

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<p>For PUC Use Only</p> <p>Docket No. <u>A-00112187</u> <u>701373</u></p>
--

1. Maxwell Trucking and Excavating, Inc.
(Full and correct name in which you intend to operate)

2. _____
(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).

3. 455 Struble Road (814) 234-2672
(Physical Address) (Telephone No.)

State College Centre PA 16801
(City) (County) (State) (Zip)

DOCUMENT
570-R Struble Road
(Mailing Address; if different)

State College Centre PA
(City) (County) (State) (Zip)

DOCKETED
APPLICATION DOCKET
MAR 25 1995
ENTRY NO. 28

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 6 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 Pennsylvania and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 4/01/95 (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.

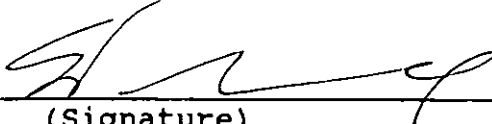
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

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.

Edward G. Maxwell
(Print Name)


(Signature)

5/19/95
(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).

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 16th day of March, 1995.

[Handwritten Signature]

 (Signature)

 (Signature)

CERTIFICATE OF INSURANCE

This is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

has in force for

MAXWELL TRUCKING & EXCAVATING INC

Name of Policyholder

570 Struble Road

Address of Policyholder

State College, PA 16801

location of operations

455 Struble Road

State College, PA 16801

the following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	LIMITS OF LIABILITY														
	<input type="checkbox"/> Comprehensive General Liability		<input checked="" type="checkbox"/> Dual Limits for: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">BODILY INJURY</td> <td style="width: 40%;"></td> </tr> <tr> <td>Each Occurrence</td> <td>\$ _____</td> </tr> <tr> <td>Aggregate</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>PROPERTY DAMAGE</td> <td></td> </tr> <tr> <td>Each Occurrence</td> <td>\$ <u>5,000</u></td> </tr> <tr> <td>Aggregate*</td> <td>\$ <u>5,000</u></td> </tr> </table>	BODILY INJURY		Each Occurrence	\$ _____	Aggregate	\$ _____			PROPERTY DAMAGE		Each Occurrence	\$ <u>5,000</u>	Aggregate*	\$ <u>5,000</u>
BODILY INJURY																	
Each Occurrence	\$ _____																
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PROPERTY DAMAGE																	
Each Occurrence	\$ <u>5,000</u>																
Aggregate*	\$ <u>5,000</u>																
	<input type="checkbox"/> Manufacturers' and Contractors' Liability																
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability																
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/>) <ul style="list-style-type: none"> <input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS <input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> BROAD FORM COMPREHENSIVE GENERAL LIABILITY 			<input type="checkbox"/> Combined Single Limit for: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">BODILY INJURY AND PROPERTY DAMAGE</td> <td style="width: 40%;"></td> </tr> <tr> <td>Each Occurrence</td> <td>\$ _____</td> </tr> <tr> <td>Aggregate</td> <td>\$ _____</td> </tr> </table>	BODILY INJURY AND PROPERTY DAMAGE		Each Occurrence	\$ _____	Aggregate	\$ _____								
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Each Occurrence	\$ _____																
Aggregate	\$ _____																
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	CONTRACTUAL LIABILITY LIMITS (if different than above)														
BINDER ATTACHED	<input checked="" type="checkbox"/> Motor Truck	4-14-95 -	BODILY INJURY														
	<input type="checkbox"/> Cargo	4-14-96	Each Occurrence \$ _____														
	<input type="checkbox"/>		PROPERTY DAMAGE														
	<input type="checkbox"/>		Each Occurrence \$ _____														
	<input type="checkbox"/>		Aggregate \$ _____														
	EXCESS LIABILITY <ul style="list-style-type: none"> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other 		<input type="checkbox"/> Combined Single Limit for: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">BODILY INJURY AND PROPERTY DAMAGE</td> <td style="width: 40%;"></td> </tr> <tr> <td>Each Occurrence</td> <td>\$ _____</td> </tr> <tr> <td>Aggregate</td> <td>\$ _____</td> </tr> </table>	BODILY INJURY AND PROPERTY DAMAGE		Each Occurrence	\$ _____	Aggregate	\$ _____								
BODILY INJURY AND PROPERTY DAMAGE																	
Each Occurrence	\$ _____																
Aggregate	\$ _____																
	<input type="checkbox"/> Workers Compensation and Employers Liability		Part 1 STATUTORY Part 2 BODILY INJURY <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Each Accident</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td>Disease-Each Employee</td> <td>\$ _____</td> </tr> <tr> <td>Disease-Policy Limit</td> <td>\$ _____</td> </tr> </table>	Each Accident	\$ _____	Disease-Each Employee	\$ _____	Disease-Policy Limit	\$ _____								
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Disease-Policy Limit	\$ _____																

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

Pennsylvania Public Utility Commission
 PO Box 3265
 Harrisburg, PA 17105-3265

4-14-95

Date 4-14-95
 Signature of Authorized Representative DR Bluth

Agent

Title

Row	End. of Policy Number	Effective Date	Expiration Date
		4-14-95	
APPLICANT	NAME Please print	MAXWELL Edward G	
	D/B/A	MAXWELL TRUCKING & EXCAVATING Inc	
	Mailing address	570 Struble Road State College PA 16801	
	Location of property	455 Struble Road State College PA 16801	
	Type of business	TRUCKING & EXCAVATING	
UNDERWRITING	Has any insurer or agency canceled or refused to issue or renew similar insurance to the named applicant within the past three years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, give previous insurance company, policy number and details in Remarks	
	Has the applicant had any losses, insured or not, in the past 3 years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete Loss section below	
	How long has the applicant owned and managed this business?	yrs. _____	
	How long has the applicant been at this location?	yrs. _____	
LOSSES	DATE OF LOSS	DETAILS OF LOSS	TOTAL AMOUNT OF LOSS
			\$ _____
			\$ _____

COMPLETE THIS SECTION IF COVERAGE APPLIES TO THE PROPERTY WHILE LOCATED ON THE APPLICANT'S PREMISES

Year built	1994	If building is over 25 yrs. old, give age of:	Heating Plant	Wiring	Plumbing	Roof	Construction	Flame	Brick veneer	Masonry	Fire resistive	Incombustible	Private residence?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Protection Class	5	Zone	2	Is risk inside city limits?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, how far outside city?	2	mi.	Distance to:	Hydrant	300	ft.	Primary servicing fire department	3
Name of primary servicing fire dept.	ALPHA			Alarm system:	<input type="checkbox"/> Fire <input type="checkbox"/> Burglary	Reports to:	<input type="checkbox"/> Alarm company <input type="checkbox"/> Police/fire department <input type="checkbox"/> Local only							
LIST OTHER OCCUPANCIES OF THE SAME BUILDING							LIST EXPOSING PROPERTY WITHIN 60 FT. OF THE BUILDING							
N/A														

COMPLETE THE CORRESPONDING SECTION(S) ON THE BACK OF THE APPLICATION

COVERAGE	DEDUCTIBLE	PREMIUM	COVERAGE	DEDUCTIBLE	PREMIUM
<input type="checkbox"/> Animal Floater	\$	\$	<input type="checkbox"/> Mobile Equipment	\$	\$
<input type="checkbox"/> Commercial Articles	\$	\$	<input type="checkbox"/> Motor Truck-Cargo	\$ 100	\$ 100
<input type="checkbox"/> Computer Property	\$	\$	<input type="checkbox"/> Transportation Floater	XXXXXXXXXX	\$
<input type="checkbox"/> Dealers - Service	\$	\$	<input type="checkbox"/> Trip Transit	XXXXXXXXXX	\$
<input type="checkbox"/> Fine Arts Dealer	\$	\$	<input type="checkbox"/> Vending Machine	\$	\$
<input type="checkbox"/> Installation Floater	\$	\$	<input type="checkbox"/> Veterinarian Floater	\$	\$
<input type="checkbox"/> Miscellaneous Articles	\$	\$	<input type="checkbox"/>	\$	\$
Renewal bills:	<input checked="" type="checkbox"/> Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Servicing agent	Premium Subtotal	\$
Endorse. bills:	<input type="checkbox"/> Insured	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Servicing agent	Surcharge (if applicable)	\$
				Amount Paid	\$
				Balance Due	\$
				TOTAL PREMIUM	\$ 100
				MPP Account Number	

OTHER INTEREST	Loss <input type="checkbox"/> Mtg. <input type="checkbox"/> Payee <input type="checkbox"/> Named Add'l Insured <input type="checkbox"/> (explain interest in Remarks)	(Give name and address)	ZIP Code	Loan Number	Mtg. Subset Code	UNDERWRITING USE ONLY
	2nd Loss <input type="checkbox"/> Mtg. <input type="checkbox"/> Payee <input type="checkbox"/> Named Add'l Insured <input type="checkbox"/> Svc. <input type="checkbox"/> Agt. <input type="checkbox"/> (explain interest in Remarks)	(Give name and address)	ZIP Code	Loan Number	Mtg. Subset Code	
SIGNATURES	I understand that: <input checked="" type="checkbox"/> insurance is in force as of the effective date shown above. <input type="checkbox"/> insurance is not in force. If accepted by State Farm's Underwriting Department, insurance will be in force as of a mutually agreed upon date.					Agent's Code Stamp 3279 85
	I am applying for the insurance indicated, and the information on this application is correct. I understand that the premium shown above must comply with State Farm's rules and rates and may be revised.					
	NEW YORK ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.					
Applicant's Signature X <i>[Signature]</i>					FLORIDA ONLY: Coverage Identification Number _____ Agt's License Identification Number _____	
Date and Time of Application Mo. 4 Day 14 Yr. 95 Hour 10:00					8 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

INLAND APPLI		Type of animals	Maximum value per animal \$		
Total value of all animals \$	Total value of tack \$	Are animals stabled? Yes No	Attach photos of buildings used to stable the animals.	If not stabled, explain in Remarks	
COMMERCIAL ARTICLES	Attach a schedule of articles with a value for each individual article. Include a current bill of sale or appraisal for any article valued over \$5,000.				
COMPUTER PROPERTY	Total value of hardware and software \$	Loss of Income and Extra Expense \$			
DEALERS - SERVICE	Description of property				
Applicant's property on customers' premises for demonstration, installation, trial, loan, or rental \$	Customers' property on applicant's premises for servicing or repair \$	Property in transit in any one vehicle \$			
Applicant's portable tools, servicing equipment, and parts (customarily off premises) \$					
FINE ARTS DEALER	Type of fine arts				
Fine arts located on applicant's premises \$	Fine arts in transit in any one conveyance \$	Fine arts at any one location away from the applicant's premises \$			
Note page 3691 in the manual for off premises exposures. Describe these exposures in Remarks.					
INSTALLATION FLOATER	Description of property				
Maximum number of locations at any one time	Maximum value of property at any one location \$	Maximum value of property in transit per vehicle \$	Describe any job site security in Remarks		
MISCELLANEOUS ARTICLES	Description of property				
Total value of property \$	Describe off premises exposure in Remarks				
MOBILE EQUIPMENT	Description of equipment				
Total value of equipment \$	Attach photos of the buildings used to store the equipment	Any equipment left at the job site? Yes No	If yes, describe any security measures used at the job site in Remarks		
MOTOR TRUCK CARGO	Loading and unloading coverage to apply? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Vehicle Description	Model Year	Vehicle Identification Number	Description of Cargo	Radius of Operation	Amount of Insurance
MACK Western Star	79	RD6865245	Stone/Dirt/Aggregate	100	\$
MARMAN	84	2WLPC03E6E8710578	" " "	100	\$
BROCKWAY	78	M2258	" " "	100	\$
GMC FORD	72	N358TL77072	" " "	100	\$
	78	TJ592B0608785	" " "	100	\$
	77	F75EV708584	" " "	100	\$
TRANSPORTATION FLOATER	Description of property			Maximum value per shipment \$	
TRIP TRANSIT	Description of property			Date of shipment	Date of arrival
Origin of shipment City State	Destination of shipment City State				
Distance being shipped mi.	Amount of insurance \$	Shipment by: <input type="checkbox"/> Applicant's own or rental truck <input type="checkbox"/> Common carrier truck <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Water			
VENDING MACHINES	Description of machines				
Total value of machines \$	Value of machines located outdoors \$	Any machines located in buildings with unacceptable occupancies? Yes No	If yes, provide details in Remarks		
VETERINARIAN FLOATER	Maximum value of all animals \$		Maximum value of any one animal \$		

RECEIVED
 APR 21 11:09:29
 NEW YORK
 FEDERAL RESERVE BANK

REMARKS

This is a Cargo liability policy for Mr. Maxwell's business.
 Regional office will forward Form E and Form H to Pennsylvania Public Utility Commission
 PO Box 3265
 Harrisburg, PA 17105-3265

CERTIFICATE OF INSURANCE

This is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

has in force for

MAXWELL TRUCKING & EXCAVATING INC

Name of Policyholder

570 Struble Road

Address of Policyholder

State College, PA 16801

location of operations

455 Struble Road

State College, PA 16801

RECEIVED
 95 APR 21 AM 9:28
 PA. P. U. C.
 INFO. CONTROL DIV.

The following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	LIMITS OF LIABILITY
	<input type="checkbox"/> Comprehensive General Liability		<input checked="" type="checkbox"/> Dual Limits for: BODILY INJURY Each Occurrence \$ _____ Aggregate \$ _____ PROPERTY DAMAGE Each Occurrence \$ <u>5,000</u> Aggregate* \$ <u>5,000</u>
	<input type="checkbox"/> Manufacturers' and Contractors' Liability		
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability		
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/>) <ul style="list-style-type: none"> <input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS <input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> BROAD FORM COMPREHENSIVE GENERAL LIABILITY 			<input type="checkbox"/> Combined Single Limit for: BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____ CONTRACTUAL LIABILITY LIMITS (if different than above) BODILY INJURY Each Occurrence \$ _____ PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	
BINDER ATTACHED	<input checked="" type="checkbox"/> Motor Truck	1-14-95 -	<input type="checkbox"/> Combined Single Limit for: BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____
	<input type="checkbox"/> Cargo	1-14-96	
	<input type="checkbox"/>		
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other		<input type="checkbox"/> Combined Single Limit for: BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____
	<input type="checkbox"/> Workers Compensation and Employers Liability		Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease-Each Employee \$ _____ Disease-Policy Limit \$ _____

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

Pennsylvania Public Utility Commission
 PO Box 3265
 Harrisburg, PA 17105-3265

4-14-95

Date: 4-14-95
 Signature of Authorized Representative: [Signature]

Agent

Title

CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER SHALL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

Named Insured Maxwell Trucking & Excavating Inc

Address of Named Insured 570 Struble Road

State College, PA 16801

POLICY NUMBER	7006535-C26-38F	7006536-C26-38E	7006538-C26-38D	7122078-A24-38B
EFFECTIVE DATE OF POLICY	3-26-95	3-26-95	3-26-95	3-26-95
DESCRIPTION OF VEHICLE	78 GMC	84 Western	79 Mack	77 Ford
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	1 MILLION	1 MILLION	1 MILLION	1 MILLION
Each Accident	1 MILLION	1 MILLION	1 MILLION	1 MILLION
b. Property Damage Each Accident	1 MILLION	1 MILLION	1 MILLION	1 MILLION
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a. Comprehensive	\$ _____ Deductible	\$ 250 Deductible	\$ 250 Deductible	\$ _____ Deductible
b. Collision	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	\$ _____ Deductible	\$ 1000 Deductible	\$ 1000 Deductible	\$ _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DRBlythe

Signature of Authorized Representative

Name and Address of Certificate Holder

Pennsylvania Public Utility Commission
 PO Box 3265
 Harrisburg, PA 17105-3265

Agent

Title

Dean Blythe
 1506 W College Ave
 State College, PA 16801

3279

Agent's Code Number

Name and Address of Agent

4-14-95

Date



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

IN REPLY PLEASE
REFER TO OUR FILE

June 16, 1995

MAXWELL TRUCKING AND EXCAVATING INC
455 STRUBLE ROAD
STATE COLLEGE PA 16801

In re: A-00112187 - Application of Maxwell Trucking and Excavating, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of June 17, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before July 3, 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. Marzoli, Supervisor
Application Review Section
Bureau of Transportation & Safety

PSM:lg

