

DEC - 4 11:36

Before the Pennsylvania Public Utility Commission

### APPLICATION MOTOR COMMON CARRIER OF PROPERTY

1. CHAD ~~GREGG~~ CLEMENS  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. C & S LAWN AND LANDSCAPE  
TRADE NAME IF ANY  
The trade name, if fictitious, has been registered with the  
(has or has not)  
Secretary of the Commonwealth on 3-6-96. Attach a date  
stamped copy of the registration form.

3. 562 MELVIN RD TELFORD PA 18969 215 723-8460  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code) MONTGOMERY COUNTY

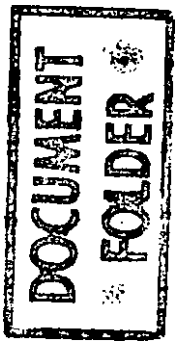
4. SAME  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. N/A  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)

ATTORNEY'S ADDRESS

6. APPLICANT \_\_\_\_\_ HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER \_\_\_\_\_

7. APPLICANT \_\_\_\_\_ HAVE A CURRENT SAFETY RATING  
(does or does not)  
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY  
AGENCY. (ATTACH COPY)



RECEIVED  
SECRETARY'S OFFICE  
00 DEC - 4 AM 8:52

25  
BUPD - OK  
CARGO - NO  
BUPD

A-00117429

**DOCKETED**  
JAN 02 2001

DE

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED  LEASED \_\_\_\_\_

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL PARTNERS BELOW:

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(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF \_\_\_\_\_ AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON \_\_\_\_\_. ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

- FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)  
 COPY OF CURRENT SAFETY RATING (IF AVAILABLE)  
 PROOF OF INSURANCE (See item 5 on instruction sheet).  
 CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

**11. CERTIFICATION:**

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN ANY INTRASTATE TRANSPORTATION OF PROPERTY 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 DEFRAID 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 STATEMENTS 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.

CHAD G. CLEMENS      Chad G. Clemens      11-27-00  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

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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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

MINIMUM LIMITS OF INSURANCE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED  
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

**Bodily Injury:**

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

**Cargo:**

\$5,000 for loss or damage to cargo being transported.

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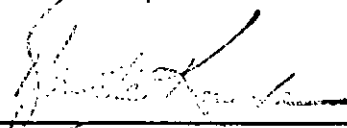
Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

Microfilm Number \_\_\_\_\_

Filed with the Department of State on \_\_\_\_\_

Entity Number 1553879

  
Secretary of the Commonwealth *[Signature]*

### APPLICATION FOR AMENDMENT, CANCELLATION OR WITHDRAWAL FICTITIOUS NAME

DSCB:54-312/313 (Rev 90)

Indicate type of transaction (check one):

Application for Amendment of Fictitious Name Registration (54 Pa.C.S. § 312)

Application for Cancellation of Fictitious Name Registration (54 Pa.C.S. § 313)

Application for Withdrawal from Fictitious Name Registration (54 Pa.C.S. § 313)

In compliance with the requirements of 54 Pa.C.S.Ch.3 (relating to fictitious names), the undersigned entity or entities desiring to amend, cancel or to withdraw from a fictitious name registration, hereby state(s) that:

✓ 1. The fictitious name as heretofore registered is: C & S LAWN SERVICE

✓ 2. The address of the principal place of business of the business or other activity carried on under or through the fictitious name, including number and street, if any, is (the Department is authorized to conform to the records of the Department)

5622 Melvin Road Telford PA 18969 Montgomery  
Number and Street City State Zip County

✓ 3. The last preceding filing with respect to this fictitious name was made in the Department of State on:

2-28-90 at 90091395  
(Date) (Roll and Film)

✓ 4. (Check one or more of the following, as appropriate):

A.  The fictitious name has been changed to: C & S LAWN AND LANDSCAPE

B.  The principal place of business set forth in Paragraph 2 has been changed to (PO Box alone is not acceptable):

Number and Street City State Zip County

C.  The following party(ies) has(have) been added to the registration and their signature(s) appear(s) at the end of this application:

Name Number and Street City State Zip

D. The following party(ies) has(have) withdrawn from the business or other activity carried on under or through the fictitious name and their signature(s) appear(s) at the end of this application:

Name Number and Street City State Zip

Three horizontal lines for providing name, address, city, state, and zip information.

E. The fictitious name registration is cancelled.

- 5. 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: Lawn mowing and landscaping
6. (Strike out if a withdrawal or cancellation): This amendment, without reference to any other filing, sets forth all information with respect to the fictitious name which would be required in an original filing under the Fictitious Names Act.
7. (Strike out if a withdrawal or cancellation): 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.
8. (Optional-See Instruction F): This application has been executed by an agent heretofore designated for that purpose in a prior filing in this registration.

IN TESTIMONY WHEREOF, the undersigned has(have) caused this Application for Amendment, Cancellation or Withdrawal of Fictitious Name to be executed this 20th day of February, 1996.

Withdrawing parties signature(s)
Three horizontal lines for signature.

Adding parties signature(s)
Three horizontal lines for signature.

All current parties signature(s)
Signature of Chad G. Clemens

(Name of Entity)

(Name of Entity)

BY: (Signature)

BY: (Signature)

TITLE:

TITLE:

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

307

C & S LAWN AND LANDSCAPE

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.  
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE  
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS  
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY  
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 1553879

MICROFILM NUMBER: 09618

0102-0103

C & S LAWN SERVICE  
562 MELVIN RD  
TELFORD, PA 18969

**PENNSYLVANIA FINANCIAL RESPONSIBILITY INSURANCE  
IDENTIFICATION CARD  
PA**

<small>INSURANCE NUMBER</small>	<small>INSURANCE COMPANY</small>
<b>17558</b>	<b>Old Guard Insurance Company</b>
<small>INSURANCE POLICY NUMBER</small>	<small>INSURANCE POLICY NUMBER</small>
<b>CA-004056</b>	<b>09/30/2000 09/30/2001</b>
<small>YEAR</small>	<small>VEHICLE MAKE AND MODEL</small>
<b>1999</b>	<b>Freightlin/FLD120SD 1FVXFXYB9XLB86293</b>
<small>INSURANCE AGENCY</small>	

**Mallalieu-Golder Ins. Agency  
115 Fairfield Drive (800)326-8293  
Barco, PA 19504**

INSURANCE

**C & S Lawn and Landscape  
562 Melvin Road  
Telford, PA 18969-2119**

FOR INFORMATION CONTACT THE PENNSYLVANIA

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**  
**PO BOX 3265**  
**HARRISBURG, PA 17105-3265**

RE:

Subject: Temporary Proofs of Insurance

To: CHAD G CLEMENS  
T/A C & S LAWN AND LANDSCAPE  
562 MELVIN RD  
TELFORD PA 18969

1/2/01

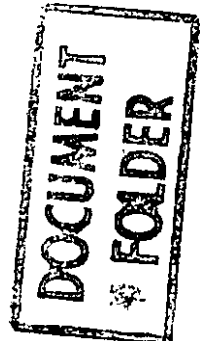
A-117429

From: David Ehrhart - Compliance Office - Technical Unit  
Bureau of Transportation and Safety

The temporary insurance filings submitted with your application have been found to be deficient for the following reason(s):

- Incorrect name. Name on insurance must be exactly as shown on application and/or certificate.
- Incorrect address. Address on insurance must be exactly as shown on application and/or certificate.
- Incorrect form issued. Certificate of insurance not one of the four acceptable temporary proofs of insurance.
- No cargo coverage shown. Must have cargo insurance in the minimum of \$5,000.00 or submit a cargo insurance waiver form.
- Form has not been signed by insurance company representative.
- No amount of coverage shown.
- Amount of coverage does not meet the required minimum.
- No effective dates shown.
- Insurance Expired.

OTHER:





# Old Guard INSURANCE COMPANY

THIS POLICY IS NON-ASSASSABLE  
COMMERCIAL AUTO

POLICY NUMBER

CA 001056 DB

LANCASTER, PENNSYLVANIA

DECLARATION

NAMED INSURED

AGENCY

CHAD CLEMENS  
T/A C & S LAWN & LANDSCAPE  
562 MELVIN RD  
TELFORD, PA 18969 2119

Mallalieu-Golder Associates  
49 East Fourth St. Suite 105  
Williamsport, PA 17701  
(570)325-5167

0139

POLICY PERIOD: From 12:01 A.M.  
Standard time at your mailing  
address shown above.

SEPTEMBER 30, 2000 TO SEPTEMBER 30, 2001

**THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES.**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### ITEM TWO-SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. 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 symbols from the COVERED AUTO Section of the Business Auto Coverage form next to the name of the coverage.

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS OF LIABILITY THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
1	LIABILITY	\$ 500,000 EACH ACCIDENT MINUS \$ DED	\$ 5,275
5	BASIC FIRST PARTY BENEFITS	Separately stated in each basic first party benefits endorsement	\$ 125
5	ADDED FIRST PARTY BENEFITS	Medical Expense Benefits Up to \$100,000 Work Loss Benefits Up to \$ 15,000 subject to a maximum of \$ 1,000 per Month Funeral Expense Benefits Up to \$ 2,500 Accidental Death Benefits \$ 5,000	\$ 300
	AUTO MEDICAL PAYMENTS	\$ EACH PERSON	\$
2	UNINSURED MOTORIST - UM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	(UNINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY) \$ 300,000 EACH ACCIDENT	\$ 90
2	UNDERINSURED MOTORISTS - UIM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	(UNDERINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY) \$ 300,000 EACH ACCIDENT	\$ 221

Producer's Copy



# Old Guard INSURANCE COMPANY

THIS POLICY IS NON-ASSESSABLE  
COMMERCIAL AUTO

POLICY NUMBER

CA 004055 DB

LANCASTER, PENNSYLVANIA

DECLARATION

NAMFO INSURED

AGENCY

CHAD CLEMENS  
17A C & S LAWN & LANDSCAPE  
562 MELVIN RD  
TFLIFORD, PA 18969 2119

Mallalieu Golder Associates  
49 East Fourth St Suite 105  
Williamsport, PA 17701  
(570)326-5167

0139

POLICY PERIOD: From 12:01 A.M.  
Standard Time at your mailing  
address shown above.

SEPTEMBER 30, 2000 To SEPTEMBER 30, 2001

RENEWAL NO : NEW

(THE NAMED INSURED IS : INDIVIDUAL

BUSINESS DESCRIPTION : LANDSCAPE GARDENING

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS 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.	
	<u>PREMIUM</u>
COMMERCIAL PROPERTY	
COMMERCIAL GENERAL LIABILITY	
COMMERCIAL CRIME	
COMMERCIAL INLAND MARINE	
COMMERCIAL AUTO	8,094
<b>ESTIMATED POLICY PREMIUM</b>	
	<b>\$ 8,094</b>
THE POLICY NONREFUNDABLE MINIMUM PREMIUM IS \$ 100	

FORMS AND ENDORSEMENTS  
MADE PART OF THIS POLICY AT TIME OF ISSUE AS SHOWN IN THE APPLICATION COVERAGE PART



# Old Guard INSURANCE COMPANY

THIS POLICY IS NON-ASSESSABLE  
COMMERCIAL AUTO

POLICY NUMBER

PA-004056 DB

LANCASTER, PENNSYLVANIA

DECLARATION

NAMED INSURED

AGENCY

GRAD GLENN  
T/A C & S LAWN & LANDSCAPE  
562 MLLVIN RD  
TELFORD, PA 18269-2119

Mallalieu-Golder Associates  
49 East Fourth St. Suite 105  
Williamsport, PA 17701  
(570)326 5167

0039

POLICY PERIOD: from 12:01 A.M.  
Standard time at your mailing  
address shown above.

SEPTEMBER 30, 2000 TO SEPTEMBER 30, 2001

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS OF LIABILITY (THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS)	PREMIUM
2	PHYSICAL DAMAGE: COMPREHENSIVE COVERAGE	Actual Cash Value or Cost of Repairs, whichever is less, minus Deductible for each covered auto (see item three) and Ded. applies to loss caused by fire/lightning.	\$ 495
	PHYSICAL DAMAGE: SPECIFIED CAUSES OF LOSS COVERAGE	Actual Cash Value or Cost of Repairs, whichever is less, minus \$25 Ded for each covered auto or loss caused by mischief or vandalism.	\$
2	PHYSICAL DAMAGE: COLLISION COVERAGE	Actual Cash Value or Cost of Repairs, whichever is less, minus Deductible for each covered auto (see item three).	\$ 1,585
	PHYSICAL DAMAGE: TOWING AND LABOR	\$ for each disablement of a private pass. auto	\$
PREMIUM FOR ENDORSEMENTS			\$
ESTIMATED POLICY PREMIUM			\$ 8,094

FRAUD STATEMENT

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MAJOR PART OF THIS POLICY AT TIME OF ISSUE:

- CA0001 (12-93)    IL0021 (11-94)    IL0246 (09-96)    IL0710 (01-81)    CA0180 (01-97)    CA0029 (12-88)
- CA2171 (01-88)    CA2192 (11-95)    CA2193 (11-95)    CA2237 (03-95)    CA2238 (03-95)    CA9917 (07-97)
- IL0017 (11-98)

SEE ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Producer's Copy

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

CHAD G CLEMENS  
T/A C & S LAWN & LANDSCAPE  
562 MELVIN RD  
TELFORD PA 18969

DATE 1/18/01  
RECEIPT # 197994

IN RE: Application fees for CHAD G CLEMENS T/A C & S LAWN & LANDSCAPE

Docket Number A-00117429..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: MEMOC MO W 2446623 9  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

DOCKETED  
JAN 19 2001