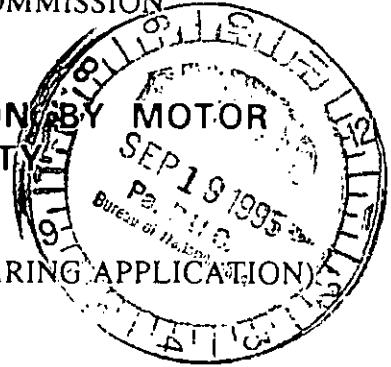


BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only 701588  
Docket No. \_\_\_\_\_

**DOCKETED**  
APPLICATION DOCKET  
**SEP 20 1995**  
ENTRY No. 12

**RECEIVED**  
95 SEP 18 AM 9:59  
PA. P.U.C.  
INFO. CONTROL DIV.

- Audie L. Pentz Trucking  
(Full and correct name in which you intend to operate)
- Audie L. Pentz  
(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).

- RD#1 Box 295 814-583-7241  
(Physical Address) (Telephone No.)  
GRAMPIAN Clearfield PA 16838  
(City) (County) (State) (Zip)

- \_\_\_\_\_  
(Mailing Address; if different)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

A-112472

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

6. Applicant \_\_\_\_\_ have a current safety rating issued by PA. Dept of Trans.  
(does or does not)  
(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:  
owned 2 - 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.

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.



# COMMERCIAL AUTO COVERAGE PART BUSINESS AUTO COVERAGE FORM DECLARATIONS

CA 00 02 12 90

The Declarations include a second part designated "Part 2."

INSURED: AUDIE L. PENTZ TRUCKING

Policy No. MPP105552

Effective Date: 08/01/95

12:01 A.M., Standard Time

ITEM ONE - Named Insured and Mailing Address/Policy Period--shown in Policy Declarations.

Schedule of Business:  Individual  Partnership  Corporation  Other

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 (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM	
LIABILITY	7	\$ 500,000	\$ 2,143.00	
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault cov.)	7	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$ 39.00	
ADDED P.I.P. (or equivalent added No-fault cov.)	7	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ 91.00	
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT \$ Deductible FOR EACH ACCIDENT	\$	
AUTO MEDICAL PAYMENTS		\$	\$	
UNINSURED MOTORISTS (UM)	7	\$ 35,000	\$ 12.00	
UNDERINSURED MOTORISTS (When not included in UM Cov.)	7	\$ 35,000	\$ 3.00	
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	STATED AMOUNT \$, ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO **SEE ITEM THREE	\$ 370.00	
	SPECIFIED CAUSES OF LOSS COVERAGE	7		
	COLLISION COVERAGE	7	STATED AMOUNT \$, ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO **SEE ITEM THREE	\$ 863.00
	TOWING AND LABOR (Not available in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:				
		PREMIUM FOR ENDORSEMENTS: \$		
SEE BA100(5/95)		ESTIMATED TOTAL PREMIUM: \$	521.00	

REC'D  
9 SEP 18 1995  
INSURANCE CO.

### ITEM THREE--SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial number (S); Vehicle Identification Number (VIN)	PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged				
		Original Cost New	Actual Cost New (IN)					
1	75 KENWORTH TRUCK VIN#: 138757S	XXXXXXXXXX	XXXXXX	49 GRAMPIAN, PA				
2								
3								
Covered Auto No.	CLASSIFICATION							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
	Radius of Operation (In Miles)	Business use 1 = service 2 = retail 3 = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	
1	300	C	73280	3	000	0.950	40229	
2								
3								

COVERAGE--PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY	P.I.P. or P.P.I.	ADDED P.I.P.	AUTO. MED. PAY	PHYSICAL DAMAGE	COMPREHENSIVE	SPEC. CAUSES OF LOSS		COLLISION	TOWING & LABOR
	Premium	Premium	Premium	Premium	STATED AMOUNT LIMIT	Limit** minus deductible shown below	Premium	Limit** minus deductible shown below	Premium	Limit** minus deductible shown below
1	\$2143	\$ 39	\$ 91		\$ 25,000		500	\$ 370	500	\$ 863
2										
3										
Total Prem.	\$ 2,143	\$ 39	\$ 91		XXXXXX	XXX	XXX	\$ 370	XXX	\$ 863

Add'l Coverage(s)--Premium, Limit, Deductible: \*Not applicable to Towing and Labor \*\*Limit stated in ITEM TWO.

INSURANCE IDENTIFICATION CARD

PA (STATE)

COMPANY NUMBER

1478/1

COMPANY

MGA Insurance Company

POLICY NUMBER

MPP105552

EFFECTIVE DATE

08/01/95

EXPIRATION DATE

08/01/96

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1975 KENWORTH

TRUCK

138757S

AGENCY/COMPANY ISSUING CARD

W.N. Tuscano Agency, Inc.

P.O. Box 1027

Greensburg, PA 15601

INSURED

AUDIE L. PENTZ TRUCKING

R. D. #1, BOX 295

GRAMPIANPA16838

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

LINCOLN GENERAL INSURANCE COMPANY  
3350 Whiteford Road, York, Pennsylvania 17402

INLAND MARINE FLOATER POLICY DECLARATIONS

ISSUED TO: AUDIE L. PENTZ TRUCKING  
RD #1, BOX 295  
INDIVIDUAL GRANPIAN, PA 16838

POLICY PERIOD: FROM: 08-15-95 TO: 08-15-96

AGENT OR BROKER: W.N. TUSCANO AGENCY  
950 HIGHLAND AVENUE  
5347 P.O. BOX 1027  
GREENSBURG, PA 15601

KIND OF BUSINESS: TRUCKMAN 51/29/480  
LOCATION OF BUSINESS: SAME AS ABOVE

Issue Date: 08-30-95 CB/GA

TOTAL COLLECTABLE AMOUNT OF COVERAGE	PREMIUM
SEE FORM L1047	\$ 500

ENDORSEMENT PREMIUM CHARGES	\$ ,	TOTAL POLICY PREMIUM	\$ 500
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In consideration of the stipulations herein named and of the premium above specified, the Company does insure the above Named Insured, hereinafter called the Insured, whose address is shown above, at 12:01 am. (standard time), to the expiration date shown above, at 12:01 am. (standard time), at the place of issuance, to an amount not exceeding the amount specified above.

If no other deductibles appear in this policy, the amount of \$ 1000 shall be deducted and paid by the insured for each claim for loss or damage and shall be adjusted separately for each such claim.

POLICY SURCHARGES/TAXES	(If Applicable)
STATE/COMMONWEALTH	\$ ,
C O U N T Y	\$ ,
MUNICIPALITY	\$ ,
COLLECTION FEE(S)	\$ ,
TOTAL POLICY CHARGES	\$ ,

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

SEE ENDORSEMENT SCHEDULE

This policy is made and accepted subject to all conditions, provisions, stipulations and agreements hereby made a part of this policy, together with such other conditions, provisions, stipulations and agreements as may be added hereto.

Countersigned 8-15-95  
(Date)

By: [Signature]  
(Authorized Representative)

Attached to and forming part of Policy Number

EFFECTIVE

TO

ISSUED TO:

(If no entry appears above, refer to the Policy Declarations for the information.)

EXTENDED DESCRIPTION OF VEHICLES

YEAR	TRADE NAME (MAKE)	TYPE OF BODY AND TONNAGE	FACTORY OR MOTOR No.	AMOUNT OF INSURANCE PER VEHICLE	PREM
1975	KENNORTH	DUMP TRUCK	138757S	5,000	500

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION  
BUREAU OF DRIVER LICENSING  
HARRISBURG, PA 17123  
(814) 679-5

AODIE L. PENTZ  
RD1 BOX 295

952286057427993 001

GRAMPIAN PA 16838



PENNSYLVANIA DEPARTMENT OF TRANSPORTATION  
 BUREAU OF DRIVER LICENSING  
 THREE YEAR DRIVING RECORD  
 AUG 16 1995

DRIVER: AUDIE LEE PENTZ  
 GENERAL DELIVERY  
 GRAMPIAN, PA 16838

DRIVER LICENSE NO : 17793702  
 DATE OF BIRTH : JUN 12 1957  
 SEX : MALE  
 RECORD TYPE : OPER/MECHANIC

LICENSE CLASS : M  
 LICENSE EXPIRES : JUN 30 1997

CDL LICENSE CLASS : A\*  
 CDL LICENSE EXPIRES : JUN 30 1997

MED RESTRICTIONS : NONE

CDL ENDORSEMENTS : X  
 CDL RESTRICTIONS : NONE

LEARNER PERMITS :

CDL LEARNER PERMITS :

LICENSE STATUS : VALID

CDL LICENSE STATUS : VALID

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

NO VIOLATIONS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

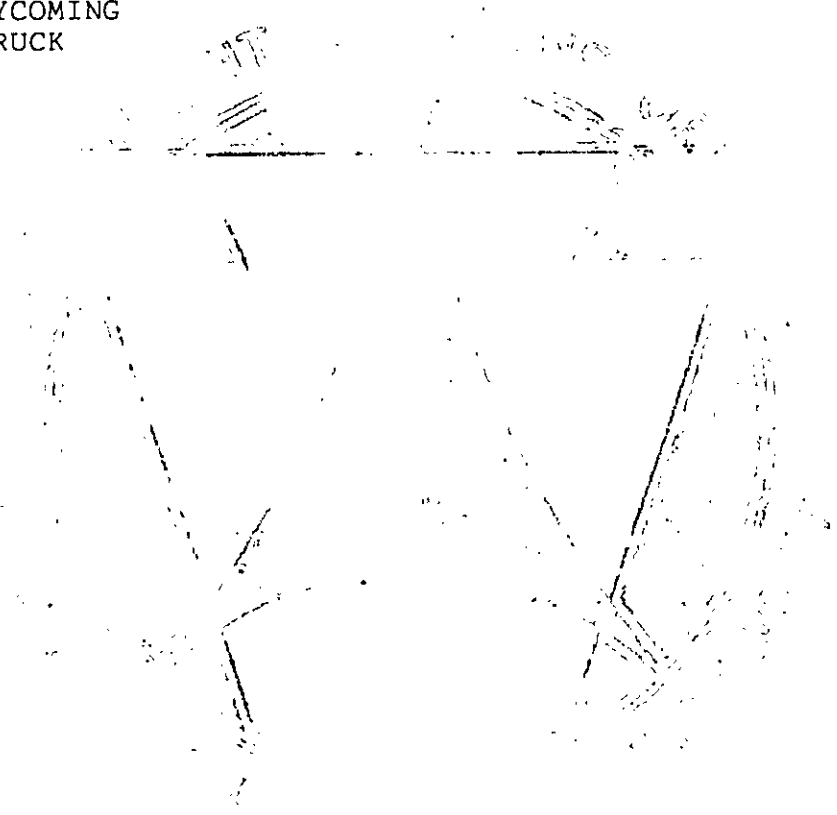
NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

\*\*\* CONTINUED \*\*\*

THREE YEAR DRIVING RECORD - AUG 16 1995 - LICENSE NUMBER 17793702 CONTINUED

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

ACCIDENT DATE: OCT 08 1993  
LOCATION: LYCOMING  
VEHICLE TYPE: TRUCK



\*\*\* END OF RECORD \*\*\*



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

IN REPLY PLEASE  
REFER TO OUR FILE

September 29, 1995

AUDIE L PENTZ  
T A AUDIE L PENTZ TRUCKING  
RD #1 BOX 295  
GRAMPIAN PA 16838

In re: A-00112472 - Application of Audie L. Pentz, t/d/b/a Audie L. Pentz  
Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of September 30, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before October 16, 1995. If comments are filed, you will be advised as to the procedure.

You are not yet authorized to provide intrastate service. You will receive notification when you may begin.

Very truly yours,

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

PSM:lg

