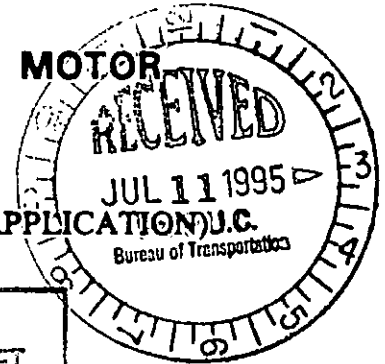


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)



For PUC Use Only 701475
Docket No. A-112312

DOCKETED
APPLICATION DOCKET
JUL 17 1995
ENTRY No. 72

RECEIVED
95 JUL 10 4:10:39
PA. P. U. C.
INFO. CONTROL DIV.

1. Craig Transportation Co.
(Full and correct name in which you intend to operate)

2. N/A
(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. 26699 Eckel Road (419) 872-3333
(Physical Address) (Telephone No.)

Perrysburg Wood OH 43551
(City) (County) (State) (Zip)

4. P.O. Box 1010
(Mailing Address; if different)

Perrysburg Wood OH 43552-1010
(City) (County) (State) (Zip)

A-112312

5. Applicant does hold ICC authority under Docket No. MC 119864.
(does or does not)

6. Applicant does have a current safety rating issued by U.S. D.O.T.
(does or does not)

(attach copy).

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

owned _____ leased 130

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 Ohio and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 8/16/62 (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.

Lance C. Craig
(Print Name)


(Signature)

7/06/95
(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).

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.



I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show CRAIG TRANSPORTATION CO., an Ohio corporation, Charter No. 313168, having its principal location in Toledo, County of Lucas, was incorporated on August 16th, 1962 and is currently in GOOD STANDING upon the records of this office.



*WITNESS my hand and official
seal at Columbus, Ohio this
17th day of January, A.D. 1995*

Bob Taft

Bob Taft
Secretary of State



CRAIG TRANSPORTATION CO.
CORPORATE OFFICERS

Dale K. Craig.....Chairman, C.E.O.
Lance C. Craig.....President
Michael L. Craig.....Vice President
Gail M. Craig.....Secretary
Michael L. Craig.....Treasurer

STOCKHOLDERS/DISTRIBUTION OF SHARES

Dale K. Craig..... 164
Michael L. Craig.... 5
Brian D. Craig..... 5
Lance C. Craig..... 5

INTERSTATE COMMERCE COMMISSION
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

MC 119864 SUB 80

CRAIG TRANSPORTATION CO.
PERRYSBURG, OHIO

SERVICE DATE

JUN 3 1983

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 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.

MC 119864 SUB 80

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, household goods and commodities in bulk), between points in the United States (except Alaska and Hawaii).



US Department
of Transportation
Federal Highway
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

OCTOBER 29, 1986

IN REPLY REFER TO:
HFO-10
120616

CRAIG TRANSPORTATION COMPANY, INC.
26699 ECKEL ROAD
PERRYSBERG OH 43551

DEAR SIR:

IN ACCORDANCE WITH THE PROVISIONS OF TITLE 49, CODE OF FEDERAL REGULATIONS, PART 385, YOUR MOTOR CARRIER SAFETY RATING AS OF THIS DATE 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 INCLUDED RECORDS MAINTAINED BY THE OFFICE OF MOTOR CARRIERS (STATE AND OFFICE CONTACT REPORTS). A SATISFACTORY RATING MEANS THAT NO SUBSTANTIAL VIOLATIONS OF THOSE REGULATIONS WERE DISCOVERED.

SINCERELY YOURS,

GERALD J. DAVIS
CHIEF, FEDERAL PROGRAMS DIVISION

CC: HMC - 05
FILE
READER FILE

COMMERCIAL AUTO COVERAGE PART TRUCKERS INSURANCE FORM DECLARATIONS

POLICY NUMBER: CLP37085B

GREAT WEST CASUALTY COMPANY-

ITEM THREE COVERED "AUTOS" YOU OWN ARE SHOWN ON THE SCHEDULE OF "AUTOS".				
ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED "AUTO" COVERAGE AND PREMIUMS.				
LIABILITY COVERAGE - RATING BASIS. COST OF HIRE - "AUTOS" USED IN YOUR TRUCKING OPERATIONS.				
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	ESTIMATED PREMIUM		
IF ANY	INCLUDED	INCLUDED		
LIABILITY COVERAGE - RATING BASIS. COST OF HIRE - "AUTOS" NOT USED IN YOUR TRUCKING OPERATIONS.				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (if liab. cov. is primary)	ESTIMATED PREMIUM
PHYSICAL DAMAGE COVERAGE. This coverage applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.				
COVERAGES	LIMIT OF INSURANCE The LIMIT OF INSURANCE applies regardless of the number of covered hired or borrowed "autos" involved in the "loss". The most we will pay for all "loss" to covered hired or borrowed "autos" is the amount shown below.			PREMIUM
COMPREHENSIVE	Actual Cash Value. Cost of Repairs or \$75,000 whichever is less minus 1,000 Deductible for each covered "auto". No deductible applies to "loss" caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value. Cost of Repairs or _____ whichever is less minus _____ Deductible for each covered "auto".			
COLLISION	Actual Cash Value. Cost of Repairs or \$75,000 whichever is less minus 1,000 Deductible for each covered "auto".			
TOTAL PREMIUM				
Cost of Hire means:				
(a) The total dollar amount of costs you incurred for the hire of "autos" (includes "trailers" and semi-trailers), and if not included therein;				
(b) The total remunerations of all operators and drivers helpers, of hired "autos" whether hired with a driver or lessor or an employee of the lessee, or any other third party; and				
(c) The total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired "autos" whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.				
ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY				
Rating Basis	Number	Premium		
Number of Employees	IF ANY	INCLUDED		
Number of Partners	IF ANY	INCLUDED		
Total Premium		INCLUDED		
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:				
CA10120295 CA11470395 CA40010190 CA40020388 CA40050187 CA49010392 CA49030394 CA49180394 CA99030394				

*Other Forms and Endorsements for this Coverage Part omitted if shown elsewhere in the policy.

Countersigned By: _____
Authorized Representative

COMMERCIAL AUTO COVERAGE PART TRUCKERS INSURANCE FORM DECLARATIONS

POLICY NUMBER: CLP37085B

GREAT WEST CASUALTY COMPANY
PO Box 277, So. Sioux City, NE 68776

ITEM ONE

Named Insured and Mailing Address:

CRAIG TRANSPORTATION CO.
26699 ECKEL ROAD
PERRYSBURG, OH 43352

Policy Period: From JUNE 1 1995 to JUNE 1 1997 at 12:01 A.M. Standard Time
at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO SCHEDULE OF COVERAGES AND COVERED "AUTOS"			
<p>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 "AUTO" Section of the Truckers Coverage Form next to the name of the coverage.</p>			
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	41	\$1,000,000	INCLUDED
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
MEDICAL PAYMENTS	42	\$5,000	INCLUDED
UNINSURED MOTORISTS	42	\$25,000 EACH ACCIDENT	INCLUDED
UNDERINSURED MOTORISTS	42	INCLUDED IN UNINSURED MOTORISTS COVERAGE	INCLUDED
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	53	LIMIT AND DEDUCTIBLE SEPARATELY STATED IN THE SCHEDULE OF AUTOS	INCLUDED
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE			
PHYSICAL DAMAGE COLLISION COVERAGE	53	LIMIT AND DEDUCTIBLE SEPARATELY STATED IN THE SCHEDULE OF AUTOS	INCLUDED
PREMIUM FOR ENDORSEMENTS			
COVERAGE PART PREMIUM			

**COMMERCIAL INLAND MARINE COVERAGE PART
CARGO COVERAGE FORM DECLARATIONS**

POLICY NUMBER: CLP37085B

**GREAT WEST CASUALTY COMPANY
PO Box 277. So. Sioux City, NE 68776**

Named Insured and Mailing Address:
**CRAIG TRANSPORTATION CO.
26699 ECKEL ROAD
PERRYSBURG, OH 43352**

Policy Period: From **JUNE 1 1995** to **JUNE 1 1997** at 12:01 A.M. Standard Time
at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM AND COVERAGE	
CARGO INSURANCE - BROAD FORM	REPORTING FORM RATING
LIMITS OF INSURANCE	
The most we will pay for any one loss is	
\$200,000 IN OR ON ANY ONE AUTO OR COMBINATION OF AUTOS OPERATING IN TANDEM SUBJECT TO	
\$400,000 FOR ANY ONE LOSS, DISASTER OR CASUALTY	
DEDUCTIBLE	
The Deductible amount is	\$1,000 PER AUTO
SPECIAL PROVISIONS, if any	
LIMIT IS AMENDED TO \$500,000 WHEN HAULING FOR MCMASTER-CARR, INC. AND GILLETTE CO.	
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: IM10020692 IM40020187 IM40060187	

*Other Forms and Endorsements for this Coverage Part omitted if shown elsewhere in the policy.

Countersigned By: Edward L. Lauer
Authorized Representative



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

IN REPLY PLEASE
REFER TO OUR FILE

July 28, 1995

CRAIG TRANSPORTATION CO
PO BOX 1010
PERRYSBURG OH 43552-1010

In re: A-00112312 - Application of Craig Transportation Co.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of July 29, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before August 14, 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

