


10 West Market Street  
Suite 1500  
Indianapolis, IN 46204

 **SCOPELITIS**  
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GARVIN LIGHT HANSON & FEARY  
2015 FEB 18 AM 10:37  
transportation law firm

www.scopeplitis.com  
Main (317) 637-1777  
Fax (317) 687-2414

JAY D. ROBINSON, JR.  
jrobinson@scopeplitis.com

PA P.U.C.  
SECRETARY'S BUREAU

February 13, 2015

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BUREAU OF  
TECHNICAL UTILITY SERVICE  
2015 FEB 17 PM 2:10

**VIA FEDERAL EXPRESS**

Pennsylvania Public Utility Commission  
Bureau of Transportation and Safety  
400 North Street  
Harrisburg, PA 17120

Re: Border Connect Freight Services, Inc. d/b/a Border Connect  
Pennsylvania Intrastate Authority

To Whom It May Concern:

This Firm represents Border Connect Freight Services, Inc. d/b/a Border Connect, an interstate motor carrier intending to transport intrastate freight in Pennsylvania. Enclosed for filing are the following documents required to be filed in order to obtain intrastate motor carrier authority:

1. The original and one copy of the Application for Motor Common Carrier of Property;
2. A copy of the Pennsylvania Department of State approved Application for Certificate of Authority;
3. A copy of the Pennsylvania Department of State approved Application for Registration of Fictitious Name;
3. A money order in the amount of \$100.00 made payable to Commonwealth of Pennsylvania to cover the required application filing fee;
4. A list of the officers, directors and shareholders of Border Connect Freight Services, Inc.; and,
5. The motor carrier's insurance binder (or declaration page) as evidence of the motor carrier's auto liability insurance coverage.

Please return to me in the enclosed self-addressed, stamped envelope a file-stamped copy of the documents evidencing receipt of the application. Should you have any questions regarding the application, please feel free to contact my

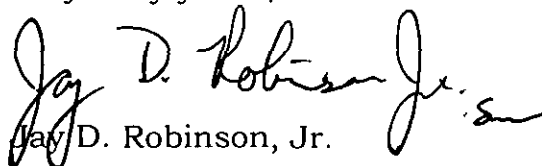
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SERVICES OUTSIDE CALIFORNIA AND MICHIGAN PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, PROFESSIONAL CORPORATION  
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Page 2  
February 13, 2015

paralegal, Sue Madden, or me at the above telephone number. Thank you for your prompt attention to processing of the attached Application.

Very truly yours,

  
Jay D. Robinson, Jr.

JDR/smm

Enclosures

cc: Ms. Loretta Payonk, via e-mail (w/enclosures)

H:\Users\smadden\WPDOCS\R & R Express, Inc\Border Connect Freight Services, Inc\PA Intrastate Submittal Ltr.docx

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

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SECRETARY'S BUREAU

## 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)

Border Connect Freight Services, Inc.

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)

Border Connect (Registration #4325255)

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

#3 Crafton Square

Street Address

Pittsburgh, PA 15205

City, State and Zip Code

(800) 223-8973

Allegheny

Telephone Number

County

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

Same as above

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Jay D. Robinson, Jr.; telephone #317/637-1777

Attorney's Name & Telephone Number for this Filing

Scopelitis, Garvin, Light, Hanson & Feary, 10 W. Market St., Ste. 1500, Indianapolis, IN 46204

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, metal sheets-coils-rolls, driveway/towaway, building materials, and  
intermodal containers

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:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Limited Partnership                        | _____                               |
|   | Corporation Bureau Entity ID Number |
| <input type="checkbox"/> Limited Liability Partnership              | _____                               |
|   | Corporation Bureau Entity ID Number |
| <input type="checkbox"/> Limited Liability Company                  | _____                               |
|   | Corporation Bureau Entity ID Number |
| <input checked="" type="checkbox"/> Corporation – For Profit        | 4325239                             |
|   | Corporation Bureau Entity ID Number |
| <input type="checkbox"/> Corporation – Nonprofit                    | _____                               |
|   | Corporation Bureau Entity ID Number |
| <input checked="" type="checkbox"/> Fictitious Name (if applicable) | 4325255                             |
|   | _____                               |

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.

Richard S. Francis, President

(Print Name)

Richard S. Francis  
(Signature)

2-6-15  
(Date)

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Border Connct Freight Services, Inc.

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4325236

Esquire Assist Ltd  
Counter  
Harrisburg, PA 17101

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS **549032**

Articles of Incorporation-For Profit  
(15 Pa.C.S.)

- Business-stock (§ 1306)
- Business-nonstock (§ 2102)
- Business-statutory close (§ 2303)
- Cooperative (§ 7102)
- Management (§ 2703)
- Professional (§ 2903)
- Insurance (§ 3101)
- Benefit (§ 3303)

Name	<b>RETURN PER</b>		
Address	<b>INSTRUCTIONS ON</b>		
City	State	Zip Code	<b>EXPEDITE FORM</b>

Document will be returned to the name and address you enter to the left.  
←

Commonwealth of Pennsylvania  
ARTICLES OF INCORPORATION 3 Page(s)

Fee: \$125



In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (corporate designator required, i.e., "corporation", "Incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C"):

Border Connect Freight Services, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
<u>#3 Crafton Square, Pittsburgh, PA 15205, Allegheny County</u>				
(b) Name of Commercial Registered Office Provider				County
c/o:				

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:

The corporation is organized on a nonstock basis.

The corporation is organized on a stock share basis and the aggregate number of shares authorized is: 1,000

2015 JAN 29 AM 9: 39  
COMM OF PA  
DEPT OF STATE



5. The name and address, including number and street, if any, of each incorporator (*all incorporators must sign below*):

Name	Address
Richard S. Francis, 1190 Osprey Court, Marco Island, FL 34145	

6. The specified effective date, if any: \_\_\_\_\_  
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.)

9. *Cooperative corporations only:* Complete and strike out inapplicable term:

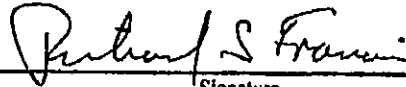
The common bond of membership among its members/shareholders is: Not Applicable.

10. *Benefit corporations only:* This corporation shall have the purpose of creating general public benefit.

Strike out if inapplicable: This corporation shall have the purpose of creating the enumerated specific public benefit(s): Not Applicable

IN TESTIMONY WHEREOF, the incorporator(s)  
has/have signed these Articles of Incorporation this

28<sup>th</sup> day of January, 2015



Signature

Signature

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206 PA P.O.C.  
P.O. BOX 8722 SECRETARY'S BUREAU  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Border Connect

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4325255

Esquire Assist Ltd  
Counter  
Harrisburg, PA 17101

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

549032

Application for Registration of Fictitious Name  
54 Pa.C.S. § 311

Name	RETURN PER		
	INSTRUCTIONS ON		
Address	EXPEDITE FORM		
City	State	Zip Code	

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania  
FICTITIOUS NAME 2 Page(s)

Fee: \$70



T1502964038

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:  
Border Connect

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:  
For-hire transportation of property

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):  
#3 Crafton Square, Pittsburgh, PA 15205, Allegheny County

Number and street	City	State	Zip	County
-------------------	------	-------	-----	--------

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

2015 JAN 29 AM 9: 39

COMM OF PA  
DEPT OF STATE

5. Each entity, other than an individual, interested in such business is (are):

Border Connect Freight Services, Inc.	Corporation	Pennsylvania
Name	Form of Organization	Organizing Jurisdiction
#3 Crafton Square, Pittsburgh, PA 15205		
Principal Office Address		
#3 Crafton Square, Pittsburgh, PA 15205		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

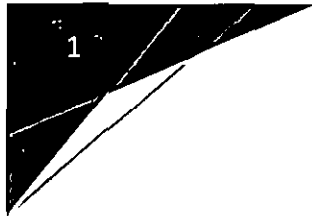
7. Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

\_\_\_\_\_

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

28<sup>th</sup> day of January, 2015.

Individual Signature	Individual Signature
Individual Signature	Individual Signature
<u>Border Connect Freight Services, Inc.</u> Entity Name	Entity Name
<u><i>Paul S. Franzen</i></u> Signature	Signature
<u>President</u> Title	Title



# BORDER CONNECT FREIGHT SERVICES, INC.

Border Connect Freight Services, Inc.

#3 Crafton Square

Pittsburgh, PA 15205

RE: US DOT # 2575645

MC # 900849

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The following is a listing of the officers of the above mentioned company:

NAME	TITLE	OWNERSHIP
Richard S. Francis	President	100%

Sincerely,

Richard S. Francis  
President

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**COMMERCIAL LINES  
POLICY**



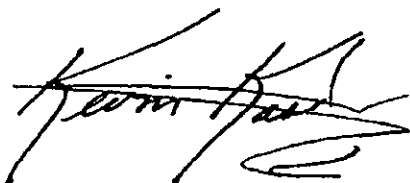
**AMERICAN HALLMARK  
INSURANCE COMPANY OF TEXAS**

THIS POLICY CONSISTS OF: -  
DECLARATIONS -COMMON POLICY  
CONDITIONS - COVERAGE FORMS -  
APPLICABLE ENDORSEMENTS

**ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE**

**AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS**

In Witness Whereof, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



**Kevin Kasitz, President**



**Cecil R. Wise, Secretary**

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**COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS**

Coverage is provided in:

**American Hallmark Insurance Company of Texas**  
777 Main Street, Suite 1000  
Fort Worth, TX 76102  
(800) 866 - 0047

**POLICY NUMBER: AHI-P2251-370264**

~~AHI-P2251-370264~~  
Renewal of Number

**ITEM ONE**

**NAMED INSURED AND MAILING ADDRESS**

R & R Express, Inc.  
#3 Crafton Square  
Pittsburgh PA 15205

**PRODUCER**

Strategic Ins. Underwriters, Inc.  
5560 Broadcast Court  
Sarasota, FL 34240

**PRODUCER CODE: 0910051**

**POLICY PERIOD:** From: 04/01/2014 To: 10/01/2015

12:01 AM Standard Time at your mailing address shown above.

**FORM OF BUSINESS:** Corporation **BUSINESS DESCRIPTION:** Trucking

**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 STATED IN THIS POLICY.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

COVERAGE PARTS	PREMIUM
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$
<input checked="" type="checkbox"/> COMMERCIAL AUTO	\$ 975,439.00
<input type="checkbox"/> FEES, TAXES, SURCHARGES LISTED BELOW	\$
<b>TOTAL POLICY PREMIUM</b>	<b>\$ 975,439.00</b>

Subject to Audit

The premiums shown on the Common Policy Declarations reflect the total premium for the policy period stated above.

DC 01 00 01 11

INSURED'S COPY

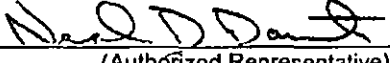


**COMMERCIAL LINES POLICY  
COMMON POLICY DECLARATIONS**

ENDORSEMENTS ATTACHED TO THIS POLICY:

AH 0022	11 09	PRIVACY NOTICE
AH JACKET	01 11	POLICY JACKET
CA 0020	03 10	MOTOR CARRIER COVERAGE FORM
CA 0180	09 97	PENNSYLVANIA CHANGES
CA 0302	03 10	DEDUCTIBLE LIABILITY COVERAGE
CA 0444	03 10	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WOS)
CA 2048	02 99	DESIGNATED INSURED
CA 2192	06 10	PENNSYLVANIA UNINSURED MOTORISTS COVERAGE - NONSTACKED
CA 2193	06 10	PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE - NONSTACKED
CA 2237	03 06	PENNSYLVANIA BASIC FIRST PARTY BENEFITS
CA 2317	03 06	TRUCKERS - UNIFORM INTERMODAL INTERCHANGE ENDORSEMENTS FORM UIIE -1
CA 2384	01 06	EXCLUSION OF TERRORISM
CA 2385	01 06	EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM
CA 7008	01 14	ADDITIONAL INSURED - LEASED AUTOS
CA 9948	03 06	POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS
CA 9954	07 97	COVERED AUTO DESIGNATION SYMBOL
DC 0100	01 11	COMMON POLICY DECLARATION
DC 0102	01 11	COVERAGE FORM DECLARATIONS - ITEM TWO
DC 0103	01 11	COVERAGE FORM DECLARATIONS - ITEM THREE THRU SEVEN
IL 0017	11 98	COVERAGE POLICY CONDITIONS
IL 0021	09 08	NUCLEAR ENERGY LIAB. EXCLUSION ENDORSEMENT
IL 0246	09 07	PENNSYLVANIA CHANGES - CANCELLATION & NON RENEWAL
IL 0910	07 02	PENNSYLVANIA NOTICE
IL 1201	11 85	30 DAY NOTICE OF CANCELLATION
IL 1201	11 85	POLICY CHANGES - REGARDING UNITS #523 & #514
IL 1201	11 85	POLICY CHANGES - \$10,000 DED APPLIES TO CA9948
IL U 005	09 03	PENNSYLVANIA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION
IL U 006	09 03	PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE SELECTION / REJECTION
MC 1662p	03 11	MCS90
MC 1690a	08 99	FORM F
ML 0001	01 11	ADDITIONAL NAMED INSURED
NP 7444	01 11	OFAC ADVISORY NOTICE TO POLICYHOLDERS
TR 0265	01 11	GROSS RECEIPTS REPORTING ENDORSEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Countersigned 04/17/2014 By   
(Date) (Authorized Representative)

DC 01 00 01 11

**COMMERCIAL AUTO COVERAGE PART  
COVERAGE FORM DECLARATIONS**

**ITEM TWO****SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column. 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 AUTOS Section of the Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS* (Entry of one or more of the symbols from the COVERED AUTOS section of the Coverage Form shows which autos are covered autos)	LIMIT		ANNUAL PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
LIABILITY	64, 72, 68, 71	\$ 1,000,000	MINUS \$ 5,000 DEDT.	926,140
PERSONAL INJURY PROTECTION (or equivalent No Fault Coverage)	65	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT \$ 5,000 MINUS \$ DEDT.		2,464
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT \$ MINUS \$ DEDT.		
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.I. ENDORSEMENT MINUS \$ DEDT. FOR EACH ACCIDENT		
MEDICAL PAYMENTS		\$		
UNINSURED MOTORISTS	66	\$ 35,000		3,808
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	66	\$ 35,000		2,688
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO		
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE	69	\$ 50,000 WHICHEVER IS LESS, MINUS \$ 1,000 DEDT. FOR EACH COVERED AUTO		
TRAILER INTERCHANGE COLLISION COVERAGE	69	\$ 50,000 WHICHEVER IS LESS, MINUS \$ 1,000 DEDT. FOR EACH COVERED AUTO		\$ 7,508
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO		
		PREMIUM FOR ENDORSEMENTS		32,829
		ESTIMATED TOTAL PREMIUM		\$ 975,439

\*Refer to reverse side for description of the above covered auto symbols.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: SEE MASTER FORMS LIST

INSURED'S COPY

DC 01 02 01 11

**This endorsement changes the policy. Please read it carefully.**

Effective Date of Endorsement: 02/11/15  
 Name of Insured:  
 R & R Express, Inc.

Policy Number: AHI- P2251-370264  
 Policy Term: 04/01/2014 to 10/01/2015  
 Endorsement Number: 47

Agent Code: 0910051

**POLICY CHANGES**

Prorate factor 0.000000

- In consideration of an additional premium of \$ \_\_\_\_\_ the following changes are hereby made:  
 In consideration of a return premium of \$ \_\_\_\_\_ the following changes are hereby made:

**VEHICLE ADDED: THIS POLICY IS EXTENDED TO COVER THE FOLLOWING VEHICLES:**

Veh #	Description	ID or Serial Number	Stated Amount	Class Code

**VEHICLE DELETED: THIS POLICY CEASES TO COVER THE FOLLOWING VEHICLES:**

Veh #	Description	ID or Serial Number	Stated Amount

**COVERAGES-ANNUAL PREMIUMS, LIMITS AND DEDUCTIBLES**

Veh #	Liability		P.I.P	UM	Med. Pay		Comp/Spec Perils		Collision		Tax/	Misc
	Limit	Prem	Prem	Prem	Limit	Prem	Dedct	Prem	Dedct	Prem	Srchg	

**ADDITIONAL PREMIUMS**

Veh #	Liability	P.I.P	UM/UIM	Med. Pay	Comp/Spec Perils	Collision	Tax/Srchg	Misc

**RETURN PREMIUMS**

Veh #	Liability	P.I.P	UM/UIM	Med. Pay	Comp/Spec Perils	Collision	Tax/Srchg	Misc

ATTACHMENTS/REMARKS: It is hereby agreed and understood that the following is added as Additional Named Insured per Form ML0001:

AGENCY: Strategic Ins. Underwriters, Inc.  
 5560 Broadcast Court  
 Sarasota, FL 34240

BY:   
 Authorized Representative / Date 02/12/15

All other parts of this policy remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY.**

**ADDITIONAL NAMED INSUREDS**

It is hereby agreed and understood that the following are named insureds.

Border Connect Freight Services, Inc (DOT 2575645)

This endorsement is effective from 02/11/15 12:01 A.M., Standard Time, and forms a  
part of Policy Number: AHI-P2251-370264

Issued to: R & R Express, Inc.

From: (317) 637-1777  
 Anne Messer  
 Scopellitis, Garvin, et al.  
 10 W. Market Street  
 Suite 1500  
 Indianapolis, IN 46204

Origin ID: GSHA



J151015011403uv

Ship Date: 13FEB15  
 ActWgt: 0.3 LB  
 CAD: 4818128/NET3610

Delivery Address Bar Code



SHIP TO: (717) 787-3834

BILL SENDER

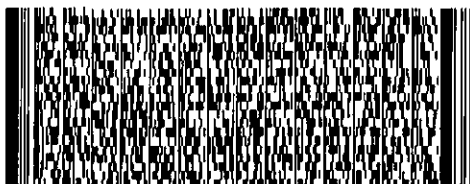
**Pennsylvania Public Utility Comm.  
 Bureau of Transportation and Safety  
 400 NORTH ST**

HARRISBURG, PA 17120

Ref # 15567.0 Border Freight  
 Invoice #  
 PO #  
 Dept #

**MON - 16 FEB 10:30A  
 PRIORITY OVERNIGHT**

TRK# 7729 1294 8462  
 0201

**SH MDTA**

**17120  
 PA-US  
 MDT**



537J1/A1B3EE4B

**After printing this label:**

1. Use the "Print" button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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