

HALL'S

HALL'S WAREHOUSE CORP.

Corporate Office
P.O. Box 378
501 Kentile Road
South Plainfield, NJ 07080-0378
FAX (908) 756-6310

HALL'S FAST MOTOR FREIGHT

Corporate Office
330 Oak Tree Avenue
South Plainfield, NJ 07080-0378
FAX (908) 756-9133

February 6, 1995

Pennsylvania Public Utility
Commission
P. O. Box 3265
Harrisburg, Pennsylvania 17105-3265

RE: **Application for Transportation by
Motor Carriers of Property**

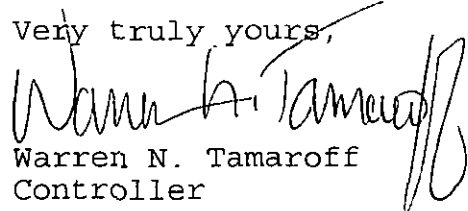
Gentlemen:

Enclosed please find our executed application along with our attachments. We are currently registered with the Pennsylvania Department of State as Harry Hall DBA as Hall's Fast Motor Freight. I'm in the process of updating our Certificate of Authority to Hall's Fast Motor Freight, Inc.

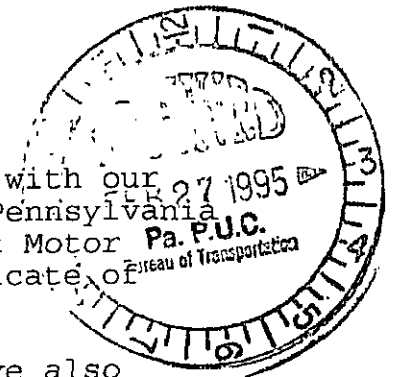
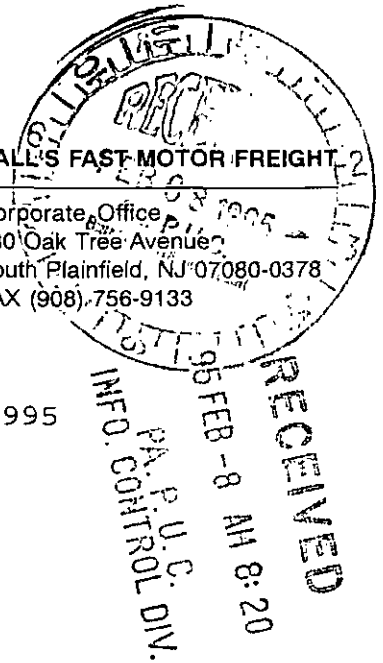
I'll send you a copy as soon as it's processed. I've also requested the execution of Form E and Form H for the insurance requirements.

I trust all is in order and if I may be of further assistance please contact me.

Very truly yours,

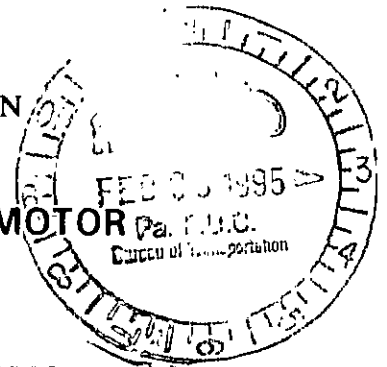

Warren N. Tamaroff
Controller

WNT/lk
Enclosure



BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR CARRIERS OF PROPERTY

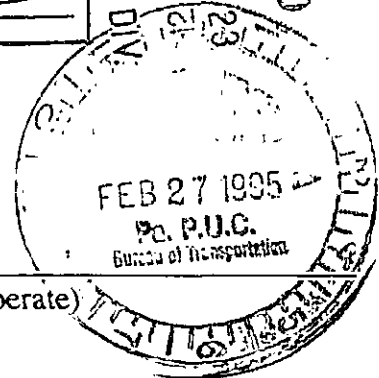


(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only 701120
Docket No. A-111883

DOCKETED
APPLICATION DOCKET
MAR 2 1995
ENTRY No. T2

RECEIVED
95 FEB - 8 AM 8:23
PA. P. U. C.
INFO. CONTROL DIVISION



- Hall's Fast Motor Freight, Inc.
(Full and correct name in which you intend to operate)
- (Trade name, if any)

The trade name, if fictitious, _____ been registered with the Secretary of
(has or has not)

the Commonwealth on _____ (attach copy of date-stamped registration
(Date) form).

- 330 Oak Tree Ave. 908 756-6242
(Physical Address) (Telephone No.)

So. Plainfield Middlesex N.J. 07080
(City) (County) (State) (Zip)

- P.O. Box 378
(Mailing Address; if different)

So. Plainfield, Middlesex N.J. 07080
(City) (County) (State) (Zip)

A-111883

5. Applicant does hold ICC authority under Docket No. 127346
(does or does not)

6. Applicant does have a current safety rating issued by DOT
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned _____ leased 30

8. 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 New Jersey and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (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 number of shares held by each stockholder.

9. 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 a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.

Proof of Insurance.

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.

William E. Jayne III *William E. Jayne III* Feb. 5, 1995

(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).

10. Certification

- a. Applicant certifies that it is not now engaged in any transportation of property for compensation 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, and will be able to comply with them.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

HALL'S FAST MOTOR FREIGHT, INC.
LIST OF OFFICERS AND STOCKHOLDERS

| NAME | TITLE | ADDRESS | NUMBER SHARES |
|----------------------|-------|--|------------------|
| WILLIAM E. JAYNE III | PRES | 11 SALTERS FARM RD CALAIFON, NJ | 649 |
| BRUCE A. JAYNE | V.P. | 120 E. VALLEYBROOK RD LONG VALLEY, NJ | 649 |
| DALE R. JAYNE | TREAS | 6 LIBERTY HILLS CT. LONG VALLEY, NJ | 649 |
| WARREN N. TAMAROFF | SEC | 18 ROWLANDS RD. FLEMINGTON, NJ | NONE |

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INFO. CONTROL DIV.

INTERSTATE COMMERCE COMMISSION
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

SERVICE DATE

DEC 16 1981

No. MC-127346 (Sub-No. 10)X

HALL'S FAST MOTOR FREIGHT, INC.
(South Plainfield, NJ)

This Certificate of Public Convenience and Necessity is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will become effective only when the carrier has met the compliance requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), the designation of agents upon whom process may be served (49 CFR 1044), and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For all carriers: Any duplication in this authority and rights currently held does not confer more than one operating right.

For common carriers with irregular route authority: Any irregular route authority authorized in this certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document and will be valid as long as the carrier maintains compliance with the above requirements.

By the Commission.

(SEAL)

Agatha L. Mergenovich
Secretary

Note: If there are any discrepancies regarding this document please notify the Commission within 30 days.

Supersedes: Certificate No. MC-127346 Sub-No. 9.

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives), between points in Alabama, Arkansas, California, Connecticut, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, West Virginia, Wisconsin, and the District of Columbia.

Any tacking rights of irregular route authorities granted as a result of applications filed on or before November 23, 1973, are not affected by this certificate if the tacking complies with 49 CFR 1042.10(b)(3).

DEC 22, 1988

HALL'S FAST MOTOR FREIGHT, INC
P O BOX 378
S PLAINFIELD, NJ 07080

IN REPLY REFER TO:
HFO-10
C#031751/SR#00043580

BASED ON THE REVIEW OF 08/23/88, THE MOTOR CARRIER SAFETY RATING OF:

HALL'S FAST MOTOR FREIGHT, INC
IS SATISFACTORY

THIS RATING RESULTED FROM A RECENT REVIEW AND EVALUATION OF
YOUR COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR
HAZARDOUS MATERIALS REGULATIONS AND A REVIEW OF YOUR GENERAL
SAFETY POSTURE.

FEDERAL PROGRAMS DIVISION

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PA. P. U. C.
INFO. CONTROL DIV.



US Department of Transportation
Federal Highway Administration

SAFETY COMPLIANCE REVIEW

CARRIER/SHIPPER IDENTIFICATION

1. DOCUMENT NUMBER

2a b. CARRIER CENSUS NMBR

N 0
D 031751

3a b. SHIPPER CENSUS NMBR

N U
D

4. NAME OF MOTOR CARRIER/SHIPPER

Halls Fast Motor Freight, Inc.

CHANGE
CORRECTION
MERGE

5. FIRST LOCATOR

HallsFastMotorFre

6. SECOND LOCATOR

7. STREET ADDRESS/P.O. BOX/ROUTE NUMBER

330 Oak Tree Avenue P.O. Box 378

8. CITY

South Plainfield

9. COUNTY

023

10. STATE

NJ

11. ZIP CODE

07080

12. STREET ADDRESS/P.O. BOX/ROUTE NUMBER

13. CITY

14. COUNTY

15. STATE

16. ZIP CODE

17. REGION

1

18. OIC #

34

19. TERRITORY

1U

20. PRINCIPAL PHONE NMBR

201 756 6242
AREA EXCHANGE NUMBER

21. ICC DOCKET NUMBERS

a. MC 127346

b. MC

22. CLASSIFICATION

AUTHORIZED FOR HIRE EXEMPT FOR HIRE PRIVATE
 MIGRANT U.S. MAIL OTHER

23. CARRIER OPERATION

INTERSTATE
 INTRASTATE ONLY
 FOREIGN

24. SHIPPER OPERATION

INTERSTATE
 INTRASTATE ONLY
 FOREIGN

25. a. BUSINESS ORGANIZATION

INDIVIDUAL PARTNERSHIP CORPORATION:

b. STATE NJ c. YEAR 1965

26. PRINCIPAL CARGO NAME

General Freight

27. CARGO CLASSIFICATIONS

GENERAL FREIGHT BUILDING, MATERIALS N. OILFIELD EQUIPMENT CHEMICALS
 HOUSEHOLD GOODS MOBILE HOMES LIVESTOCK COMMODITIES DRY BULK
 METAL: SHEETS, COILS, ROLLS MACHINERY, LARGE OBJECTS GRAIN, FEED, HAY REFRIGERATED FOOD
 MOTOR VEHICLES FRESH PRODUCE MEAT BEVERAGES
 DRIVEAWAY/TOWAWAY LIQUIDS/CASES NEW FURNITURE/FIXTURES PAPER PRODUCTS
 LOGS, POLES, BEAMS, LUMBER INTERMODAL LUMBER PASSENGERS U.S. MAIL

28. RESERVED

29. RESERVED

30. RESERVED

31. RESERVED

32. HAZARDOUS MATERIALS CARRIED/SHIPPED

T—IN CARGO TANKS

P—IN PACKAGES

| | | | | | | | | | |
|-----|----------------------|-----|------------------------------------|---|-----|-------------------------|----------------------|------------------------|-----|
| C S | A. EXPLOSIVES A | T P | <input checked="" type="radio"/> S | <input checked="" type="radio"/> H CORROSIVES | T P | <input type="radio"/> P | C S | O. IRRITATING MATERIAL | T P |
| C S | B. EXPLOSIVES B | T P | C S | I. OXIDIZERS | T P | C S | P. 'ORM' MATERIAL | T P | C S |
| C S | C. EXPLOSIVES C | T P | C S | J. POISON A | T P | C S | Q. HAZARDOUS WASTE | T P | C S |
| C S | D. FLAMMABLE LIQUID | T P | C S | K. POISON B | T P | C S | R. ETIOLOGIC AGENT | T P | C S |
| C S | E. FLAMMABLE SOLID | T P | C S | L. COMBUSTIBLE LIQUID | T P | C S | S. BLASTING AGENT | T P | C S |
| C S | F. FLAMMABLE GAS | T P | C S | M. RADIOACTIVE MATRL | T P | C S | T. HAZARDOUS SUBSTNC | T P | C S |
| C S | G. NON-FLAMMABLE GAS | T P | C S | N. ORGANIC PEROXIDE | T P | C S | U. CRYOGENICS | T P | C S |

33. GROSS REVENUE

\$3,500,000.00

34. DATES OF REVENUE

a. FROM 1/1/87 b. TO 1/1/88

35. DIVIDED RECORD AUTH.

a. YES NO

36. AVG NMBR OF TRIP LEASED DRIVERS PER MONTH

11

37. EQUIPMENT

| | TRUCKS | TRUCK TRACTORS | TRAILERS | HM CARGO TANK TRAILER | HM CARGO TANK TRUCK | BUSES |
|-------------|--------|----------------|----------|-----------------------|---------------------|-------|
| OWNED | a | b 14 | c 80 | d | e | f |
| TERM LEAS'D | g | h 10 | i 32 | j | k | l |
| TRIP LEAS'D | m 2 | n | o | p | q | r |

38. DRIVERS SUBJECT FMCSR

Commercial zone a. 0
100 Mile Radius b. 12
Beyond 100 Mile Radius c. 12
TOTAL d. 24

39. PERSONS INTERVIEWED DURING THIS REVIEW

| | | |
|---------------------------|--------------------------|-------|
| NAME Dennis P. Sweeney | NAME Tom Strassle | NAME |
| TITLE General Manager | TITLE Safety Director | TITLE |

40. SIGNATURES

| | |
|-------------------------------------|-----------------------------|
| a. RECEIVED BY Dennis P. Sweeney | b. TITLE General Manager |
| c. REPORTED BY Dennis F. Melsopp | d. TITLE S/I |
| e. CODE 056 | f. DATE 8-23-88 |

Halls Fast Motor Freight, Inc.

General

| | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| *1. Can the carrier produce a copy of the Federal Motor Carrier Safety Regulations (FMCSR)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Can the carrier produce a copy of the Hazardous Materials Regulations (HMR)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is at least one responsible carrier official familiar with the FMCSR? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C 4. Does the carrier have one individual ultimately charged with the responsibility for ensuring overall compliance with the FMCSR on an equal or higher level than the Director of Operations position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the individual in charge of safety have sole authority to hire drivers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the individual in charge of safety have authority to terminate drivers? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the carrier have one individual charged with the responsibility for ensuring overall compliance with the HMR? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C 8. Does the carrier have a driver safety training/orientation program? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the carrier have a safety incentive/award program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the carrier familiar with the fines and penalties that can be imposed for violations of the FMCSR/HMR? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*11. Does carrier management review its safety compliance status on a periodic basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have any carrier employees attended any outside safety meetings, courses or seminars in the past two years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the carrier's operation profitable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General - Comments:

- 4. DENNIS P. Sweeney, General Manager.
- 8. Two week formal training program w/ General Manager and experienced driver.
- 11. driver.

Part 387 - Minimum Levels of Financial Responsibility for Motor Carriers

| | YES | NO | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| C*1. Does the carrier have the required minimum level of financial responsibility in effect as evidenced by a properly executed MCS 90 or MCS 82? (attach copy to the form) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 387 - Comments:

- #1. See properly executed MCS 90 which is attached.

Part 394 - Notification and Reporting of Accidents

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Can the carrier explain the definition of a reportable accident? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the carrier explain the fatal accident notification requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*3. Is the carrier filing MCS-50 T(B) accident reports when required? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Does the carrier determine preventability of accidents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*5. Does the carrier take any action against drivers involved in preventable accidents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 394 - Comments: NOTE: Provided carrier w/ one MCS 50 T w/ attached Regional address and tele. # of OFFICE of Motor Carrier Safety. Also given one sample accident register.

3. No reportable accidents w/in the past 365 days.

5. Accident policy: 1st accident - warning notice; 2nd - suspension; 4th - terminated.

Received by:

Title:

Total No. of Pages

Dennis P. Sweeney

General Manager

5

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Can the carrier produce written hiring policies/procedures that are being followed on all new hires? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are oral interviews conducted with the drivers to verify information submitted on their applications? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C 3. Are hiring policies more stringent than the requirements of Part 391? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C* 4. Does the carrier have a system established that will ensure drivers' medical certificates remain current? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the carrier verify that physicians completing medical certifications are knowledgeable of the instructions for performing and recording physical examinations? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the carrier review the results of the health history and physical examination (long form)? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the carrier have a system established that will ensure drivers' operating licenses remain current? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the carrier have a system established that will ensure drivers' annual reviews and annual record of violations remain current? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Can the written test examiner explain the written test certification process? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C* 10. Does the carrier comply with the road test provisions of Section 391.31? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Can the carrier list the documents required to be in a driver qualification file? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C* 12. Can the carrier produce completed driver qualification files on drivers selected at random? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Are other sources used to check driver's background other than those required by Part 391? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 391 — Comments:

3. Conduct several background checks through hired agencies.
 9. Driver Victor Perea missing written test/certificate.
 12. Drivers sampled: Philip Kautz, Ralph Thompson, Victor Perea. All drivers missing annual review. Thompson + Perea missing: state Driving Abstract; list statement violations. Thompson also missing: inquiry to previous employer.

Part 392 — Driving of Motor Vehicles

| | YES | NO | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| C 1. Does the carrier have established procedures concerning use of alcohol and drugs? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the carrier have a policy concerning passengers? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are drivers instructed on load securement procedures? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the carrier have a policy for monitoring speed? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C* 5. Can the carrier produce documentation that runs in excess of 500 miles can be completed in compliance with 55 mph and hours of service limitations? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part 392 — Comments:

1. Written policy concerning use of alcohol and drugs. Issue drug testing to all drivers.
 4. Trucks have tachographs + governors to monitor speed.
 5. NO RUNS IN excess 500 miles.

Part 396 — Inspection, Repair, and Maintenance

| | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| C* 1. Can the carrier produce written procedures explaining a systematic, periodic maintenance program? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the carrier list the maintenance records required for vehicles controlled for 30 consecutive days or more? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C* 3. Does the carrier periodically review maintenance records for leased equipment? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the carrier complying with the vehicle inspection procedure? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are drivers trained to perform pretrip inspections? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * 6. Can the carrier produce the prior three months vehicle inspection reports on a vehicle selected at random? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all vehicles required to be inspected at a carrier authorized location on a periodic basis? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C* 8. Can the carrier produce a complete maintenance file on a vehicle selected at random? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 396 — Comments:

1. PM maintenance program done every 3 months on all tractors/trailers.
3. Don't + review records; arbitrarily check leased equipment themselves.
6. VIR's produced but violation in form + manner. Sampled: tractor K100 1982 part 396.11
Kenworth CA.# 8242.
8. Vehicle sampled: trailer #3515, 1978 Bud, serial #158361M, 11-25.5 tubeless.

Part 395 — Hours of Service of Drivers

| | YES | NO | N/A |
|---|-----|----|-----|
| 1. Can the carrier explain the hours of service limitations? i.e. 10, 15, 60 in 7, 70 in 8 _____ | ✓ | | |
| C* 2. Does the carrier file records of duty status in a systematic manner? _____ | ✓ | | |
| * 3. Can the carrier produce the prior 6 months records of duty status for a driver selected at random? _____ | ✓ | | |
| 4. Are drivers required to complete recaps of their records of duty status? _____ | | ✓ | |
| * 5. Does the carrier have a procedure for monitoring trip lease drivers' hours of service? _____ | ✓ | | |
| * 6. Are dispatchers aware of drivers' hours of service prior to and during trip? _____ | ✓ | | |
| 7. Are drivers required to telephone the carrier each day? _____ | ✓ | | |
| C* 8. Are other independent records being compared to drivers' records of duty status for accuracy? _____ | ✓ | | |
| 9. When reaching a home terminal, are previous records of duty status required to be submitted, actually submitted? _____ | ✓ | | |
| C*10. Does the carrier have a system for recording hours of duty status on 100 mile radius drivers? _____ | ✓ | | |
| C*11. Does the carrier have a system to effectively control the drivers' hours of service? _____ | ✓ | | |
| C*12. Does the carrier adhere to a disciplinary policy for noncompliance with Part 395? _____ | ✓ | | |

Part 395 — Comments:

2. Filed Driver, Date, Order and separated weekly.
8. Compared to Manifest, tacograph readings + time sheets.
10. 100 mile radius drivers also on logs and time sheet records.
11. Log books checked weekly by secretary records and compared to manifest and time records. Tacographs checked once a week.
12. Disciplined through the profit sharing program.

Recommendations Parts 387-396

See page 4 of 5

| | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Can the carrier explain the attendance requirements for a vehicle containing hazardous material (HM)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the carrier explain the parking requirements for a vehicle containing HM? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can the carrier produce a copy of the signed receipt for documents received re: Section 397.19 for a driver of Class A or B explosives selected at random? (note 1 year retention period) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is the private carrier aware of the marking of vehicles requirements in Section 397.21? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have all drivers been informed of the smoking prohibitions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*6. Does the carrier have a system to ensure all drivers transporting Class A and B explosives have a written route plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Is consideration given to avoidance of heavily populated areas when hauling HM? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 397 - Comments:

#3+6 - No class A or B explosives.
4. For-hire carrier.

Part 177 - Carriage by Public Highway

| | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| C*1. Does the carrier provide HM training for its employees? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*2. Can the carrier produce a cargo tank certificate or manufacturer's data report for a cargo tank selected at random? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| *3. Can the carrier produce a cargo tank inspection report for a cargo tank selected at random? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Has carrier provided written notification of MC330/331 cargo tanks in service or removed from service? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C*5. Can the carrier explain their system to ensure shipping papers accompanying HM loads are properly prepared and/or produce a properly prepared shipping paper for a shipment selected at random? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can the carrier explain the accessibility requirements for shipping papers? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| *7. Can the carrier produce a label for each class of HM transported? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can the carrier explain what constitutes a placarded load? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Can the carrier explain the incident reporting requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C*10. Is the carrier filing DOT Form F 5800.1 reports when required? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| *11. Is the carrier maintaining correctly prepared and signed hazardous waste manifests for at least 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part 177 - Comments:

1. Made part of standard training program.
2,3+4 - No cargo tanks.
5. Bill of Lading # 59554 6/30/88 Dunmore, PA.

#10 - No hazardous incidents in the past 365 days.
11 - No hazardous waste.
Recommendations Parts 397, 177

Review parts 397, 177 Title 49 CFR w/ emphasis
ON 172.200.

- Recommendations -

Obtain and review CFR TITLE 49 FEDERAL MOTOR CARRIER SAFETY REGULATIONS and become familiar with Parts 390 - 396, 387, and 383 as they apply to your operation.

Report all accidents subject to reporting in section 394.3 w/i 30 days, and review Part 394 Notification and Reporting of Accidents.

* Review Part 391, Qualification of Drivers, and come in compliance with section 391.51 Driver Qualification Files on all drivers subject to this regulation.

Carrier consider developing a written hiring policy for drivers.

Carrier consider established policy prohibiting the use of alcohol and drugs as stated in sections 392.4 and 392.5.

Carrier dispatch and schedule runs to conform with speed limits, section 392.6.

* Review Part 396, Inspection, Repair, and Maintenance. Become familiar with section 396.3. Set up and maintain maintenance records on each individual piece of equipment operated to include: 1. Description of equipment (make, model, serial number, year, company number, and tire size); 2. Preventative maintenance inspections and results and when next scheduled by date or mileage (must be systematic); 3. Record of repairs and dates performed; 4. Record of lubrication. Review section 396.11 and 396.13 - Driver Vehicle Inspection Reports, if subject retain original copy for 90 days.

Review Part 395 - Hours of Service of Drivers and comply with section 395.8 Record of Duty Status or the exemption in 395.8 (L) - 100 air mile radius driver. Review record of duty status reports for legibility, completeness, accuracy, and compliance with the hours of service regulations. Then file by driver and month, to be retained for 6 months.

* INDICATES PARTS/SECTIONS FOUND TO BE IN NONCOMPLIANCE WITH REGULATIONS

Submit properly executed copy of form MCS-90 or MCS-82 displaying a minimum coverage of financial responsibility in the amount of \$ with in ten working days to:

U.S. Department of Transportation
Federal Highway Administration OMCS
25 Scotch Road, 2nd Floor
Trenton, NJ 08628 Attn: Richard Gerke 571

SIGNATURES

RECEIVED BY

Thomas P. Sweeney

TITLE

General Manager

8-23-88

REPORTED BY

Dennis F. Melsoff

TITLE

SAFETY INVESTIGATOR

CODE

056

DATE

8-23-88

TRUCKMEN'S AND MOTOR CARRIER'S POLICY

TM-57 83 27

Insurance is provided by the Stock Company designated by and hereinafter called the Company.

CITY INSURANCE COMPANY
Short Hills, N.J.

THE HOME INSURANCE COMPANY
Manchester, N.H.



THE HOME INSURANCE COMPANY OF INDIANA
Indianapolis, Ind.

THE HOME INDEMNITY COMPANY
Manchester, N.H.

NAMED INSURED AND ADDRESS

DECLARATIONS

PRODUCER

Halls Fast Motor Freight Inc.
as Per GNL 6868F
P.O. Box 378
So. Plainfield, N.J. 07080

N. Gerald Sapnar & Co.
1245 Whitehorse-Mercerville Rd.
Mercerville, N.J. 08619

Inception 9-7-94 (Mo. Day Yr.) Expiration 7-1-95 (Mo. Day Yr.) Producer No. - OPC 30766 - 141 ml

Amount \$ As per Forms Rate Various Premium \$ 26,524

In consideration of the premium above specified (or specified in form or endorsement attached hereto) and of conditions and other terms of this policy and of the form or endorsement(s) attached hereto, this Company does insure the above Named Insured (hereinafter called the Insured) from inception date shown to expiration date shown above both dates at 12:01 A.M. Standard Time at place of issuance to an amount not exceeding the Limit(s) of liability specified in the form or endorsement(s) attached hereto. To the extent that coverage in this policy replaces coverage in other policies terminating Noon Standard Time at the inception date of this policy, coverage under this policy will not become effective until such other coverage has terminated.

Proper form must be attached to page 4 to complete Policy

CONDITIONS

1. **TERRITORIAL LIMITS:** This policy covers only within the limits of the United States and Canada (excluding transportation to and from Alaska and Hawaii).
2. **VALUATION:** All goods and merchandise are, by agreement, valued at amount of invoice or if not under invoice, then at cash market value on date and at place of accident.
3. **WAR RISK and NUCLEAR EXCLUSIONS:** This policy does not insure against loss or damage caused by or resulting from:
 - (a) hostile or warlike action in time of peace or war, including action in hindering, combating or defending against an actual, impending or expected attack,
 - (1) by any government or sovereign power (de jure or de facto), or by any authority maintaining or using military, naval or air forces; or
 - (2) by military, naval or air forces; or
 - (3) by an agent of any such government, power, authority or forces;
 - (b) any weapon of war employing atomic fission or radioactive force whether in time of peace or war;
 - (c) insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authority in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade;
 - (d) nuclear reaction or nuclear radiation or radioactive contamination, all whether controlled or uncontrolled, and whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by the peril(s) insured against in this policy; however, subject to the foregoing and all provisions of this policy, direct loss by fire resulting from nuclear reaction or nuclear radiation or radioactive contamination is insured against by this policy.

Countersigned at Mercerville, N.J.

09-23-94
(Mo. Day Year)

N. Gerald Sapnar
Authorized Representative

STOCK COMPANY

ISSUED BY City Insurance Company



Declarations (continued) - Forms Register

| | |
|--|----------------------------|
| Named Insured Halls Fast Motor Freight Inc. | Policy Number TM 578327 |
|--|----------------------------|

- H32679F Truckmen's and Motor Carrier's Policy
- M 2469F Truckmen's and Motor Carrier's Liability Policy Form B
- GNL 6868F Named Insured Endorsement
- BMC 32 Endorsement for Motor Common Carrier Policies
- H32255F (8-89) Truckmen's and Motor Carrier's Liability Policy Amendment
- H32255F (8-89) Vehicle Alarm Warranty
- H32255F (8-89) Deductible Clause

| | |
|--|--|
| Effective Date of This Page 09-07-94 | Agent N. Gerald Sapnar & Co. 30766-141 |
| Wherever a policy provision refers to the Declarations, such reference shall also apply to this Declarations Page. | |

TRUCKMEN'S AND MOTOR CARRIERS' LIABILITY POLICY (FORM B)

Attach only to Policies Series No. TM 57 83 27

1. Subject to the following terms and conditions, this policy covers the legal liability of the Named Insured as a carrier of lawful goods and merchandise by motor vehicles under bills of lading or shipping receipts issued by it, while in its custody or in the custody of connecting carriers, in due course of transit within the continental limits of the United States or Canada (excluding Alaska).
 - (c) Loss or damage caused by neglect of the Insured to use all reasonable means to save and preserve the goods and merchandise at and after any disaster hereby insured against, or when the goods and merchandise be endangered;
 - (d) Loss of market or loss of use howsoever caused; delay or deterioration (unless directly caused by or due to fire, collision, upset or overturn of the conveying vehicle);
 - (e) Consequential loss extending beyond direct physical loss;
 - (f) Animals, unless otherwise specifically stated herein, in which event this insurance shall cover in respect thereof only against death or injuries rendering death immediately necessary directly caused by fire, explosion, collision, overturn or upset of the conveying vehicle;
2. This Company's liability either in case of partial or total loss or salvage charges or expense, or all combined, is limited to
 - (a) \$ 500,000 While in or on any one vehicle or to the contents of any one vehicle in any one casualty;
 - (b) \$ 750,000 On account of claims arising out of any one disaster causing loss or damage to the contents of two or more vehicles or property otherwise located and covered hereunder;
 - (c) \$ See Endt. #1 On account of claims arising out of theft of furs, manufactured tobacco, wines, liquors or grain and sugar alcohol.
3. This insurance does not cover liability for
 - (a) Accounts, bills, currency, deeds, evidence of debt, money, notes, securities, jewelry or other similar valuables;
 - (b) Loss or damage occasioned by or resulting from the infidelity or dishonest actions of the Insured or of the Insured's employees or of owner-operators hired by the Insured including their employees or of anyone else to whom the property is entrusted.
4. The term "vehicle" as used in this policy shall be deemed to mean motor truck or trailer or semi-trailer and the limit of insurance applying to the contents of any one vehicle shall apply separately to each.
5. It is understood and agreed that in event of loss covered by this policy, the sum of \$ shall be deducted from the total amount of claims in connection with each loss when determined; this deductible, however, shall not ap-

DECLARATIONS

TRUCKER'S POLICY

RECEIVED

Policy Period

Policy Number

ITEM 1. NAMED INSURED AND ADDRESS

MO. DAY YR. MO. DAY YR.

Hall's Fast Motor Freight Inc.
See Other Named Insured End.
330 Oak Tree Rd.
S. Plainfield, NJ 07080

From 12 22 94 to 12 22 95
12:01 A.M. standard time at the named insured's
address stated herein.

C 6329-7

55 FEB -8 AM 8:25
FA. P. U. C.
INFO. CONTROL DIV.

Form of Named Insured's Business:

Corporation Partnership Individual

NAMED INSURED'S BUSINESS: 41322-9 Hall's Fast Motor Freight Inc.

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.

ITEM 2. SCHEDULE OF COVERED AUTOS: (ONLY LINE MARKED "X" APPLIES)

Only those autos described in Item 3 and for which a premium charge is shown in Item 5.

Refer to Declarations Supplement I under Item 2.

ITEM 3. SCHEDULE OF COVERED AUTOS YOU OWN REFER TO DECLARATIONS SUPPLEMENT I UNDER ITEM 3

| COVERED AUTO NO. | DESCRIPTION YEAR-TRADE NAME-BODY TYPE-SERIAL NUMBER | CODES | | | | TOWN AND STATE WHERE COVERED AUTO WILL BE PRINCIPALLY GARAGED IF OTHER THAN ITEM 1 |
|------------------|--|-------|------|-----|-------|--|
| | | CLASS | COST | AGE | TERR. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ITEM 4. SCHEDULE OF COVERAGES & LIMITS - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS REFER TO DEC SUP I

| COVERED AUTO NO. | LIABILITY LIMIT | PERSONAL INJURY PROTECTION | AUTO MEDICAL PAYMENTS LIMIT | UNINSURED MOTORISTS | PHYSICAL DAMAGE COVERAGE ** | | |
|------------------|-----------------|---|-----------------------------|---------------------|-----------------------------|-----------|------------------------------|
| | | | | | C F S | COLLISION | TOWING & LABOR |
| L | | REFER TO PERSONAL INJURY PROTECTION ENDORSEMENT | | | | | \$25.00 FOR EACH DISABLEMENT |
| I | | | | | | | |
| M | | | | | | | |
| S | | | | | | | |

**The limit for Comprehensive, Fire & Theft, Specified Causes of Loss and Collision, is the actual cash value or cost of repair, whichever is less, minus the "Ded." amount shown above for each covered auto. "ACV" (Actual Cash Value) means - no deductible applies. LAWSUIT THRESHOLD

ITEM 5. PREMIUM REFER TO DECLARATIONS SUPPLEMENT I AND ENDS #4 AND #5.

| C A R D E S C R I P T I O N | | | | | | | | | PER CAR TOTALS |
|--|----|------------|---------|--------|----------|----------|-----------|----|----------------|
| | | \$ 110961. | \$ 390. | \$ 14. | \$ 3192. | \$ 1241. | \$ 26284. | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ 4963. | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Forms and endorsements contained in this policy:
A-715 (4-94) Dec Sup I, A-7, A-530,
A-505, A-89, A-96, A-164, A-576,
A-575, A-568, A-574, A-240, A-583,
A-193, A-221, A-609, A-133, A-608,
A-176, A-517, A-9 (5-92)

PREMIUM FOR ENDORSEMENTS 2477.00
Total Policy Premium 149522.00
Less 20% Dividend on 1993 Policy - 28160.40
Net Due \$ 12230.60*

*"Net Due" is 25% of all estimated annual gross receipts premiums plus 100% of all non-gross receipts premiums.

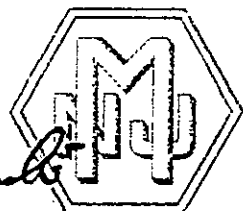
ITEM 6. EXCEPT FOR TOWING ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE NAMED BELOW AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.
8E N. Gerald Sapnar Co. Inc.
Ste. 401
1245 Whitehorse-Mercerville Rd.
Mercerville, NJ 08619

*This contract is issued on a "Gross Receipts" basis and provides only those coverages where "Cov" is shown in the premium column on Declarations Supplement I.

Countersigned at West Trenton, N.J.

01-06-95/gsh

Stacy Bynum



Schedule of Covered Autos: (Entry of one or more of the symbols from Item 2a shows which autos are covered autos.)

| Liability | Personal Injury Protection | Medical Payments | Uninsured Motorists | Physical Damage | | | | |
|-----------|----------------------------|------------------|---------------------|-----------------|-----------|--------------|----------------------|--------|
| | | | | Comprehensive | Collision | Fire & Theft | Spec. Causes of Loss | Towing |
| 1 | 5 | 3 | 6 | 4 | 7 | 10 | | |

Item 2a The following numerical symbols describe the autos that may be covered autos.

- SYMBOL DESCRIPTION**
- 1 = ANY AUTO.
 - 2 = OWNED AUTOS ONLY. Only those autos you own (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos you acquire ownership of after the policy begins.
 - 3 = OWNED PRIVATE PASSENGER AUTOS ONLY. Only the private passenger autos you own. This includes those private passenger autos you acquire ownership of after the policy begins.
 - 4 = OWNED AUTOS OTHER THAN PRIVATE PASSENGER "AUTOS" ONLY. Only those autos you own that are not of the private passenger type (and for Liability Coverage any trailers you don't own while attached to power units you own). This includes those autos not of the private passenger type you acquire ownership of after the policy begins.
 - 5 = OWNED AUTOS SUBJECT TO NO-FAULT. Only those autos you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those autos you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.

- SYMBOL DESCRIPTION**
- 6 = OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW. Only those autos you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those autos you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
 - 7 = SPECIFICALLY DESCRIBED AUTOS. Only those autos described in ITEM THREE of the Declarations for which a premium charge is shown (and for Liability Coverage any trailers you don't own while attached to any power unit described in ITEM THREE).
 - 8 = HIRED AUTOS ONLY. Only those autos you lease, hire, rent or borrow. This does not include any auto you lease, hire, rent, or borrow from any of your employees or partners or members of their households.
 - 9 = NONOWNED AUTOS ONLY. Only those autos you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes autos owned by your employees or partners or members of their households but only while used in your business or your personal affairs.
 - 10 = SEE ENDORSEMENT.

#3

Item 4 Schedule of Coverages & Limits:

The most we will pay for any one accident or loss

| Liability Limit | Personal Injury Protection | Auto Medical Payments Limit | Physical Damage Coverage | | | |
|-----------------|----------------------------|-----------------------------|--------------------------|-----------|-------------------|-------------------------------|
| | | | Comprehensive | Collision | FT = Fire & Theft | SC = Specified Causes of Loss |
| \$50,000 | | 10 | | | | |

Actual cash value or cost of repair, whichever is less minus Deductible amount indicated below for each covered auto. ACV means no deductible applies.

Item 5 Premium and Physical Damage Deductibles (Ded.)

| Trade Name | Actual Cost N = New U = Used | Yr. | Body Type | Serial Number | Garage Location | Terr. | Class Code | Ded. | Ded. | COV | SC | COV | COV |
|------------|------------------------------|-----|--------------------|--------------------|-----------------|-------|------------|------|------|-----|----|-----|-----|
| KENWORTH | N58000 | 91 | TRCTR 80000# 9109 | LXKBDE9XXMJ559988S | PLNFD NJ | 07080 | 4060402 | | 1000 | COV | SC | COV | COV |
| GINDY | | 72 | VAN TRL TNDM 2304 | 90021S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| DODGE | U4500 | 87 | P/U 5000# 87-27 | 1B7FD14T6HS351326S | PLNFD NJ | 07080 | 4001499 | | 500 | COV | SC | COV | COV |
| STRICK | U8200 | 80 | VAN TRL TNDM 3345 | 236549S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| STRICK | U8200 | 79 | VAN TRL TNDM 3335 | 240553S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U24000 | 89 | REEFER TRL #R122 | 1GRAA9621KS080503S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| STOUGHTON | N15000 | 90 | TRAILER 4817 | 1DW1A482XLS654411S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| FRUEHAUF | U17000 | 77 | REEFER TRL R102 | HPY570501S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U9500 | 83 | REFER TRL R113 | 1GRBA8620DS011707S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| KENWORTH | U31000 | 89 | TRACTOR #8915 | 1NKADR9X6KJ527987S | PLNFD NJ | 07080 | 4060402 | | 1000 | COV | SC | COV | COV |
| STRICK | U1800 | 65 | 40FT SEMI TRL 151 | 60383S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| TRAILMOBIL | U7700 | 75 | VAN TRL TNDM 3365 | N90459S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U9500 | 83 | REFER TRL R114 | 1GRBA862XDS011701S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| BUDD | U5500 | 78 | VAN TRL TNDM 3520 | 173697S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U10550 | 79 | REEFER TRL 105 | 102682S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| FORD | U8500 | 67 | PLATFORM TRK 5017 | F70DUB68588S | PLNFD NJ | 07080 | 4031402 | | | COV | SC | COV | COV |
| BUDD | U7500 | 79 | VAN TRL TNDM 3405 | 173701S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| STOUGHTON | N15000 | 90 | TRAILER 4822 | 1DW1A4821LS654412S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| EVANS | U1400 | 60 | TRL SINGLE AXL #50 | 11877S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| STRICK | U2500 | 68 | 40FT SEMI TRL 143 | 87374S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U19000 | 86 | REFER TRL #R116 | GS012728S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| TRAILMOBIL | | 84 | REEFER TRL R108 | 9009068S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U19000 | 86 | REFER TRL R119 | GS012737S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |
| GINDY | U3385 | 63 | VAN TRL 110 | 13167S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GINDY | U3385 | 62 | VAN TRL 111 | 13168S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GINDY | U2472 | 62 | VAN TRL 112 | 10953S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| FORD | U9500 | 73 | FLT BODY TRK 7326 | R902VR35970S | PLNFD NJ | 07080 | 4023402 | | | COV | SC | COV | COV |
| GINDY | U2472 | 62 | VAN TRL 114 | 11468S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| BUDD | U7500 | 79 | VAN TRL 3420 | 173656S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| BUDD | U7500 | 79 | VAN TRL 3425 | 173623S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| BUDD | U7500 | 79 | VAN TRL 3430 | 173708S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GINDY | U2472 | 62 | VAN TRL 118 | 11489S | PLNFD NJ | 07080 | 4067402 | | | COV | SC | COV | COV |
| GREAT DANE | U9500 | 83 | REFER TRL R115 | 1GRBA8625DS011704S | PLNFD NJ | 07080 | 4067402 | | 1000 | COV | SC | COV | COV |

Attached to and forming a part of Policy C006329-7. Effective 12/22/94
 Issued to HALLS FAST MOTOR FREIGHT INC ETAL
 By NEW JERSEY MANUFACTURERS INSURANCE COMPANY

John B. Byrnes
 A Licensed New Jersey Producer



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

February 14, 1995

- Warren N. Tamaroff, Controller
Hall's Fast Motor Freight, Inc.
330 Oak Tree Avenue
South Plainfield, NJ 07080-0378

- In Re: Application of Hall's Fast Motor Freight, Inc.

Dear Mr. Tamaroff,

I am returning the above referenced application along with applicant's check number 024073 in the amount of \$100 as the check is not certified. Only certified checks, cashier's checks, treasurer checks or money orders are accepted.

Please return the the application with the filing fee in appropriate form. You may call me direct at 717-783-5946 if you have questions regarding our requirements.

Very truly yours,

Tim Zeigler
Bureau of Transportation & Safety



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

March 17, 1995

HALLS FAST MOTOR FREIGHT INC
PO BOX 378
SOUTH PLAINFIELD NJ 07080

#3

In re: A-00111883 - Application of Hall's Fast Motor Freight, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of March 18, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 3, 1995. If comments are filed, you will be advised as to the procedure.

Very truly yours,

Peter S. Marzolf, Supervisor
Application Review Section
Bureau of Transportation & Safety

PSM:lg

DOCUMENT
FOLDER