

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

A - 2014 - 2429336

PUC Application Docket No.

KRIS ECKERL

Legal Name of Applicant

MICHAELS MOVING & STORAGE

Trade Name, if any

126 SNOWSHOE DR.

DINSMANS FERRY

PA

18328

Street Address (principal place of business)

City or Municipality

State

Zip

Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

KRIS ECKERL OWNER

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

JIM MAHON MOVING - DRIVER / FOREMAN

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

* SEE 3. Business experience

SEE letter OF Recommendation

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4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

SEE 4. PHYSICAL LOCATION

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

SEE 5. COMMUNICATION NETWORK

6. Please explain:

- a. Your hiring standards for drivers;

SEE 6.A) HIRING STANDARDS

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

SEE B) BACKGROUND CHECKS

- c. Your driver training program;

SEE C) DRIVER TRAINING PROGRAM

- d. Your system for ensuring that your drivers are properly licensed at all times;

SEE D) ENSURING DRIVERS ARE PROPERLY LICENSED

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

SEE E) SYSTEMS FOR BACKGROUND CHECKS

- f. Your policies regarding alcohol and drug use by your drivers.

SEE F) POLICIES FOR ALCOHOL AND DRUG USE

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

SEE 7 VEHICLES to be used

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2001	FORD	ELONLINE	2	1FTRE1424YHB81899

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

SEE A. Periodic vehicle maintenance plan

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

SEE B. System for ensuring vehicles comply with PA inspection standards

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N/A

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

SEE D. Ensure that vehicles meet USDOT Equipment standards

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

SEE 9. Proof Insurance IS AFFORDABLE

SEE Proof of INSURANCE FORM

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES ___ NO X

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

SEE BALANCE SHEET

Statement of Financial Position (Balance Sheet)

As of (date) 4/20/2014

ASSETS

Current Assets

Cash _____

Other Current Assets (specify) _____

Other Assets

Motor Vehicle Equipment _____

Building and Structures _____

Office Equipment _____

Investments and Funds (specify) _____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES _____

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets) _____

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Kris Eckert
(Signature)

4/20/2014
(Date)

KRIS ECKERT OWNER
(Name and Title, printed or typed)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2016

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 have ADDITIONAL INSURED provisions or 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		CONTACT NAME: Philly Viscardo	
A For The People Insurance Agency - PA 2514 Wylie Ave		PHONE (A/C, No, Ext): 412-621-5581	FAX (A/C, No):
Pittsburgh PA 15219		E-MAIL ADDRESS: qsagent2@gmail.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
KRIS ECKERL 126 SNOWSHOE DRIVE DINGMANS FERRY PA 18328		INSURER A: UNITED FNCL CAS CO INSURER B: Colony Insurance INSURER C: United Specialty Ins Co INSURER D: INSURER E: INSURER F:	
		NAIC # 11770	

COVERAGES **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL0032823-01	09/24/2015	09/24/2016	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		03319723-1	10/13/2015	10/13/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CFPB \$ 177500
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Cargo		USA 4097777	09/24/2015	09/24/2016	Limit Per Occurrence 50000 Deductible 1000

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

CERTIFICATE HOLDER	CANCELLATION
	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 Philomena Viscardo

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**MICHAELS MOVING AND STORAGE
BALANCE SHEET
AS OF 03/31/2016**

CASH	
Checking Account	10,000
Savings Account	100
Total Cash	<u>10,100</u>
Inventory	2,100
Fixed Assets	
Equipment	2,500
Truck	3,500
Total Fixed Assets	<u>6,000</u>
TOTAL ASSETS	<u>18,200</u>
LIABILITIES	
CREDIT CARDS	1,000
TOTAL LIABILITIES	<u>1,000</u>
NETWORTH	<u>17,200</u>
TOTAL LIABILITIES & NET WORTH	<u>18,200</u>

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Patrick Mahon

12 Willowbrook Drive • Branchville, NJ 07826

Date: December 6, 2014

To Whom It May Concern::

I am writing on behalf of Kris Eckerl, who has applied for his licensure as a mover from the state of Pennsylvania.

Kris came to work for Jim Mahon's Moving & Trucking approximately 10 years ago starting as a laborer, upon recommendation of his father, Frank Eckerl, who was our primary interstate driver handling most of our straight truck based long distance shipments. From the start, Kris was an exceptional worker learning all aspects of the moving business; from proper carrying techniques; to packing of customers' personal items including fine china, artwork, etc; proper loading of trucks to ensure the contents of a customer's household arrived from origin to destination without damage; and finally earning his CDL Class A license.

Kris has always been a hardworking, dedicated and dependable employee and I had the opportunity to work with him and have him as an employee while I was co-owner of the company with my mother, Geraldine Mahon. I can say without hesitation that Kris would make an outstanding owner of his own moving company. He knows what it takes to own a business, is thorough with completion of paperwork, has excellent communication skills with his co-workers, has a great rapport with customers and is an honest and hard working individual.

Please consider Kris Eckerl's application for licensure as a mover for approval as he would be a welcome addition not only as a small business in the community, but also as a mover that would be reliable and worthy of recommendation.

Sincerely,



Patrick Mahon

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3. Business experience

- *Truck Driver Training Schools, Trans American Tech, (Scranton,PA)
- *My father owned a trucking company in New York City. He also worked for Jim Mahon Moving Company for 30 years. I will use his extensive knowledge in the trucking and the moving business. Frank Eckerl
PO box 122 white mills, pa 18473 phone number (570)352-8794.
- *I worked for Jim Mahon Moving Company for 15 years and feel it has provided me with enough experience to operate the transportation service.
- *Letter of recommendation from former owner of Jim Mahon Moving.

4. Physical Location

Business will be run out of my home until additional space is required. I have a separate room for my office which includes a desk, file cabinets, computer printer, PUC compliant bill of lading forms, and office supplies. No storage facilities at this time.

5. Communication Network

I will be using two phones for communication. One cell phone (973)986-2995 and my home phone (570)828-8238. Vehicles will be dispatched from my home or from a vehicle rental yard. My cargo van will be used to bring additional supplies to the job site or to the rental yard. Communication with drivers will be made using cell phones.

6.A) Hiring Standards

- *Drivers will have to pass a road test administered by me. They must prove they can safely operate the vehicle and perform all safety checks.
- *Drivers will be required to pass a background check.
- *Drivers will be required to pass a drug test.
- *Drivers will be required to have a valid medical card or pass a dot physical.

B) Background Checks

I will be using an online service for background checks. WWW.GOODHIRE.COM

C) Driver Training Program

Once an employee has worked for the company for six months and acquired his CDL permit, I will train them to become a professional driver. There will be no other training program.

D) Ensuring Drivers are Properly Licensed

When a driver is newly hired, their drivers license will be examined and a copy will be put on file. A MVR report will be run prior to a driver being

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hired and a MVR report will be run every year to insure drivers are properly licensed.

E) System for Background Checks

I will work with the online site GOODHIRE.COM to ensure drivers are subject to background checks every two years. A driver will receive a background check when they are hired and at the beginning of every even year.

F) Policies for Alcohol and Drug Use

Any alcohol or drug use on the job will result in immediate termination. Drivers that fail a random screening will be required to complete a rehab program. A second failed screening will result in a suspension. A third failed screening will result in termination. Drivers will be subject to random testing through ExpressLabs.com.

7. Vehicles to be used

Trucks will be rented on a case by case basis until enough work is acquired to warrant purchasing a truck. I, Kris Eckerl, Owner, have good credit and will be able to finance a truck as soon as needed.

A. Periodic vehicle maintenance plan:

1. Maintenance inspections and preventive maintenance:

1A) Once a truck is purchased, the inspection and preventive maintenance schedules available from the manufacturer will be followed. These will include recommended intervals based on miles, hours run, and dates and a checklists for items that should be checked regularly.

1B) A cut-off point will be established for when major components wear out. These points will be established using Part 393 of the FMCSA. Examples of these parts may include tires, brake adjusters, brake linings, fuel filters, and clutches.

2. Maintenance records:

2A) Informational records will be kept for each vehicle. These include

- *Fleet Number
- *Make Model and Year
- *VIN Number
- *Tire Size
- *Maintenance schedule

Records of all inspections, maintenance, lubrication, repairs, and upcoming maintenance will be

kept for one year while in service and for six months after a vehicle leaves service. Annual inspection reports will be kept for 14 months.

B. System for ensuring vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards:

1. Driver Vehicle Inspection Reports:

*Drivers will be required to complete a daily written post-trip inspection report at the end of each driving day

*The inspection report must identify the vehicle and list any defects or deficiencies discovered by or reported to the driver, which could affect the safety of operation of the vehicle or result in a mechanical breakdown

*Michaels Moving will certify that any listed defect or deficiency has been repaired or that immediate repair is unnecessary

*Michaels Moving will maintain the original copy for 3 months

*Prior to requiring or permitting a driver to operate a vehicle, Michaels Moving shall repair any defect or deficiency listed on the DVIR which would be likely to affect the safe operation of the vehicle.

2. Annual Inspection:

*Inspections will be performed annually. At a minimum, inspections must include all enumerated in the Minimum Periodic Inspection Standards, Appendix G to Subchapter B of the Federal Motor Carrier Safety Regulations.

*Annual Inspections will be performed by a qualified inspector.

3. Inspector Qualifications:

*Inspectors Must Understand Part 393 and Appendix G of the Federal Motor Carrier Safety Regulations

*Brake inspections must be performed by a qualified brake inspector.

4. Roadside Inspection Reports:

Any driver that receives a roadside inspection must deliver the report to Michaels Moving. Violations will be corrected within 15 days and a report will be signed and returned to the address indicated. A copy will be retained for 12 months

D. Ensure that vehicles meet all USDOT equipment standards

1D)A Safety Audit will be performed within the next year by a federal motor carrier safety officer to ensure all equipment meets standards. The audit will include:

*Vehicle maintenance records

*Driver trip reports and records

*Driver vehicle inspection reports

- *Accident files
- *Fleet mileage
- *All roadside inspection reports

2D)Michaels Moving will comply with all regulations outlined in the Code of Federal Regulations

9. Proof Insurance is Affordable

Michaels Moving has held interstate authority since 2014 which requires us to maintain insurance. Since that time insurance of 1,000,000 liability and 50,000 cargo has been held and paid on time every month.

MICHAELS MOVING + STORAGE
126 SNOWSHOE DR.
DINGMANS FERRY PA
18328



1000



17105

U.S. POSTAGE
PAID
DINGMANS FERRY, PA
18328
APR 21, 16
AMOUNT
\$1.36
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PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. Box 3265
HARRISBURG, PA 17105-3265