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SECRETARY'S BUREAU

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**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834**

### Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

CHAPMAN TRANSPORT INC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

\_\_\_\_\_

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

10980 W. GREENWOOD

Street Address

WATERBED, PA 16441

City, State and Zip Code

814-796-6185

Telephone Number

ERIE

County

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

SAME

Street Address

City, State and Zip Code

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705195  
A-00118133, F. 2

**9. 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 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 application.**

**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.

MICHAEL J CHAPMAN  
(Print Name)

Michael J Chapman 9-27-06  
(Signature) (Date)

5. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number **A-00** \_\_\_\_\_

7. **Form of Organization** (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)

**Corporation, LLC or LLP**

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

WE ARE  
A, S CORP

8. **Attachment Checklist**

**For Corporations, LLPs and LLCs Only:**

- Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.
- List of corporate officers/titles and distribution of shares.

**For Partnerships Only:**

- Copy of Partnership Agreement, list all partners or members.

**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.

**SENTRY SELECT INSURANCE COMPANY**

A Stock Company, Stevens Point, WI 54481  
Administrative Office: Sentry Insurance - Transportation Division  
P.O. Box 8036  
Stevens Point, WI 54481-8036  
1-800-558-9257

PART 1

CT772799-5004-041  
Renewal of Number

**COMMERCIAL AUTO COVERAGE PART  
TRUCKERS COVERAGE FORM DECLARATIONS**

POLICY NO. CT772799-8004-051

**ITEM ONE -- NAMED INSURED AND MAILING ADDRESS**

CHAPMAN TRANSPORT, INC  
10980 W. GREENE RD  
WATERFORD PA 16441

**THIS POLICY DOES NOT PROVIDE PHYSICAL  
DAMAGE COVERAGE, COLLISION COVERAGE,  
FOR ANY RENTAL VEHICLE UNLESS THE  
VEHICLE IS DESCRIBED ON THE POLICY AND  
A PREMIUM IS PAID FOR THE COVERAGE.**



**BUSINESS DESCRIPTION**

Form of Business

- Individual
- Partnership
- Corporation
- Other:

POLICY PERIOD: Policy covers FROM 12/10/2005 TO 12/10/2006

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

**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 of the symbols from the COVERED AUTO Section of the Truckers 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 Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 1,000,000	\$ INCLUDED
PERSONAL INJURY PROTECTION (P.I.P.)	46	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE	\$ INCLUDED
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ NOT COVERED
PROPERTY PROTECTION INS. (P.P.I.) (Michigan Only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	\$ NOT COVERED
AUTO MEDICAL PAYMENTS		\$	\$ NOT COVERED
UNINSURED MOTORISTS (UM)	46	\$ 35,000	\$ INCLUDED
UNDERINSURED MOTORISTS (When not covered in UM Cov.)	46	\$ 35,000	\$ INCLUDED
TRAILER INTERCHANGE	COMPREHENSIVE COVERAGE	\$ WHICH EVER IS LESS	\$ NOT COVERED
	SPECIFIED CAUSES OF LOSS COVERAGE	\$ ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICH EVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$ NOT COVERED
	COLLISION COVERAGE	\$ WHICH EVER IS LESS, MINUS \$ PER ITEM DED. FOR EACH COVERED AUTO	\$ NOT COVERED
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	\$ ** DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$ INCLUDED
	SPECIFIED CAUSES OF LOSS COVERAGE	\$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$ NOT COVERED
	COLLISION COVERAGE	\$ ** DEDUCTIBLE FOR EACH COVERED AUTO	\$ INCLUDED
	TOWING AND LABOR	\$ For each disbursement of a private passenger auto	\$ NOT COVERED

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

Certified Acts of Terrorism	\$
ESTIMATED TOTAL PREMIUM	\$
** (or equivalent No-fault cov.)** = SEE SCHEDULE	
TERRITORY: Town & State Where the Covered Auto will be principally garaged. WATERFORD PA 16441	

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

DESCRIPTION, CLASSIFICATION, COVERAGES • PREMIUMS, LIMITS AND DEDUCTIBLES
PER ATTACHED SCHEDULE

Agency Name and No.

Countersigned:

*Adrianna Kettl*  
Authorized Representative

**SENTRY SELECT INSURANCE COMPANY**

A Stock Company, Stevens Point, WI 54481  
Administrative Office: Sentry Insurance - Transportation Division  
P.O. Box 8036  
Stevens Point, WI 54481-8036  
1-800-558-9257



CT7727995004-041  
Renewal of Number

**COMMERCIAL LIABILITY COVERAGE  
DECLARATIONS**

POLICY NO. CT772799-8004-051  
NAMED INSURED AND MAILING ADDRESS  
CHAPMAN TRANSPORT, INC  
10980 W. GREENE RD  
WATERFORD PA 16441

**BUSINESS DESCRIPTION**

Form of Business:

- Individual
- Partnership
- Corporation
- Other:

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

POLICY PERIOD: Policy covers FROM 12/10/2005 TO 12/10/2006

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 AS STATED IN THIS POLICY.

LIMITS OF INSURANCE				
GENERAL AGGREGATE LIMIT (Other Than Products - Completed Operations)	\$	<u>1,000,000</u>		
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$	<u>NOT COVERED</u>		
PERSONAL & ADVERTISING INJURY LIMIT	\$	<u>1,000,000</u>		ANY ONE PERSON OR ORGANIZATION
EACH OCCURRENCE LIMIT	\$	<u>1,000,000</u>		
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	<u>100,000</u>		ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$	<u>5,000</u>		ANY ONE PERSON
Business Description: <u>TRUCKER</u>				
Location of All Premises You Own, Rent or Occupy: <u>WATERFORD PA</u>				
ALL KNOWN EXPOSURES AT THE BEGINNING OF THE POLICY PERIOD HAVE BEEN IDENTIFIED BELOW.				
CLASSIFICATION Trucker - Including Completed Operations	CODE NO. 99793	PREMIUM BASIS EACH # 5	RATE INCLUDED	ADVANCE PREMIUM INCLUDED
Including Coverage for Products - Completed Operations of a Trucker Only. No other Products - Completed Operations are covered. Subject to the Each Occurrence Limit and General Aggregate Limit shown above.				
Certified Acts of Terrorism			<u>INCLUDED</u>	
ESTIMATED TOTAL PREMIUM: \$ <u>                    </u>				
ENDORSEMENTS ATTACHED TO THIS POLICY: <u>SEE ATTACHED</u>				
Agency Name and No.:				

COUNTERSIGNED:

09/27/06  
(Date)

BY Adrienne Kottel  
(Authorized Representative)





PENNSYLVANIA  
**Department of State**

## Corporations

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Search  
By Business Name  
By Business Entity ID  
Verify  
Verify Certification

### Business Entity Filing History

Date: 10/16/2006 (Select the link above to view the Business Entity's Filing History)

#### Business Name History

Name	Name Type
CHAPMAN TRANSPORT, INC.	Current Name

#### Business Corporation - Domestic - Information

Entity Number:	2753507
Status:	Active
Entity Creation Date:	5/5/1997 3:46:31 PM
State of Business.:	PA
Registered Office Address:	No Address
Mailing Address:	No Address

#### Officers

Name:	MICHAEL J CHAPMAN
Title:	President
Address:	10980 W GREENE RD WATERFORD PA 16441-0

Name:	MICHAEL J CHAPMAN
Title:	Secretary
Address:	10980 W GREENE RD WATERFORD PA 16441-0

Name:	MICHAEL J CHAPMAN
Title:	Treasurer
Address:	10980 W GREENE RD WATERFORD PA 16441-0

Name:	MICHAEL J CHAPMAN
Title:	Vice President
Address:	10980 W GREENE RD

WATERFORD PA 16441-0

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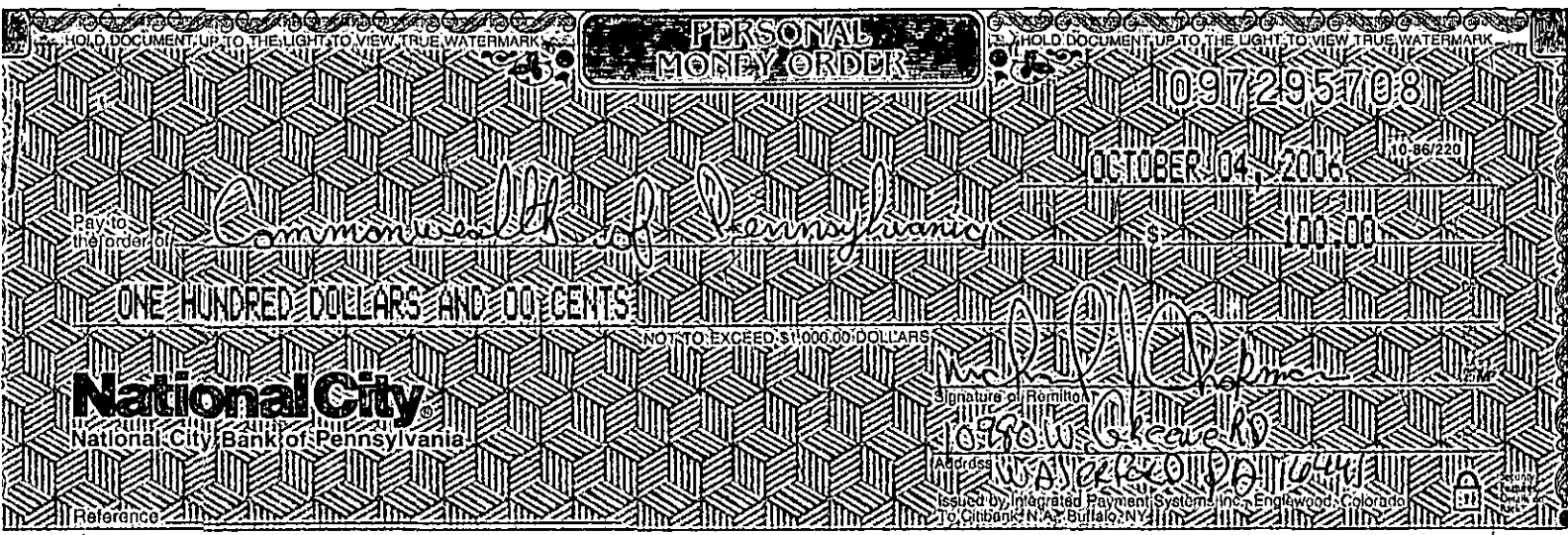
NAME: CHAPMAN TRANSPORT, INC.  
ADDRESS1: 10980 WEST GREENE ROAD  
ADDRESS2:  
CITY: WATERFORD STATE: PA ZIP: 16441  
PRESENTING: SELF TYPE

ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP: TYPE  
PRESENTING:

ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP: TYPE  
PRESENTING:

RESPONDENT OR APPLICANT: CHAPMAN TRANSPORT, INC.

CITY OR COMPLAINANT:  
[CU25] [ ] [A-00118133] [F] [0002] [ ] [ ] PRINT- [ ]  
THIS IS THE LAST RECORD OF THIS CASE NUMBER  
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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DATE: 10/18/2006  
RECEIPT NO: 205061

CHAPMAN TRANSPORT, INC.  
10980 WEST GREENE ROAD  
WATERFORD PA 16441

IN RE: Application fees for CHAPMAN TRANSPORT, INC.

Docket Number A-00118133F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 097295708  
CHECK AMOUNT: \$100.00

Michael Sobolesky  
(for Department of Revenue)

**DOCUMENT  
FOLDER**

**DOCKETED**  
OCT 20 2006