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.

Legal Name of Applicant (Individual, Partnership or Corporation	)
Hicky Hookey	
	SE DE
Trade Name (Attach a copy of fictitious name registration if applica	2015 FEB SECRET
KOOKey Irucking.	RET
ROUKY IVERING	770 -
'	2-0
Physical Address (do not use PO Box)	S B C T
Thysical Address (do not use 1 0 tox)	ૂં સૂ
7)(a ()tman Koad	PA PUC TARY'S BURE AU
Street Address	ζ.
Ac. 11 Da 15970	
MAGN, FG 10120	
City, State and Zip Code	
7)4-47)-914()	i con
Telephone Number County	MCOUL
Totophorio (Varioci)	SiO
	2015 FEB
Mailing Address (if different from Physical Address)	<del>(2)</del>
maining Flactions (in amore) in hydrodi Flacticos)	13
	ם <b>ר</b>
Street Address	
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Atto	Attorney (if applicable)							
Attor	ney's Name & Telephone Number for this Filing							
Attor	ney's Address							
Doe	s applicant currently hold PA PUC authority? Yes No (circle one)							
If yes	s, enter current docket number A-00							
Wha	at type of commodity do you intend to transport?							
For	n 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  Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.							
[]	LLC or LLP Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.							
Atta	chment Checklist							
For	Corporations:							
[]	Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.							
[]	List of all corporate officers/titles, names of shareholders and distribution of shares.							
	r LLPs and LLCs Only:							
[]	Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.							
[]	List of all members (even if there is only one member) and title of each member.							
For	Partnerships Only:							
[]	Copy of Partnership Agreement.							
[]	List the names and addresses of ALL partners.							

For	ALL Applicants:
[]	Fictitious Trade Name Registration (if applicable).
[]	Copy of Current Safety Rating (if available).
ij	Proof of Insurance (See item 5 on instruction sheet).
ij	Certified check, money order or attorney's check.

## 10. 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 Verification of Application.

## Verification of Application

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).

I/we hereby state that the statements made in this application is/are true are			he
best of my/our knowledge and belief.	338	8	72
The undersigned understands that false statements herein are made subje	co.the		ECE
penalties of 18-Pa. C.S. Section 4904 Relating to Unsworn Falsification to	A <b>ug</b> norit	ies.	III
Hicky Kodkey	S.A.	7	-\ -\ -\
(Print Name)	JURE	ږي	O
	A:	<b>5</b>	

(Signature)

216/5 (Date)

RECEIVED IN 3: 10 SECRETARY SBURE AS



CORD 25 (2010/05)

## CERTIFICATE OF LIABILITY INSURANCE

RICKR-1

OP ID: GP

DATE (MM/DD/YYYY)

02/04/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	he terms and conditions of the policy ertificate holder in lieu of such endor				ndorse	ement. A sta	tement on th	nis certificate does not co	onfer	rights to the
PRODUCER				CONTA			<del></del>		<del></del>	
ESS	S Insurance Group, Inc.				NAME: PHONE (A/C, No, Ext): 724-548-5178  [FAX (A/C, No): 724-548-1371					
316 Kitt	First Ave., 3rd FI,POB 955 anning, PA 16201-0955				E-MAIL ADDRE		10-3170	1 (A/C, No):	124-0	40-13/)
				•	ADDINE		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURI			ty Ins. Company		35505
INSI	Rick Rodkey				INSURI	INSURER B :				
	726 Ofman Road				INSUR	ERC:				
	Atmagh, PA 15920				INSURER D :					
					INSURER E :					
					INSURE	RF:				
				E <u>NUMBER:</u>				REVISION NUMBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER1 POLI	REME 'AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR	1						MED EXP (Any one person)	\$	
				}				PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO-	<u> </u>	<u> </u>	<u> </u>				COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY		!					(Eo accident)	\$	1,000,000
Α	ANY AUTO ALL OWNED SCHEDULED		ļ	TP 16353		02/05/2015	02/05/2016		\$	
	AUTOS AUTOS	1			ı				\$	
	X HIRED AUTOS X AUTOS	-						(PER ACCIDENT)	\$	
	1	<del> </del>							s	
	UMBRELLA LIAB OCCUR								\$	
	EXCESS LIAB CLAIMS-MADE	-							\$	
	DED   RETENTION \$   WORKERS COMPENSATION		<u> </u> 					WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY							LTORY_LIMITS_ILER_		<del></del> -
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$	<del></del>
	(Mandatory in NH) If yes, describe undar DESCRIPTION OF OPERATIONS below			<u> </u> 	,			E.L. DISEASE - POLICY LIMIT		
A	Physical Damage	<del> </del>	<del>                                     </del>	TP 16353		02/05/2015	02/05/2016	Comp.	<del></del>	\$500 ded.
^	Coverage							Coll.		\$1000 ded.
Cer	cription of Operations / Locations / Vehici tificate holder is listed e, s/n 1NKWGGGG40J881974,	as .	loss	payee for the 20		-		SECRETARY'S	· 1885	RECEIVE
CEI	RTIFICATE HOLDER				CANC	ELLATION		94	63	
	S & T BANK, ITS SUCCES ASSIGNS	ssoi	RS A	S&TBAN3	THE ACC	EXPIRATION ORDANCE WI	I DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	INCE DE	.ED BEFORE LIVERED IN
Loan Dept. P.O. BOX 190 ∥NDIANA PA 15701					authorized representative  CM 1 Cohn					

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD
                     PA
                                            COMMERICAL
                                                             PERSONAL
NAIC NUMBER
                    COMPANY
                     Rockwood Casualty Ins. Company
 35505
POLICY NUMBER
                          EFFECTIVE DATE
                                       NOT VALID MORE THAN ONE (1)
                                        YEAR FROM EFFECTIVE DATE
                                              02/05/16
                          02/05/15
    16353
YEAR
         MAKE/MODEL
                                      VEHICLE IDENTIFICATION NUMBER
 2000
        Kenworth
                      W900
                                         1 NKWGGGG40.1881 974
AGENCY/COMPANY ISSUING CARD
 ESS Insurance Group, Inc.
AGENCY/COMPANY TELEPHONE NUMBER
 724-548-5178
INSURED
        Rick Rodkey
         726 Ofman Road
                                             PA 15920
         Armagh
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