

 **SCOPELITIS**
GARVIN LIGHT HANSON & FEARY

10 West Market Street
Suite 1500
Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com

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Fax (317) 687-2414

ANDREW K. LIGHT
alight@scopelitis.com

November 1, 2013

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
P. O. Box 3265
Harrisburg, PA 17105-3275

RE: Waypoint Logistics, LLC
Intrastate Authority

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BUREAU OF SERVICES
TECHNICAL
2013 NOV - 14 PM 12:03

To Whom It May Concern:

Enclosed for filing are the following documents in connection with an intrastate authority application for the above company:

1. Application for Motor Common Carrier of Property;
2. LLC Member List;
2. Money Order in the amount of \$100.00 to cover filing fee;
4. Certificate of Insurance evidencing liability and cargo coverage to serve as temporary proof of insurance.

Please be advised the Form E and Form H insurance filings will be submitted directly by the insurance company once a docket number has been assigned. In the meantime I understand the company may operate upon the assignment of a PA PUC number based on the attached temporary insurance filing. Lastly, I enclose an extra copy of this letter along with a self-addressed, stamped envelope for your use in acknowledging receipt. If you have any questions


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SERVICES IN MICHIGAN PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, PROFESSIONAL LIMITED LIABILITY COMPANY
SERVICES IN CALIFORNIA PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, LIMITED LIABILITY PARTNERSHIP

concerning this matter, please contact either myself or Susan Laetsch of this office.

Very truly yours,



Andrew K. Light

AKL/sl

Enclosures

cc: Michael Beckman w/enclosures
Diane Raderstorf w/enclosures
Trent Blumeyer w/enclosures
Tim Cook w/enclosures

4848-8093-8261, v. 1

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)

Waypoint Logistics, LLC

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)

28858 Ventura Drive

Street Address

Elkhart, IN 46517

City, State and Zip Code

574-522-5337

Elkhart

Telephone Number

County

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Andrew K. Light/Scopelitis, Garvin, Light, Hanson & Feary

Attorney's Name & Telephone Number for this Filing

10 W Market Street, Suite 1500, Indianapolis, IN 46204

Attorney's Address

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2013 NOV 14 PM 12:03

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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)

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).

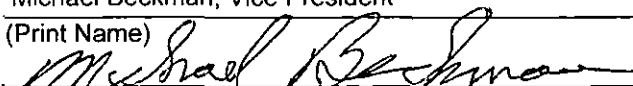
I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

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.

Michael Beckman, Vice President

(Print Name)

(Signature)



(Date)

10/10/13

Waypoint Logistics, LLC
List of names and addresses of all members and title

J. B. Poindexter & Co., Inc.
600 Travis Street, Suite 200
Houston, TX 77002

Sole member

RECEIVED
NOV - 5 2013
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/31/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Waypoint Logistics, LLC Truck Accessories Group, LLC 600 Travis Street, Suite 200 Houston TX 77002 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Allianz Global Risks US Insurance Co.		35300
	INSURER B: Commerce & Industry Ins Co		19410
	INSURER C: Travelers Casualty Ins Co of America		19046
	INSURER D: Travelers Property Cas Co of America		25674
	INSURER E: Travelers Indemnity Co Of Ct		25682
	INSURER F: Atlantic Specialty Insurance Company		27154

COVERAGES **CERTIFICATE NUMBER: 570051838350** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CGL2004420 SIR applies per policy terms & conditions	07/01/2013	07/01/2014	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			HC2E-CAP-93558955-TCT-13	07/01/2013	07/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			BE34196616	07/01/2013	07/01/2014	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	HC2SUB9355894313 HRJUB-9355896713	07/01/2013	07/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
F	Mtr Truck Cargo			790013450000	07/01/2013	07/01/2014	Deductible \$5,000 Single conveyance L \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

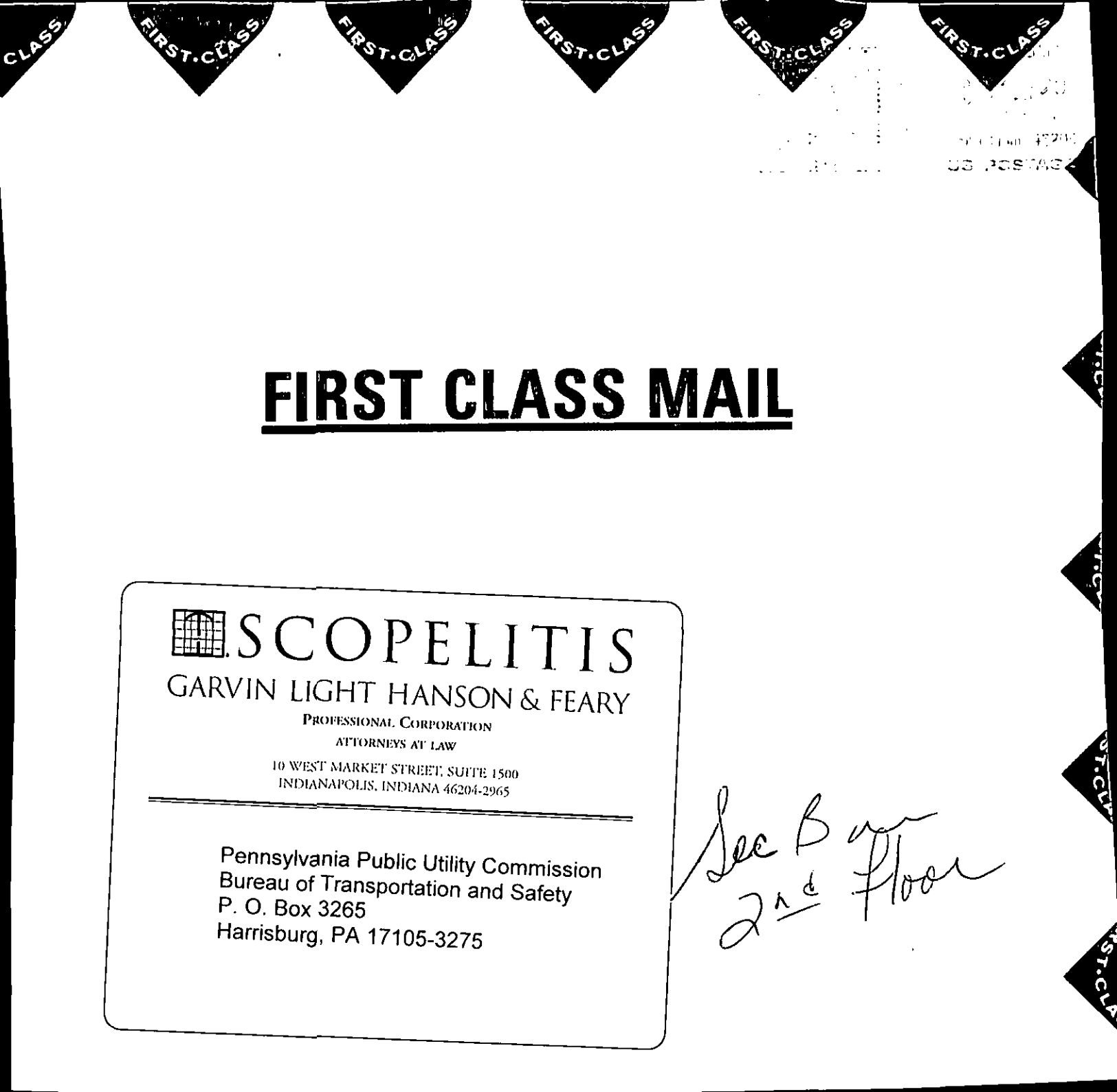
CANCELLATION

Pennsylvania Public Utility Commission P. O. Box 3265 Harrisburg PA 17105-3275 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc</i>

Holder Identifier :

Certificate No : 570051838350





NOV 19 1990
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US POSTAGE

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SCOPELITIS

GARVIN LIGHT HANSON & FEARY
PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

10 WEST MARKET STREET, SUITE 1500
INDIANAPOLIS, INDIANA 46204-2965

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
P. O. Box 3265
Harrisburg, PA 17105-3275

*See Bureau
2nd Floor*