

## Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Aaron Keener

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Rollin Home Express

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?**  **NO** **Previous Authority?**  **NO**

**If yes, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Department of State?**

If No, you must first register (see checklist)

**If Yes, provide your PA Corporation Bureau Entity ID Number** 4125541

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

2122 River Road  
Street Address

Bainbridge, PA 17502  
City, State and Zip Code

717-669-3545  
Telephone Number

Lancaster  
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No  Yes, at No. MC796213

9. **What type of commodities do you intend to transport?**

Agricultural commodities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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.

**Verification of Application**

I/We hereby state that the statement(s) made in this application is/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.

Aaron Keener  
(Print Name)

  
(Signature) 9.14.14  
(Date)

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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
Fictitious Name Registration Signature Form**


**Document must be completed and mailed to the address listed below.**

Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057

- 1. The enterprise structure is:  
**Sole Proprietorship**
- 2. The enterprise legal name is:  
**Aaron Keener**
- 3. The enterprise's fictitious name is:  
**Rollin Home Express**

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

2 day of Aug, 2012

  
Individual Signature of Aaron Keener

0506820120802

To avoid any delay or rejection, signature form(s) should be received within 7-10 days of the registration submission date.

PA DEPT. OF STATE

**AUG 03 2012**





U.S. Department  
of  
Transportation

**Federal Motor  
Carrier Safety  
Administration**

1200 New Jersey Ave., S.E.  
Washington, DC 20590

August 21, 2013

In reply refer to:  
USDOT No.: 2310233

MC Number: MC796213

SARAH KEENER  
SECRETARY  
AARON KEENER  
ROLLIN HOME EXPRESS  
2122 RIVER ROAD  
BAINBRIDGE, PA 17502

**Safety Audit Pass**

This letter is to inform you that, based on the results of the safety audit conducted on AARON KEENER on August 16, 2013, the Federal Motor Carrier Safety Administration (FMCSA) has determined that AARON KEENER may continue to operate in interstate commerce within the United States.

However, for-hire motor carriers cannot operate in interstate commerce unless they obtain operating authority from FMCSA by following the registration procedures described in 49 CFR part 365, unless providing transportation exempt from 49 CFR part 356 registration requirements.

In addition, the agency did observe deficiencies while conducting the safety audit and AARON KEENER is encouraged to take appropriate action(s) promptly to correct the deficiencies and comply with the regulations specified below:

**Driver Question 1 - Driver Qualification Files, Section 391.51(a)**

Please contact your local FMCSA Division Administrator listed below if you have any questions concerning these deficiencies:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
215 LIMEKILN ROAD, SUITE 200  
NEW CUMBERLAND, PA 17070  
Phone: 717-614-4060

You are reminded that as a new entrant motor carrier FMCSA will continue to monitor and evaluate AARON KEENER's safety management practices and on-road performance to ensure AARON KEENER is complying with Federal requirements including the Federal Motor Carrier Safety Regulations (FMCSRs) and applicable Federal Hazardous Materials Regulations (HMRs). AARON KEENER may be granted permanent registration no earlier than 18 months from the date its USDOT New Entrant registration was originally granted. Failure to comply with applicable requirements may result in the revocation of AARON KEENER's USDOT New Entrant or permanent registration.

If you have any questions concerning your New Entrant Status, please call your division office number listed above.

Sincerely,

Joseph P. DeLorenzo, Director, Office of  
Enforcement and Compliance



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
8/27/2014

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> Elite Transportation Advisors 347 S. Market Street Elizabethtown, PA 17022		<b>COMPANY</b> Canal Insurance Company		<b>BINDER #</b> E3781419-B	
<b>PHONE (A/C, No, Ext):</b> 717-689-5772		<b>FAX (A/C, No):</b> 717-689-5773		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> Hauling reefer loads of eggs	
<b>AGENCY CUSTOMER ID:</b>		<b>INSURED</b> Aaron Keener dba Rollin Home Express 2122 River Road Bainbridge, PA 17502			
		<b>DATE</b> <b>EFFECTIVE</b> <b>TIME</b>		<b>EXPIRATION</b> <b>DATE</b> <b>TIME</b>	
		8/28/2014      12:01 <input checked="" type="checkbox"/> AM		8/28/2015 <input checked="" type="checkbox"/> 12:01 AM	
		<input type="checkbox"/> PM		<input type="checkbox"/> NOON	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
<b>VEHICLE LIABILITY</b> <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		COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ 5,000 PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 35,000 Uninsured Motorist \$ 35,000		
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input checked="" type="checkbox"/> COLLISION: 1,000 <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$ 80,000 TOWING 20K		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
<b>SPECIAL CONDITIONS/ OTHER COVERAGES BREAKDOWN</b> MOTOR TRUCK CARGO LIMIT OF \$200,000 with \$1,000 DEDUCTIBLE. INCLUDES REEFER		FEES \$ 125 TAXES \$ 0 ESTIMATED TOTAL PREMIUM \$ 10,852		

<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> INSURED	
Aaron Keener dba Rollin Home Express 2122 River Road Bainbridge, PA 17502		LOAN #	
		AUTHORIZED REPRESENTATIVE 