

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION



APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

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IND. CONTROL DIV.

For PUC Use Only
Docket No. <u>701208</u> <u>A-111977</u>
Folder No. _____

DOCKETED
APPLICATION DOCKET
MAR 27 1995
ENTRY No. <u>TZ</u>

1. LYLE C. RIEGEL
(Full and correct name in which you intend to operate)

2. LYLE C. RIEGEL TRUCKING
(Trade name, if any)

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

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

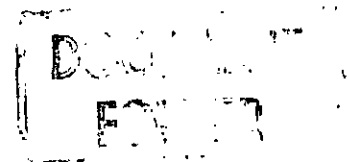
3. RD 2 Box 153 (Physical Address) (610) 756-6987 (Telephone No.)

KEMPTON BERKS PA 19529
(City) (County) (State) (Zip)

4. SAME
(Mailing Address; if different)

(City) (County) (State) (Zip)

A-111977



5. Applicant DOES NOT hold ICC authority under Docket No. _____
(does or does not)

6. Applicant DOES NOT have a current safety rating issued by _____
(does or does not)
(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:
owned 1 leased _____

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 _____ 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.

LYLE C. RIEGEL *lyle C. Riegel* 3-21-95
(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 intrastate transportation of property for compensation between points 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; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate

25YM1

03-13-95

DECLARATIONS PAGE - 1 OF 2

ERX



STATE FARM FIRE AND CASUALTY COMPANY

ONE STATE FARM DR. CONCORDVILLE, PA 19339

NAMED INSURED

RIEDEL, LYLE C.
RR 2 BOX 153
KEMPTON PA 19529-9434

38-2914-28 Y

POLICY NUMBER T02 6813-C23-38A

POLICY PERIOD FEB-27-95 TO SEP-23-95



THIS PAGE.
AMOUNT DUE.

DESCRIBED VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER	CLASS
1	89	MACK		DUMP	RD688F7986	306000

AVERAGES (AS DEFINED IN POLICY)

MBOL-PREMIUM COVERAGE NAME-LIMITS OF LIABILITY

\$842.04 BODILY INJURY/PROPERTY DAMAGE LIABILITY
 LIMITS OF LIABILITY-COVERAGE A-BODILY INJURY
 EACH PERSON, EACH ACCIDENT
 500,000 500,000

LIMITS OF LIABILITY-COVERAGE A-PROPERTY DAMAGE
 EACH ACCIDENT
 500,000

\$32.63 MEDICAL PAYMENTS
 LIMIT OF LIABILITY-COVERAGE C2
 EACH PERSON
 100,000

\$535.91 \$100 DEDUCTIBLE COMPREHENSIVE
 \$771.80 \$500 DEDUCTIBLE COLLISION
 \$14.28 UNINSURED MOTOR VEHICLE
 LIMITS OF LIABILITY-COVERAGE U
 EACH PERSON, EACH ACCIDENT
 500,000 500,000

\$67.98 UNDERINSURED MOTOR VEHICLE
 LIMITS OF LIABILITY-COVERAGE W
 EACH PERSON, EACH ACCIDENT
 500,000 500,000

\$1.59 FUNERAL BENEFITS
 LIMIT OF LIABILITY-COVERAGE F
 EACH PERSON
 2,500

\$9.18 DEATH, DISMEMBERMENT AND LOSS OF SIGHT
 \$15.86 LOSS OF INCOME

\$2291.27 TOTAL PREMIUM FOR POLICY PERIOD FEB-27-95 TO SEP-23-95
\$2022.30 TOTAL CURRENT 6 MONTH PREMIUM FOR MAR-23-95 TO SEP-23-95

