

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

RECEIVED
2014 JAN 13 PM 2:57
PA.P.U.C.
SECRETARY'S BUREAU

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BUREAU OF
TECHNICAL UTILITY SERVICES
2014 JAN 13 AM 9:12

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)

CHARLENE BROWN

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)

227 BRIDGE ST

Street Address

ATHENS PA 18810

City, State and Zip Code

607-857-1804

Telephone Number

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?

GENERAL FREIGHT

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

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.

CHARLENE BROWN
 (Print Name)
Charlene Brown 1/10/14
 (Signature) (Date)



INSURANCE BINDER

DATE (MM/DD/YYYY)
1/9/2014**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Gannon Associates 315 South Main St. P.O. Box 226 Athens PA 18810		COMPANY United Financial Casualty Co.	BINDER # B141913660
PHONE (A/C, No, Ext): (570) 265-6077	FAX (A/C, No): (570) 265-3476	DATE EFFECTIVE TIME 1/15/2014 12:01	EXPIRATION TIME 2/14/2014 12:01 AM
CODE: 60001	SUB CODE: 60001	<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 01859823-1	
AGENCY CUSTOMER ID: 00036499	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 2000 Volvo/Vvn 4V4ND3RJ0YN233516		
INSURED CHARLENE BROWN 227 BRIDGE STREET ATHENS PA 18810	JCR TRUCKING		

COVERAGES**LIMITS**

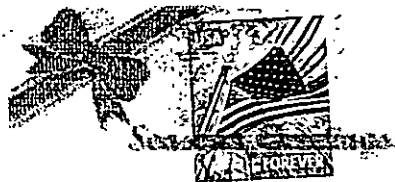
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE: Combined single limit Uninsured motorist combined single limit 2000 Volvo/Vvn 4V4ND3RJ0YN233516	COMBINED SINGLE LIMIT		\$ 1,000,000
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$ 1,000,000
		Underinsured		\$ 1,000,000
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 5,000 <input checked="" type="checkbox"/> OTHER THAN COL: 5,000	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACUAL CASH VALUE		
		<input checked="" type="checkbox"/> STATED AMOUNT		\$ 25,000
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Bonnie Wilson/WILSON	

PTC
1961 Kane Rd
New Albany PA 18833

LEHIGH VALLEY PA 180



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