

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

REC'D  
TRANSPORTATION SAFETY  
2001 JUL -9 PM 3:20

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<b>For PUC Use Only</b>
Docket No. _____
Folder No. _____

RECEIVED  
2001 JUL -9 AM 9:14  
PUC  
SECRETARY'S BUREAU

1. CHAPMAN TRANSPORT, INC.  
(Full and correct name in which you intend to operate)

2. \_\_\_\_\_  
(Trade name, if any)

The trade name, if fictitious, has NOT been registered  
(has or has not)

Secretary of the Commonwealth on \_\_\_\_\_ (attach  
date-stamped registration form).

3. 10980 West Greene Road 814-796-6185  
(Physical Address) (Telephone No.)

Waterford Erie County PA 16441  
(City) (County) (State) (Zip)

4. \_\_\_\_\_  
(Mailing Address; if different)

(City) (County) (State) (Zip)

5. \_\_\_\_\_ (Attorney's Name) \_\_\_\_\_ (Telephone Number)

(Attorney's Address)

**DOCKETED**  
**DOCUMENT FOLDER**

AUG 09 2001

*AT*  
*A-118133*

6. Applicant DOES hold ICC authority under Docket  
(does or does not)

No. MC 311687

7. Applicant does have a current safety rating  
(does or does not)

issued by USDOT.

(attach copy)

8. Approximate number of commercial vehicles to be operated

intrastate: owned 4 leased \_\_\_\_\_

9. Applicant is (check one):

Individual

Partnership. Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)

(Address)



Corporation. Organized under the laws of the State of PA

and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 5.5.1997

(Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and numbers of shares held by each stockholder.

10. Attach the following, as appropriate (check those attached):

- Partnership Agreement.
- Date-stamped copy of Fictitious Trade Name registration certificate.
- Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.
- Copy of current safety rating issued by a state or federal agency.
- List of corporate officers and stockholders and distribution of shares.
- Proof of insurance.

11. Certification

- a. 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 the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenue to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate.

# VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Michael Chapman      Michael O Chapman      6:2901  
(Print Name)                      (Signature)                      (Date)

---

(Print Name)                      (Signature)                      (Date)

---

(Print Name)                      (Signature)                      (Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID DB CHARM-1

DATE (MM/DD/YY) 10/24/00

**PRODUCER**  
 National Risk Management Svcs.  
 7181 Chagrin Road, Suite 3  
 Chagrin Falls OH 44023  
 Phone: 800-962-3036

**INSURED**  
 Chapman Transport, Inc.  
 10980 West Greene Rd.  
 Waterford PA 15441

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### INSURERS AFFORDING COVERAGE

INSURER A	STAR INSURANCE COMPANY
INSURER B	
INSURER C	
INSURER D	
INSURER E	

### COVERAGES

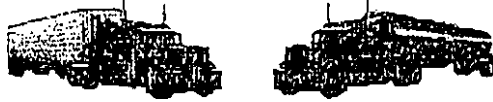
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE MEDICAL EXPENSE LIMIT APPLIES FOR PHYSICIAN PROFESSIONAL LIABILITY	CP0100536	09/27/00	09/27/01	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Per occurrence) \$ 50,000 MEDICAL EXP. (Per person) \$ 5,000 PERSONAL & ADM. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMBINATION \$ 1,000,000
A X	AUTOMOBILE LIABILITY ALL OWNED AUTOS LEASED AUTOS HIRED AUTOS UNINSURED AUTOS	CP0160536	09/27/00	09/27/01	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ALL AUTOS				ANY ONE - EACH OCCURR \$ OTHER THAN EACH \$ AUTO GBL / AGG \$
	EXCESS LIABILITY RECURRING CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATE/TERRITORY LIMITS INVT. L. BR. EL EACH ACCIDENT \$ EL DISEASE - EA. EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Other PHYSICAL DAMAGE	CP0160536	09/27/00	09/27/01	ACV/STD VALUE DED/UNIT 1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT <del>NO OBLIGATION</del> SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
			J. Kevin Calvey

# CHAPMAN TRANSPORT INC.



Tanker - Van - Reefer

## CORPORATION OFFICERS

PRESIDENT	MICHAEL J CHAPMAN
VICE PRESIDENT	10980 W. GREENE RD
SECRETARY	WATERFORD, PA 16441
TREASURER	S/S
	DOB 11/11/61
	% SHARES 100

FED ID 23-2908463



Microfilm Number 0774-921

ID- Filed with the Department of State on MAY 03 1997 P. 01

Entity Number 2753507

*[Signature]*  
Secretary of the Commonwealth

Secretary of the Commonwealth

### ARTICLES OF INCORPORATION

DSCB:15-1306 (Rev 89)

Indicate type of domestic corporation (check one):

- Business-stock (15 Pa. C.S. § 1306)
- Business-nonstock (15 Pa. C.S. § 2102)
- Business-statutory close (15 Pa. C.S. § 2304a is applicable)
- Professional (15 Pa. C.S. § 2903)
- Management (15 Pa. C.S. § 2701)
- Cooperative (15 Pa. C.S. § 7701)

1. The name of the corporation is: Chapman Transport, Inc.

This corporation is incorporated under the provisions of the Business Corporation Law of 1988.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) commercial registered office provider and the county of venue is:

(a) 10980 West Greene Road, Waterford, PA 16551 Erie  
Number and Street City State Zip County

(b) \_\_\_\_\_  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The aggregate number of shares authorized is: 1,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

4. The name and address, including street and number, if any, of each incorporator is:

Name	Address	Signature	Date
<u>Michael Chapman</u>	<u>10980 W. Greene Road, Waterford, PA 16441</u>	<i>[Signature]</i>	<u>5/1/97</u>

5. The specified effective date, if any, is: 05 01 97  
month day year hour, if any

6. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

7. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "Public Offering" within the meaning of the Securities Act of 1933 (15U.S.C. § 77A et seq.).

8. Business cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: \_\_\_\_\_

PA DEPT. OF STATE

MAY 5 1997 COMPANY, PHILADELPHIA 1-800-523-8113

STATEMENT (PSCB:15-134A)  
DEPARTMENTS OF STATE AND REVENUE

BUREAU USE ONLY:

Dept. of State Entity Number \_\_\_\_\_

Revenue Box Number \_\_\_\_\_

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

SIC \_\_\_\_\_ Report Code \_\_\_\_\_

FEE: NONE

Form (file in triplicate) and all accompanying documents shall be mailed to:

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
REGISTRATION BUREAU  
NORTH OFFICE BUILDING  
HARRISBURG, PA 17120-0029

proper box

Business-stock \_\_\_\_\_ Business-nonstock \_\_\_\_\_ Business-Management \_\_\_\_\_ Professional \_\_\_\_\_  
Business-statutory close \_\_\_\_\_ Business-cooperative \_\_\_\_\_ Nonprofit-stock \_\_\_\_\_ Nonprofit-nonstock \_\_\_\_\_  
Foreign \_\_\_\_\_ Foreign-nonprofit-stock \_\_\_\_\_ Motor Vehicle for Hire \_\_\_\_\_  
Foreign-Limited Certificate of Authority to D/B/A \_\_\_\_\_

Entity registering as a result of (check box):

Incorporation (PA) \_\_\_\_\_ Domestication \_\_\_\_\_ Consolidation \_\_\_\_\_  
Reincorporation of a foreign corporation \_\_\_\_\_ Division \_\_\_\_\_ Summary of Record \_\_\_\_\_

Name of corporation Chapman Transport, Inc.

Location of (a) initial registered office in PA or (b) the name and county of the commercial registered office provider:

10980 W. Greene Road, Waterford, PA 16441 Erie  
Number and Street/RD number and Box City State Zip code County

Name of commercial registered office provider \_\_\_\_\_ County \_\_\_\_\_

Erie County, Pennsylvania

State of Country of Incorporation \_\_\_\_\_

Effective date, if applicable: May 1, 1997

Describe principal PA activity to be engaged in, within one year of this application date: Put bulk milk and freight hauling

Names, residences and social security numbers of the chief executive officer, secretary and treasurer:

Name Address Title Social Security #  
Michael Chapman 10980 W. Greene Road, Waterford, PA 16441 (Pres./Sec/Treas.) \_\_\_\_\_

If professional corporation, include officer's professional license numbers with the respective Pennsylvania Professional Board.

Location of principal place of business:

<u>10980 W. Greene Road</u>	<u>Waterford,</u>	<u>PA</u>	<u>16441</u>
Number and Street/PO number and Box	City	State	Zip Code

Mailing address if different than #5 (Location where correspondence, tax report form, etc. are to be sent):

_____	_____	_____	_____
Number and Street/PO number and Box	City	State	Zip Code

Federal Identification Number: 25-1530959

Act of General Assembly or authority under which you are organized or incorporated (Full Citation of statute or status attach a separate sheet if more space is required): 15 Pa. C.S. §1301 et seq.

Date and state of incorporation or organization (foreign corporation only): \_\_\_\_\_

Date business started in PA (foreign corporation only): \_\_\_\_\_

Is the corporation authorized to issue capital stock?  YES  NO

Corporation's fiscal year ends: December 31

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 PA C.S. § 4904 (relating to unsworn falsification to authorities).

Michael J. Chapman

Instructions for completion of form:

A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.

The Bureau of Corporation Taxes in the PA Department of Revenue should be notified of any address changes. Notification should be sent to the Processing Division, Bureau of Corporation Taxes, PA Department of Revenue, Dept. 280705, Harrisburg, PA 17128-0705.

All PA corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis only.



COMPLIANCE CHAPMAN TRANSPORT INC

DATE: 01/18/2000

REVIEW USDOT: 0665940

PAGE: 2

PART B

SAFETY FITNESS RATING INFORMATION:

Total Miles Operated:	501,021
Recordable Crashes	1
Recordable Crashes / Million Miles:	1.996

OOS Vehicles (CR) :	0
# of Vehicles Inspected (CR) :	0
OOS Vehicles (MCMIS) :	0
# of Vehicles Inspected (MCMIS) :	3

Your proposed safety rating is

SATISFACTORY

RATING FACTORS	# OF POINTS	
	ACUTE	CRITICAL
Factor 1: S	0	0
Factor 2: S	0	0
Factor 3: S	0	0
Factor 4: S	0	0
Factor 5: N	0	0
Factor 6: S	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.

RECEIVED BY: 	TITLE: 
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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

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

DOCUMENT  
FOLDER

DATE 8/13/01  
RECEIPT # 198661

IN RE: Application fees for CHAPMAN TRANSPORT, INC.

**DOCKETED**

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

AUG 15 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 016105977 9  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

REP