

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## 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)

NEP Transportation, LLC

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- 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)

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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 7117067  
(see checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

NEP II, Inc. - Sole Member  
Dean Naccarato, Chief Legal Officer of Sole Member  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

2 Beta Drive  
Street Address  
Pittsburgh, PA 15238-2939 Allegheny  
City, State and Zip Code County  
(412) 423-1387 dnaccarato@nepgroup.com  
Telephone Number E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code County  
\_\_\_\_\_  
Telephone Number E-mail Address

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. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Andrew K. Light - 317-637-1777  
Attorney's Name & Telephone Number for this Filing  
Scopelitis, Garvin, Light, Hanson & Feary  
10 W Market St Ste 1400, Indianapolis, IN 46204 alight@scopelitis.com  
Attorney's Address E-mail 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.

9. **Do you have a USDOT Number?**

     No   X   Yes, at No. 907062

10. **What type of commodities do you intend to transport other than your own?**

General freight; TV equipment

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11. **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.

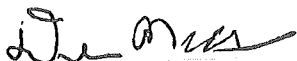
### Verification of Application

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.

Dean Naccarato

\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature)

10/2/2020  
\_\_\_\_\_  
(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).

**Policy Number**  
**(20)7498-02-43**

**ENDORSEMENT**

Named Insured NEP GROUP HOLDINGS, INC.

Effective Date: 06-30-20  
12:01 A.M., Standard Time

Agent Name SIMPSON & MCCRADY LLC

Agent No. 49569-999

99999 06/20 SCHEDULE OF NAMED INSURED(S)  
RANDY HERMES PRODUCTIONS, INC.  
NEP Transportation LLC



Chubb Group of Insurance Companies  
202B Hall's Mill Road, Whitehouse Station, NJ 08889

# FEDERAL INSURANCE COMPANY

Incorporated under the laws of Indiana

POLICY NUMBER: (20) 7498-02-43

COMMERCIAL AUTO

## BUSINESS AUTO DECLARATIONS

### ITEM ONE

**PRODUCER:**

SIMPSON & MCCRADY LLC

**NAMED INSURED:** NEP GROUP HOLDINGS, INC.

**MAILING ADDRESS:** 2 BETA DR  
PITTSBURGH, PA 15238

**POLICY PERIOD:** From 06-30-2020 to 06-30-2021 at 12:01 A.M. Standard Time at your mailing address shown above

**PREVIOUS POLICY NUMBER:** (19) 7498-02-43

**FORM OF BUSINESS:**

- CORPORATION   
  LIMITED LIABILITY COMPANY   
  INDIVIDUAL  
 PARTNERSHIP   
  OTHER \_\_\_\_\_

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.

Premium shown is payable at inception: \$ 349,270

AUDIT PERIOD (IF APPLICABLE)	<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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**ENDORSEMENTS ATTACHED TO THIS POLICY:**

- IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
- IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (Authorized Representative)

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 Autos section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
COVERED AUTOS LIABILITY	1	\$1,000,000	\$ 208,078
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS SEE SCHEDULE DEDUCTIBLE.	\$ 1,804
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)	5	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$ 3,539
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS	3	\$ 5,000 EACH INSURED	INCL
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	10	SEE ENDORSEMENT (S)	\$ 3,580
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	10	SEE ENDORSEMENT (S)	\$ 1,782
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	\$ 15,896
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$ 113,058
PHYSICAL DAMAGE TOWING AND LABOR	3	SEE SCHEDULE FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	INCL
<b>TAX/ SURCHARGE/ FEE</b>			\$ 166.72
<b>PREMIUM FOR ENDORSEMENTS</b>			\$ 1,319
<b>*ESTIMATED TOTAL PREMIUM</b>			\$ 349,269.72

\*This policy may be subject to final audit.



## POLICYWRITING INDEX

CUSTOMER ID	POLICY NUMBER	PREVIOUS POLICY NUMBER	EFFECTIVE DATE - EXPIRATION DATE
000000990892	(20) 7498-02-43	(19) 7498-02-43	06-30-2020      06-30-2021

### COMPUTER PRODUCED FORMS

16-02-0212	01-97 COMMON POLICY CHANGE ENDORSEMENT
16-02-0252	01-01 99999 06/20 SCHEDULE OF NAMED INSURED(S)

Policy Number  
(20)7498-02-43

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 002

Named Insured NEP GROUP HOLDINGS, INC.

Effective Date: 06-30-2020  
12:01 A.M., Standard Time

Agent Name SIMPSON & MCCRADY LLC

Agent No. 49569-999

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by [x] below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- COMMERCIAL AUTOMOBILE NO CHARGE
- 

The following item(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name                       | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                        | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date            | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                         | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties        | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                     | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Located Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                | <input type="checkbox"/> Underlying Exposure                        |

is (are) changed to read {See Additional Page(s)}

THE POLICY IS AMENDED AS FOLLOWS:  
AMEND NAMED INSURED SCHEDULE

THE FOLLOWING FORM(S) HAS BEEN AMENDED:  
16-02-0252 01-97 99999 06/20 SCHEDULE OF NAMED INSURED(S)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input checked="" type="checkbox"/> To be Adjusted at Audit	Additional NO CHARGE	Return NO CHARGE
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**Tax and Surcharge Changes**

Additional	Return
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AUTHORIZED AGENT