

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2002 APR -1 PM 1:06

1. CINDY GLOVER TRUCKING INC.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. _____
TRADE NAME IF ANY
The trade name, if fictitious, HAS been registered with the
(has or has not)
Secretary of the Commonwealth on JAN 18, 2002. Attach a date
stamped copy of the registration form.

3. 13983 FRENCH CREEK ROAD WATERFORD, Pa. 16441
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) Erie Co. (814) 796-6505

4. SAME AS ABOVE
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.)

DOCUMENT
FOLDER

DOCKETED

ATTORNEY'S ADDRESS

6. APPLICANT does not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER N/A

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

25
BIPD - NO
CARGO - NO
PROP - MOD

A- 00118798

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 2 LEASED 0

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:

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

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF PENNSYLVANIA AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON 11-18-02. 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 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 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.

BINDY GLOVER *Bindy Glover* 3-18-2002
(PRINT NAME) (SIGNATURE) (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.

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.

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 _____

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT
OF

CINDY GLOVER TRUCKING, INC.

Name of Corporation

A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. ' 1306) ___ Management (15 Pa.C.S. ' 2702)
- ___ Business-nonstock (15 Pa.C.S. ' 2102) ___ Professional (15 Pa.C.S. ' 2903)
- ___ Business-statutory close (15 Pa.C.S. ' 2303) ___ Insurance (15 Pa.C.S. ' 3101)
- ___ Cooperative (15 Pa.C.S. ' 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Cindy Glover Trucking, Inc.

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

(a) <u>13983 French Creek Rd.</u>	<u>Waterford</u>	<u>PA</u>	<u>16441</u>	<u>Erie</u>
Number and Street	City	State	Zip	County

(b) c/o: _____
 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 corporation is incorporated under the provisions of the Business Corporation Law of 1988.
- 4. The aggregate number of shares authorized is: 10,000 (other provisions, if any, attach 8 1/2 x 11 sheet)
- 5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Cindy L. Glover</u>	<u>13983 French Creek Rd., Waterford, PA 16441</u>

6. The **specified effective date**, if any, is: 01/ 18 2002
month day year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. **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 (15 U.S.C. ' 77a et seq.).

9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 18th day of January, ~~XX~~ 2002.

Cindy Glover

(Signature)

(Signature)

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

348

GLOVER, CINDY TRUCKING, INC.

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: 3047948

MICROFILM NUMBER: 2002005

1068-1069

FAX# 814-833-6753
QUINN BUSECK LEEMHUIS ETAL
S L WALLEN

THIS RISK RATED BY QUOTE UNIT OR DSM? YES NO IF "YES," ATTACH COPY OF QUOTE.

PLEASE DO NOT WRITE OR STAPLE IN THIS SPACE

9 COMMERCIAL NON-FLEET/FLEET AUTO APPLICATION

ERIE INSURANCE GROUP 100 Erie Insurance Place Erie, PA 16530

- FOR HOME OFFICE USE ONLY -

Application form containing sections for applicant information, vehicle details, coverage options, and driver information. Includes fields for name, address, phone, and license details.

INS POL # 0030630363

11 ARE THERE HOUSEHOLD RESIDENTS OF DRIVING AGE NOT LISTED IN NUMBER 10? YES NO IF "YES" LIST NAME. DO THEY HAVE THEIR OWN AUTO? YES NO DO THEY HAVE THEIR OWN INSURANCE? YES NO

12 WHAT COMMODITIES ARE TRANSPORTED? MILEAGE RADIUS? DESTINATION? HOW OFTEN?
Gravel w/in 50 miles

13 DOES THIS APPLICATION INSURE ALL MOTOR VEHICLES AND TRAILERS OWNED BY APPLICANT?
(Applicable only when Used Car & Non-owned coverage included.) YES NO IF "NO" give year, make and V.I.N. of owned vehicles not to be insured.

14 AUTO(S) WILL BE PRINCIPALLY USED IN THE LOCALITY INDICATED IN ITEM 3, EXCEPT:

15 ARE FIRMA AND/OR STATE FILINGS REQUIRED? YES NO IF "YES," GIVE SINGLE STATE OF REG. STATE(S) AND DOCKET NO.(S) AND ATTACH COPY OF RIGHTS.

16 ARE VEHICLES LEASED TO OTHERS? YES NO IF "YES," DESCRIBE CIRCUMSTANCES AND ATTACH COPY OF CONTRACT.

17 WARNING: An incorrect answer, intentional or not, to any question below may jeopardize the acceptance of this application. If the answers to any of the following are "Yes," give driver's name and requested details below. (Attach additional sheet if necessary)

Has any driver:

YES	NO	YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(a) Had any auto insurance refused, cancelled or expired in past five years or been excluded or non-rated on a policy in past five years? If "Yes" case, give name of Company, Policy No., date, reason if known.

(b) Been required to the evidence of financial responsibility in past five years? (Give date and reason)

(c) Had driver's license revoked or suspended in past five years? (Give date and reason)

(d) Received a ticket for speeding or any other vehicle code violation within the past five years? If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.

(e) Ever been arrested for ANY reason? (Give date and place of arrest, conviction and penalty)

(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed.

(g) Had any comprehensive losses (fire, theft, etc.) in past five years? (Describe)

(h) ONLY (h) Refused to submit to a chemical test in the past three years?

(i) While driving a motor vehicle, been involved in an accident during past five years? If yes, describe all accidents, regardless of who was at fault, under No. 18 below.

NOTE FOR DC APPLICANTS: Question 17 (a) not applicable and for questions 17 (b) & (c) ask for three years record only.

NOTE FOR MD APPLICANTS: Question 17 (a) - (c) ask for three years record only. Also ask 17 (d).

NOTE FOR WI APPLICANTS: Question 17 (f) not applicable.

18 - Accident Date	DRIVER'S NAME	DRIVES AUTO	DUP	DEGREE OF ACCIDENT (ANY LOSS OTHER THAN COMPREHENSIVE - EXAMPLE: SLIDING INTO A DITCH.) LIST \$ AMOUNT OF DAMAGE, WHO PAID, VEHICLE'S OWNER, ETC. IF NOT, SUBJECT TO DDP, EXPLAIN WHY.
6-97	Cynthia Glover	Y	N	Vandalism - driver side keyed \$200
		W	N	
		H	N	

19 INSURANCE RECORD Current auto insurer ERIE Insurance
Policy No. 020108740

If no current insurer list company last insured with and when

If previously insured with "ERIE" when _____ Policy No. _____

Name as which policy was written _____

If insuring with other "ERIE" Policyholder or applicant, name _____ relationship _____

Policy No. _____

Policy No. of any in-force policy(ies) issued to the Applicant by The ERIE _____

Effective date(s) _____

AGENT: If this application causes changes on an existing ERIE policy, attach change form. If you contacted the Home Office about this risk, list individual contacted and date.

If applying for other coverage (Prior PACE, Auto, HomeProtect, WC) at this time, list type of policy(ies)

WARNING: Do not bind risks that have been previously cancelled or declined or not renewed. Do not bind risks with a physical or mental impairment or disability. An unbound application may be submitted for these risks.

DO YOU CONSIDER THIS AN ACCEPTABLE RISK? Yes I certify that I have read to the Applicant all of the questions as they are printed on this application. I further certify that I have included all answers as given by the Applicant.

Agent's Signature Melinda Miller Date 3-22-02

20 OTHER PERTINENT INFORMATION

DC APPLICANTS PLEASE READ: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

WI APPLICANTS PLEASE READ: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

VA & VA APPLICANTS PLEASE READ: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND LOSS OF INSURANCE BENEFITS.

ALL OTHER APPLICANTS PLEASE READ: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I certify that I have given true and complete answers to the questions in this application.

APPLICANTS TO ERIE INSURANCE PROPERTY & CASUALTY COMPANY SIGN HERE: APPLICANT'S SIGNATURE _____ Title _____ Date _____

APPLICANTS TO EXCHANGE ONLY: The Subscriber (You or Your) agrees with the other Subscribers at ERIE INSURANCE EXCHANGE (ERIE), a Reciprocal/Revolving Insurance Exchange, and with their Attorney-in-Fact, the ERIE Indemnity Company ("we" or "us"), a Pennsylvania corporation with its Home Office in Erie, Pennsylvania, to the following:

- You agree to pay your policy premiums and to exchange with other ERIE Subscriber policies involving insurance for any insured loss as stated in these policies.
- You agree to be bound in fact with the power to: a) exchange policies with other ERIE Subscribers; b) to be any action necessary for the exchange of such policies; c) issue, change, non-renew or cancel policies; d) obtain insurance; e) collect premiums; f) issue and collect bonds; g) receive notices and proofs of loss; h) appear for compromise, promissory, defense and other losses and claims under your policies; i) accept service of process on behalf of ERIE as insurer; and j) manage and conduct the business and affairs of ERIE as officers and directors. This power of attorney is limited to the purposes described in this Agreement.
- You agree that as compensation for (a) becoming and acting as Attorney in Fact; (b) managing the business and affairs of ERIE; and (c) paying to operate administrative expenses, including sales commissions, salaries and employee benefits, taxes, rent, depreciation, supplies and data processing, we may retain up to 25% of all premiums written or assumed by ERIE. The rest of the premiums will be used for losses, loss adjustment expenses, investment expenses, damages, legal expenses, court costs, taxes, assessments, losses, fees, any other governmental fines and charges, establishment of reserves and surplus, and reinsurance and may be used for dividends and other purposes we decide are to the advantage of Subscribers.
- You agree that this Agreement, including the power of attorney, shall have application to all insurance policies for which you apply to ERIE, including changes in any of your coverages.
- You agree to sign and deliver to us all papers required to carry out this Agreement.
- This Agreement, including the power of attorney, shall not be affected by your subsequent disability or incapacity.
- This Agreement is and shall be binding upon you, us, and all executors, administrators, successors and assigns.

I certify that I have given true and complete answers to the questions in this application.

APPLICANTS TO ERIE INSURANCE EXCHANGE SIGN HERE: SUBSCRIBER'S SIGNATURE Cynthia Glover Title Owner Date 3-5-02

PENNSYLVANIA PUBLIC UTILITY COMMISSION

REP

RECEIPT

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

GLOVER, CINDY TRUCKING, INC.
13983 FRENCH CREEK ROAD
WATERFORD PA 16441

DATE 4/9/02
RECEIPT # 199632

IN RE: Application fees for GLOVER, CINDY TRUCKING, INC.

Docket Number A-00118798..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 740892146

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
APR 11 2002

DOCUMENT
FOLDER

PA PUC
SECRETARY'S BUREAU

2002 APR 10 AM 10:38

RECEIVED