

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)

Environmental Service Corp of PA

- 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)

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 81-3687396
(see checklist and indicate type of business entity registered)

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

9121 Valley View Drive
Street Address
Clarks Summit PA 18411
City, State and Zip Code
570-341-6738 Telephone Number
Lackawanna 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
SAME
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)

Tresster Law LLC 570-346-1900
Attorney's Name & Telephone Number for this Filing
220 Penn Ave # 500, Scranton PA 18503
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?**

Residual and Municipal Waste

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.

Cody E. Hendricks

(Print Name)

Cody E. Hendricks

(Signature)

10-18-16

(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).



INSURANCE BINDER

DATE (MM/DD/YYYY)
10/14/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

| | | |
|---|--|--------------------------------|
| AGENCY W.N. Tuscano Agency Inc. PO Box 1027, 950 Highland Ave. GREENSBURG PA 15601 | COMPANY National Liability & Fire Ins | BINDER # 73TRSO68737 |
| PHONE (A/C, No, Ext): (724) 836-1510 FAX (A/C, No): (724) 838-1433 | DATE EFFECTIVE: 10/13/2016 04:59 P.M. TIME: AM/PM DATE EXPIRATION: 11/12/2016 TIME: 12:01 AM/NOON | |
| CODE: SUB CODE: | <input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: | |
| AGENCY CUSTOMER ID: INSURED AND MAILING ADDRESS Environmental Service Corp of PA 9121 Valley View Drive CLARKS SUMMIT PA 18411 | DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) 2012 KENWORTH TANKER VIN# 1NKDX4TX6CJ334253 | |
| BUSINESS DESCRIPTION: Monitor Wastewater Treatment | | |

| COVERAGES | COVERAGE / FORMS | LIMITS | |
|---|--|--|--------|
| TYPE OF INSURANCE | | DEDUCTIBLE | AMOUNT |
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC | | | |
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | |
| VEHICLE 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 <input checked="" type="checkbox"/> Non-Stacked UM & UIM | Added First Party Benefits: Medical Expense Benefits: 10,000 Work Loss Benefits: 5,000 MAX. Funeral Expense Benefit: 2,500 | COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 1,000,000 UNDERINSURED \$ 1,000,000 | |
| VEHICLE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: 1000 <input checked="" type="checkbox"/> OTHER THAN COL: 1000 | <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES OTC - COMPREHENSIVE | ACTUAL CASH VALUE <input checked="" type="checkbox"/> STATED AMOUNT \$ 88,000 | |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ | |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: | EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ | |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |
| SPECIAL CONDITIONS / OTHER COVERAGES | | FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ 5,632.00 | |

| | |
|--|--|
| NAME & ADDRESS Unit #: - Bank Capital Services 1853 Highway 315 PITTSTON PA 18640 | ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOAN #: AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> </div> |
|--|--|



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| COVERAGES | | LIMITS | | |
|---|--|--|---------|--------|
| TYPE OF INSURANCE | COVERAGE / FORMS | DEDUCTIBLE | COINS % | AMOUNT |
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC | | | | |
| GENERAL LIABILITY <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 \$ | | |
| VEHICLE 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 <input checked="" type="checkbox"/> Non-Stacked UM & UIM | Added First Party Benefits: Medical Expense Benefits: 10,000 Work Loss Benefits: 5,000 Funeral Expense Benefit: 2,500 | COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 1,000,000 UNDERINSURED \$ 1,000,000 | | |
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| SPECIAL CONDITIONS / OTHER COVERAGES | | FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$ 5,632.00 | | |

| | | | |
|--|--|--|--|
| NAME & ADDRESS Unit #: 1 - 2012 KENWORTH 1NKDX4TX6CJ334253 Bank Capital Services 1853 Highway 315 PITTSTON PA 18640 | | <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE |
| | | LOAN #: | |
| | | AUTHORIZED REPRESENTATIVE | |



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| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC | | | | |
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | RETRO DATE FOR CLAIMS MADE: _____ | | | |
| VEHICLE 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 <input checked="" type="checkbox"/> Non-Stacked UM & UIM | Added First Party Benefits: Medical Expense Benefits: 10,000 Work Loss Benefits: 5,000 MAX. Funeral Expense Benefit: 2,500 | | | |
| VEHICLE PHYSICAL DAMAGE DED: _____ <input checked="" type="checkbox"/> COLLISION: 1000 <input checked="" type="checkbox"/> OTHER THAN COL: 1000 | ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES OTC - COMPREHENSIVE | | | |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: _____ | | | |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | |
| SPECIAL CONDITIONS / OTHER COVERAGES | | | | |
| | | | | ESTIMATED TOTAL PREMIUM \$ 5,632.00 |

| | |
|--|--|
| NAME & ADDRESS Unit #: 1 - 2012 KENWORTH 1NKDX4TX6CJ334253 North End Electric 1225 N. Keyser Ave. SCRANTON PA 18504 | <input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDER'S LOSS PAYABLE LOAN #: _____ AUTHORIZED REPRESENTATIVE |
|--|--|

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the Insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The Insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Montana

No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.





Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

Part I Election Information (continued) **Note.** If you need more rows, use additional copies of page 2.

| J Name and address of each shareholder or former shareholder required to consent to the election. (see instructions) | K Shareholder's Consent Statement Under penalties of perjury, I declare that I consent to the election of the above-named corporation (entity) to be an S corporation under section 1362(a) and that I have examined this consent statement, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete. I understand my consent is binding and may not be withdrawn after the corporation (entity) has made a valid election. If seeking relief for a late filed election, I also declare under penalties of perjury that I have reported my income on all affected returns consistent with the S corporation election for the year for which the election should have been filed (see beginning date entered on line E) and for all subsequent years. | | L Stock owned or percentage of ownership (see instructions) | | M Social security number or employer identification number (see instructions) | N Shareholder's tax year ends (month and day) |
|---|---|------|--|------------------|--|--|
| | Signature | Date | Number of shares or percentage of ownership | Date(s) acquired | | |
| Cale Hendricks |  | | 55 | 8/23/2016 | 592-22-4877 | 12/31 |
| Cody Hendricks |  | | 15 | 8/23/2016 | 593-33-7375 | 12/31 |
| Dave Quinn |  | | 15 | 8/23/2016 | 196-46-8048 | 12/31 |
| Ryan S. Detweiler |  | | 15 | 8/23/2016 | 175-68-3432 | 12/31 |
| Cale Hendricks Address | 9101 valley view Dr Charles Summit PA | | 78411 | | | |
| Cody Hendricks Address | 9100 valley view Dr Charles Summit PA | | 78411 | | | |
| Dave Quinn Address | 602 Chemung St Whitehaven PA | | 18661 | | | |
| Ryan S. Detweiler Address | 795 Tunnel Rd Whitehaven PA | | 18661 | | | |

Environmental Services Corp.

9121 Valley View Drive
Clarks Summit, PA 18411



PROVIDING WATER AND WASTE WATER SOLUTIONS

Date: 10/18/16

Subject: Corporate Officers Information

Re: Cody Hendricks

Below is the detailed list of Corporate Officers belonging to Environmental Service Corp of Pa

Cale Hendricks -President – 9121 Valley View Drive Clarks Summit Pa 18411

Cody Hendricks –Vice President - 9120 Valley View Drive Clarks Summit Pa 18411

Dave Quinn – Partner- 602 Chemung St Whitehaven Pa 18661

Ryan S Detweiler – Secretary - 795 Tunnel Rd Whitehaven Pa 18661

CUSTOMER COPY

CASHIER'S CHECK



bankatfidelity.com
Drinker & Blakely Streets, Dunmore PA 18512

PAY **\$100.00**

DOLLAR ONE ZERO ZERO PERIOD ZERO ZERO

DOLLARS

\$ 100.00

TO THE ORDER OF
COMMONWEALTH OF PA

REMITTER ENVIRONMENTAL SERVICE CORP OF PA

Memo Line

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

COPY

COPY

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY GUARD PROGRAM™ FEATURES



bankatfidelity.com
Drinker & Blakely Streets, Dunmore PA 18512

DATE 10/18/2016

PAY **\$100.00**

DOLLAR ONE ZERO ZERO PERIOD ZERO ZERO

DOLLARS

\$ 100.00

TO THE ORDER OF
COMMONWEALTH OF PA

REMITTER ENVIRONMENTAL SERVICE CORP OF PA

Memo Line

Daniel J Santorelli

AUTHORIZED SIGNATURE



THIS CHECK CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

"Check will be mailed"
- If necessary