

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

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2006 MAR 28 PM 1:06
PENNSYLVANIA
SECRETARY'S BUREAU

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)

Michael Allen Rubright

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

M + R Trucking

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

508 Washington St. Apt. 5B
Street Address

Shoemakersville, P.A. 19555
City, State and Zip Code

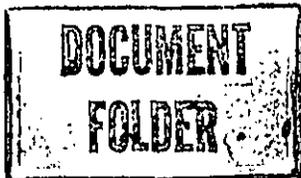
(484) 256-0239 Telephone Number Berks County

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TRANSPORTATION & SAFETY
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4. **Mailing Address** (if different from Physical Address)

Same Address
Street Address

City, State and Zip Code



A-118746-F.2
DOCKETED
MAY 06 2006

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.

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.

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 Allen Rubright
(Print Name)

MA Rubright (Signature) 3/23/06 (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) or by the President or Secretary (if a corporation).

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961**

Exemption from PUC Cargo Insurance Regulations

This is to advise that Michael Allen Rubright
(Name of applicant/carrier)
holding PUC authority at Application Docket No. A- _____ is exempt
(If available)
from Cargo Insurance Regulations for the following reasons (Check **all** that apply):

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500 in value.

Michael Allen Rubright
(Signature of Individual applicant, authorized partner or corporate president or secretary)

Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth 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 the penalties of 18 C.S. SEC. 409 relating to unsworn falsification to authorities.

Michael Allen Rubright 3/23/06
(Signature) (Date)
Michael Allen Rubright
(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Transportation & Safety - Insurance/Filing Unit
PO Box 3265
Harrisburg, PA 17105-3265

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
TRUCKERS COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

GA Code: N00000
Sub-Agent's Code: OLV

70 TRN 379310

ITEM ONE NAMED INSURED & ADDRESS

MICHAEL A. RUBRIGHT
DBA M & R TRUCKING
508 WASHINGTON ST., APT. ~~50~~ **5-B**
SHOEMAKERSVILLE, PA 19555

OLVARY INSURANCE AGENCY
3 SOUTH MARKET STREET
SHAMOKIN, PA 17872

FORM OF NAMED INSURED'S BUSINESS: Individual
NAMED INSURED'S BUSINESS: TRUCKING

POLICY PERIOD: Policy covers FROM 02/14/2006 12:01 AM TO 02/14/2007 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

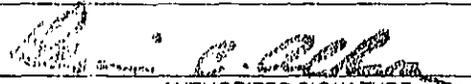
This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED 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 OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 1,000,000 CSL	\$ 1,853
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	46	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT \$ N/A Deductible	\$ 72
ADDED P.I.P. (or equivalent added No-fault cov.)	46	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ 31
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	46	\$ 35,000 CSL	\$ 8
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	46	\$ 35,000 CSL	\$ 2
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$ Deductible FOR EACH COVERED AUTO	\$
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	46	ACTUAL CASH VALUE OR \$ See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ Incl
SPECIFIED CAUSES OF LOSS		COST OF REPAIR OR \$ Deductible FOR EACH COVERED AUTO	\$
COLLISION COVERAGE	46	REPLACEMENT WHICHEVER IS \$ See M 3912b LESS MINUS (08/2001) Deductible FOR EACH COVERED AUTO	\$ 1,732
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/94)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 3,698
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 25) IF CANCELLED BY THE INSURED.			

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN AS ATTACHED

DVUA PITTSBURGH, INC.

Countersigned at PITTSBURGH, PA

By  AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.



Secretary

Insured/Producer Copy

President



Insured/Producer Copy - PA 2.2.10 02/19/2006 LAH

NI-4612a (11/1998)

NO FLAT CANCELLATIONS
NON-PAYMENT—REQUEST OF BROKER
OR PREMIUM FINANCE—COMPUTED SHORT RATE



DVUA Pittsburgh, Inc.

One Forestwood Drive, Suite 203 • Pittsburgh, PA 15237
Phone (412)369-2500 • Fax (412)366-1760
www.dvua.com

BINDER

February 10, 2006

TO: **Bob Olvany**
Olvany Insurance Agency, Inc.
3 South Market Street
Shamokin, PA 17872

Assigned Policy No: 70TRN379310

1. **Assured:** Michael A. Rubright DBA M & R Trucking
2. **Address:** 508 Washington Street Apt. #5A, Shoemakersville, PA 19555
3. **Insurer:** National Indemnity Company
4. **Limits:** Liability \$1,000,000 CSL; First Party Benefits \$10,000 Medical, \$1,000/\$15,000 Work Loss, \$1,500 Funeral & \$10,000 Accidental Death, Physical Damage \$60,000 Total Insured Value
5. **Premium:** \$3,698
6. **Rate (if applicable):**
7. **Type of Insurance:** Commercial Auto Liability and Physical Damage
8. **Effective Date:** 02/14/06
9. **Term of Policy Coverage:** 02/14/06 to 02/14/07
10. **Deductible/Self Insured Retention:** Liability \$250 PD per claim; Physical Damage \$1,000 Comprehensive/\$1,000 Collision
11. **Special Provisions/Exclusions:** Subject to all policy terms and conditions. Subject to acceptable MVR's. Additional premium may apply due to driving records. 100-mile radius applies. Drivers must be licensed a minimum of seven years, with two years experience on the type of vehicle insured. All drivers must be reported upon hire. Premium is based on (1) XH Dump Truck. Physical Damage: 1997 Mack Triaxle Dump - value \$60,000. Insured is a "For Hire" sand and gravel hauler.

This binder is a summary only of coverage that has been arranged. Terms of coverage will be more fully described in the policy or cover note to be issued. Unless the discrepancies in coverage described herein are reported, the policy will be issued as indicated.

This binder will be terminated and superseded upon delivery of formal policies or cover note issued to replace it. This binder expires, unless renewed, in 60 days from inception date of this liability hereunder.

This is a premium bearing binder. The annual premium is due with your DVUA statement, unless otherwise noted.

This binder is issued on behalf of National Indemnity Company.

Signature: _____

Dennis C. Alkson

COVERAGE CONTAINED IN THE TERMS OF THIS BINDER MAY DIFFER FROM COVERAGES REQUESTED BY YOUR AGENCY. PLEASE REVIEW THE TERMS OF THIS BINDER CAREFULLY.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DATE: 5/11/2006
RECEIPT NO: 204354

RUBRIGHT, MICHAEL
508 WASHINGTON ST., APT. 5-B
SHOEMAKERSVILLE PA 19555

**DOCUMENT
FOLDER**

IN RE: Application fees for RUBRIGHT, MICHAEL

Docket Number A-00118746F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: LB MO 4439577267
CHECK AMOUNT: \$100.00

Michael Sobolesky
(for Department of Revenue)

DOCKETED
MAY 16 2006

RJP