

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

RECEIVED

FEB 22 1996

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION) BUREAU OF
TRANSPORTATION & SAFETY

For PUC Use Only
Docket No. <u>A-112835</u>
Folder No. <u>4c</u>

RECEIVED

FEB 20 1996

PUBLIC UTILITY COMMISSION
SECRETARYS BUREAU

1. McQuown Business Services, Inc.
(Full and correct name in which you intend to operate)

2. McQuown Business Services, Inc.
(Trade name, if any)

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

the Commonwealth on January 11, 1991 (attach copy of date-stamped registration
(Date)
form).

3. PO Box 5 Main Street Ramey, PA 16671 814/378-5484
(Physical Address) (Telephone No.)

Ramey Clearfield PA 16671
(City) (County) (State) (Zip)

4. ~~PO Box 5 Main Street Ramey, PA 16671 814/378-5484~~
(Mailing Address; if different)

~~Ramey Clearfield PA 16671~~
(City) (County) (State) (Zip)

5. Applicant does not hold ICC authority under Doc. 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 Pennsylvania and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on January 11, 1991 (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 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

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.

JEREMIAH H. M. SPOONER *Jeremiah H. Spooner* 2/13/96

(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).

DSCB204 (Rev. 81)

ARTICLES OF INCORPORATION

(PREPARE IN TRIPPLICATE)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE - CORPORATION BUREAU
308 NORTH OFFICE BUILDING, HARRISBURG, PA 17120

PLEASE INDICATE (CHECK ONE) TYPE CORPORATION:

- DOMESTIC BUSINESS CORPORATION
- DOMESTIC BUSINESS CORPORATION
A CLOSE CORPORATION - COMPLETE BACK
- DOMESTIC PROFESSIONAL CORPORATION
ENTER BOARD LICENSE NO.

FEE
\$75.00

010 NAME OF CORPORATION (MUST CONTAIN A CORPORATE INDICATOR UNLESS EXEMPT UNDER 15 P.S. 2908 B)

McQuown Business Services, Inc.

011 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)

P.O. Box 5, Main Street

012 CITY Ramey 033 COUNTY 013 STATE PA 064 ZIP CODE 16671

050 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

Provide business services including but not limited to telephone services, welding and trucking and to perform all other activities legally allowed under PA Law.

(ATTACH 8 1/2 x 11 SHEET IF NECESSARY)

The Aggregate Number Shares, Classes of Shares and Par Value of Shares Which the Corporation Shall have Authority to Issue:

040 Number and Class of Shares	1,000	041 Stated Par Value Per Share if Any no, par value	042 Total Authorized Capital	031 Term of Existence perpetual
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The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by each Incorporator

060 Name	061, 062 063, 064 Address (Street, City, State, Zip Code)	Number & Class of Shares
Jeremiah H. McQuown	P.O. Box 5, Main Street, Ramey, PA 16671	1,000 shares of common stock
(ATTACH 8 1/2 x 11 SHEET IF NECESSARY)		

IN TESTIMONY WHEREOF, THE INCORPORATOR(S) HAS (HAVE) SIGNED AND SEALED THE ARTICLES OF INCORPORATION

THIS 4 DAY OF January 1991.

Jeremiah H. McQuown

- FOR OFFICE USE ONLY -

030 FILED JAN 11 1991	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER
	REVIEWED BY <i>JD</i>			9105 210
	DATE APPROVED	004 SIC	AMOUNT \$	001 CORPORATION NUMBER
	<i>Christopher A. Lewis</i>			2001053
	DATE REJECTED	CERTIFY TO	INPUT BY	LOG IN (REFILE)
		<input type="checkbox"/> REV.		JAN 11 1991
	MAILED BY DATE	<input type="checkbox"/> L & I	VERIFIED BY	LOG OUT (REFILE)
		<input type="checkbox"/> OTHER		

Secretary of the Commonwealth
Department of State
Commonwealth of Pennsylvania

Merchants and Business Men's Mutual Insurance Company

HARRISBURG, PA

COMMERCIAL AUTO COVERAGE PART TRUCKERS AUTO DECLARATIONS

POLICY NO.: TR37296927

ITEM ONE -

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Jeremiah McQuown d/b/a McQuown Business Services
P.O. Box 5
Ramey, PA 16671

NOTICE: THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR RENTAL VEHICLES.

Policy Period: From 7-26-95 to 7-26-96 at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business: Individual Partnership Corporation Other

IN RETURN FOR THE PAYMENT, 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

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 Trucker's 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 Trucker's Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 350,000	\$ 1844
FIRST PARTY BENEFITS	46	\$Add. First Party Ben. (CA280c)	\$ 64
UNINSURED MOTORISTS (UM)	46	\$ 35,000 N/S	\$ 6
UNDERINSURED MOTORISTS	46	\$ 35,000 N/S	\$ 6
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	DED. FOR EACH COVERED AUTO \$
	SPECIFIED CAUSES OF LOSS COVERAGE		DED. FOR EACH COVERED AUTO \$
	COLLISION COVERAGE		DED. FOR EACH COVERED AUTO \$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: CA116, CA841, CA279d, CA280d, CA540, CA544, CA545, GU220b, GU322b, MB-11, CA2312, PP-1

PREMIUM FOR ENDORSEMENTS \$ 100
ESTIMATED TOTAL PREMIUM \$ as per PP-1

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Aut	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	Actual Cost	NEW(N) USE(OU)	
1	1993 Mack Superliner Dump Truck #006195				49
2					

Aut	CLASSIFICATION							Code	EXCEPT FOR Towing all physical loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius (in Miles)	Business Use	Size (GVW or Vehicle Seating Capacity)	Age Group	Primary Rating Factor	Secondary Rating Factor			
1	50	C	80,000		3.50			40T21	
2									

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Aut	LIABILITY		UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO. MED. PAY		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION	
	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit minus Deductible shown below	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium
1	350	1844	35	6	35	6	APPB	64						
2														
TOTAL PREMIUM	1844		6		6		64							

Countersigned: 7-25-95

#AG2037
js

dk QH
7/31/95

Robert A. Yaver
Authorized Representative

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)
02/09/96

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

PRODUCER Mallalieu-Golder Ins. Agcy 49 E. Fourth Street Suite 105 Williamsport, PA 17701		COMPANY General Accident Ins. Co.		BINDER NO. MCQ450	
CODE 426344		DATE EFFECTIVE 02/09/96		EXPIRATION DATE 03/09/96	
SUB-CODE		TIME 12:01		TIME X 12:01 AM X NOON	
INSURED McQuown Business Serv. Inc PO Box 5 Main Street Ramey PA 16671		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOV COMPANY PER EXPIRING POLICY NO.			
DESCRIPTION OF OPERATIONS/VEHICLE & PROPERTY (Including Lc) 1993 Superliner Dump Truck Cargo Coverage \$5,000					

COVERAGES	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	CONSUM.
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> COCL OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS - COMP AGG \$ PERSONAL & ACV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: OTHER THAN COL:		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT 1 DISEASE-EACH EMPLOYEE 1		

SPECIAL CONDITIONS/OTHER COVERAGES Cargo coverage, all risk, Deductible \$250 Value \$5,000

NAME & ADDRESS		MORTGAGEE LOSS PAYEE LOAN #	ADDITIONAL INSURED
Form H Cargo will be filed upon receipt of Docket # Commonwealth of PA		AUTHORIZED REPRESENTATIVE	

EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that McQuown Business Services, Inc
(Name of Carrier)
holding P.U.C. authority at Application Docket No. A-112835
is exempt from P.U.C. Cargo Insurance regulations for the following reasons:

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500.

Jeremiah H. McQuown (Pres)
(Signature of Individual, Partner or Corporate Officer)

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and the facts set forth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S. Sec 4904 relating to unsworn falsification to authorities.

Dated 3-5-96

Jeremiah H. McQuown
(Signature)

JEREMIAH H. McQUOWN
(Print Name)

PLEASE RETURN TO:

PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
FINANCIAL RESPONSIBILITY SECTION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

*on Blue form
sent to Ins Sec
3-7-96*

RECEIVED
MAR 07 1996
SECRETARY'S OFFICE
Public Utility Commission

Merchants and Business Men's Mutual Insurance Company

HARRISBURG, PA

COMMERCIAL AUTO COVERAGE PART TRUCKERS AUTO DECLARATIONS

POLICY NO.: TR37296927

ITEM ONE -

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

McQuown Business Services Inc.
P.O. Box 5
Ramey, PA 16671

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Policy Period: From 7-26-95 to 7-26-96 at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business: Individual Partnership Corporation Other

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This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages 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 Truckers 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 Truckers Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 350,000	\$ 1844
FIRST PARTY BENEFITS	46	\$Add. First Party Ben. (CA280c)	\$ 64
UNINSURED MOTORIST (UM)	46	\$ 35,000 N/S	\$ 6
UNDERINSURED MOTORIST	46	\$ 35,000 N/S	\$ 6
PHYSICAL DAMAGE	COMPLETION COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	DED. FOR EACH COVERED AUTO
			\$
			\$
PHYSICAL DAMAGE	SPECIFIED CAUSES OF LOSS COVERAGE		DED. FOR EACH COVERED AUTO
			\$
			\$
PHYSICAL DAMAGE	COLLISION COVERAGE		DED. FOR EACH COVERED AUTO
			\$
			\$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF

CA116, CA841, CA279d, CA280d, CA540, CA544	PREMIUM FOR ENDORSEMENTS	\$ 100
CA545, GU22, MB-11, CA2312, PP-1	ESTIMATED TOTAL PREMIUM	\$ as per PP-1

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU C

Auto	DESCRIPTION Make, Trade Name, Body Type Social No. (S), Vehicle Identification Number (VIN)	PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged
		Original Cost	Actual Cost & NEW(N) USED(U)	
1	1993 Mack Stearliner Dump Truck #006195			49
2				

Auto	CLASSIFICATION							Code	EXCEPT FOR Towing all physical loss is payable to you and the loss payable named below as interest may appear at the time of the loss
	Radius of Operation (In Miles)	Business Use Subcategory R-Retail C-Comm1	Sto GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
1	50	C	80,000		3.50			40121	
2									

(Absence of deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Coverage	LIABILITY		UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO. MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION	
	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium
1	350	1844	35	6	35	6	AFPB	64						
2														
TOTAL PREMIUM		1844				6	PREMIUM	64	PREMIUM		PREMIUM		PREMIUM	

Countersigned: 7-25-

#AG2037

By: *Barbara Kover*
Authorized Representative

js

WB-1001 WHI & INSURED CANARY - HOME OFFICE BUFF - SERVICE OFFICE PINK - AGENT



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

IN REPLY PLEASE
REFER TO OUR FILE

March 22, 1996

ST

MCQUOWN BUSINESS SERVICES INC
PO BOX 5 MAIN STREET
RAMEY PA 16671

In re: A-00112835 - Application of McQuown Business Services, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of March 23, 1996.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 8, 1996.

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

