

Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

RECEIVED  
2015 MAY -8 AM 9:38  
PA P.U.C.  
SECRETARY'S BUREAU

## 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)

Keith M. Chitwood

- 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)

Mike Mores Pittsburgh

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?** \_\_\_ NO

If No, you must first register (see checklist)

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

(see checklist and indicate type of business entity registered)

4349995

606 James St.

Street Address

Turtle Creek, PA 15145

City, State and Zip Code

(412) 708-5121

Telephone Number

Allegheny

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)

SAME

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)

N/A

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. \_\_\_\_\_

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

furniture, office supplies, appliances, pianos,  
general merchandise.

**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.

Keith M. Chitwood  
(Print Name)

Keith M. Chitwood  
(Signature)

5-5-2015

(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).

PROGRESSIVE  
PO BOX 94739  
CLEVELAND, OH 44101

793504 3444 2 AB 0.406 PA1LA030 024 003444  
Named insured

KEITH CHITWOOD  
606 JAMES STREET  
TURTLE CREEK, PA 15145

RECEIVED

2015 MAY -8 AM 9:39

PA P.U.C.  
SECRETARY'S BUREAU

**PROGRESSIVE**

**Policy number: 01442344-1**

Underwritten by:  
United Financial Casualty Company  
March 23, 2015  
Policy Period: Mar 21, 2015 - Mar 21, 2016  
Page 1 of 2

**progressive.com**

**Online Service**

Make payments, check billing activity, print  
policy documents, or check the status of a  
claim.

**1-800-895-2886**

For customer service and claims service,  
24 hours a day, 7 days a week.

## Commercial Auto Insurance Coverage Summary

### This is your Renewal Declarations Page

Your coverage began on March 21, 2015 at 12:01 a.m. This policy expires on March 21, 2016 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852PA (03/11), 1652PA (03/11), 1198 (01/04), 4881PA (03/11), 4852PA (10/04) and 2228 (01/11).

The named insured organization type is a sole proprietorship.

#### **COLLISION COVERAGE FOR RENTAL VEHICLES**

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

#### **Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$1,595
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Stacked	\$1,000,000 combined single limit		144
Underinsured Motorist - Stacked	\$1,000,000 combined single limit		283
Basic First Party Benefit - Full Tort			42
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$5,000 maximum		11
Funeral Expense Benefit Without Workers Comp	up to \$2,500		8
Accidental Death Benefit Without Workers Comp	up to \$5,000		9
<b>Subtotal policy premium</b>			<b>\$2,092</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$2,112</b>
Discount if paid in full			-248
<b>Total 12 month policy premium if paid in full</b>			<b>\$1,864</b>

#### **Rated driver**

1. KEITH CHITWOOD

### Auto coverage schedule

1. **1995 Ford F350**

VIN: 1FDJF37G9SNB15009

Garaging Zip Code: 15145

Radius: 50

Liability Premium	Liability	UM BI	UIM BI	PIP	Income Loss	Funeral Exp	Accid Death	Auto Total
	\$1,595	\$144	\$283	\$42	\$11	\$8	\$9	<b>\$2,092</b>

### Premium discount

Policy

01442344-1

Business Experience

### Additional Insured information

1. Additional Insured

HAZEL FINAL MILE

27050 WICK RD TAYLOR, MI 48180

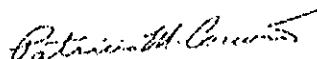
### Penalty for Insurance Fraud

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### Company officers



President



Secretary

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

Mike Moves Pittsburgh

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: 4349995

Chitwood, Keith Michael  
606 James Street  
Turtle Creek, PA 15145

RECEIVED  
2015 MAY -8 AM 9:39  
PA P.U.C.  
SECRETARY'S BUREAU

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

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

Name <u>Keith Michael Chitwood</u>			
Address <u>606 JAMES Street</u>			
City <u>Turtle Creek</u>	State <u>PA</u>	Zip Code <u>15145</u>	

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

Commonwealth of Pennsylvania  
FICTITIOUS NAME 2 Page(s)



T1511745059

Fee: \$70

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: Mike Moves Pittsburgh

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:  
Moving, hauling, Delivery and/or Transport of goods

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

<u>606 JAMES Street</u>	<u>Turtle Creek</u>	<u>PA</u>	<u>15145</u>	<u>Allegheny</u>
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
<u>Keith Michael Chitwood</u>	<u>606 JAMES St.</u>	<u>Turtle Creek</u>	<u>PA</u>	<u>15145</u>

PA DEPT. OF STATE

APR 23 2015

RECEIVED  
2015 MAY -8 AM 9:39  
PA P.U.C. BUREAU  
SECRETARY'S OFFICE

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

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
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

21<sup>st</sup> day of MARCH, 2015.

Kent Michael Chintura  
Individual Signature

Individual Signature

Individual Signature

Individual Signature

Mike Moves Pittsburgh  
Entity Name

Entity Name

Kent Michael Chintura  
Signature

Signature

Sole Proprietor  
Title

Title





Keith M. Chitwood  
606 James St.  
Turtle Creek, PA 15145

PITTSBURGH, PA 150

06 MAY 2015 PM 8 L



Secretary, PA Public Utility Comm.  
400 North Street, 2nd Floor  
Harrisburg, PA 17120

17120009333

