pay for a loss is:

\$

3. For cargo that consists of:

BUILDING MATERIALS

Carried on each described unit, the most that we will pay for a loss is:

\$

200,000

4. If two or more described units are involved in a single loss, the most that we will pay for this loss is:

\$

200,000

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO MOTOR TRUCK CARGO COVERAGE

MA118 01/87 MOTOR TRUCK CARGO TRUCKER'S LEGAL LIABILITY BROAD COVERAGE FORM
MA135 11/99 COMMERCIAL INLAND MARINE CONDITIONS

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)



IRWIN BUILDERS SUPPLY

P.O. BOX 406

IRWIN, PENNSYLVANIA 15642

neopost^{LT}

10/30/2013

US POSTAGE

FIRST-CLASS MAIL

\$01.72⁰



ZIP 15642
041L11213716

IRWIN BUILDERS SUPPLY

P.O. Box 406
Irwin, PA 15642
(724) 863-5200

TO

Pennsylvania Public Utility Commission
PO BOX 3265
Harrisburg, PA 17105-3265