

## MCALLISTER &amp; GALLAGHER, P. C.

*Attorneys at Law*

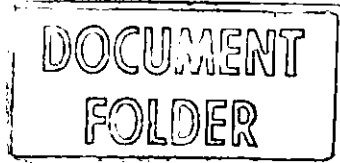
JOHN M. MCALLISTER  
 JOHN J. GALLAGHER  
 MICHAEL S. HENRY\*  
 DENNIS M. DUBIN  
 LAURA L. CARBERRY\*

\*ALSO A MEMBER OF  
 NEW JERSEY BAR

KAR  
 ORIGINAL

SUITE 1100  
 1760 MARKET STREET  
 PHILADELPHIA, PA. 19103

(215) 963-1555  
 FAX (215) 963-9104



August 20, 1992

PA. Public Utility Commission  
 P.O. Box 3265  
 Harrisburg, PA 17105

ATTN: JOHN ALFORD, Secretary

Re: PUC v. J. Kane, t/a Hercules Movers  
 Docket #C-924258 & Docket #A-00109368 ~~C-9101~~

Dear Mr. Alford:

Enclosed please find an original and copy of Answer to Complaint Upon Commission Motion. Also, enclosed please find an original and copy of Petition For Reinstatement and Expedited Consideration regarding the above-captioned matters.

If you should have any questions regarding this matter, please feel free to contact me.

Very truly yours,

  
 MICHAEL S. HENRY

MSH/dmt  
 Enclosures

P.S. Also, enclosed is the change of address form.

RECEIVED

AUG 24 1992

SECRETARIES OFFICE  
 Public Utility Commission

ORIGINAL

RECEIVED

BEFORE THE PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

AUG 24 1992

SE  
Public Utility Commission OFFICE

PENNSYLVANIA PUBLIC  
UTILITY COMMISSION

vs.

JOHN K. KANE

**DOCKETED**

AUG 31 1992

DOCKET: A-00109368@9#01

PETITION FOR REINSTATEMENT AND EXPEDITED CONSIDERATION

Your Petitioner, John K. Kane, by and through his attorneys, McAllister & Gallagher, P.C., hereby respectfully requests this Honorable Commission to grant the relief requested herein for the following reasons:

1. Your Petitioner, John K. Kane, is an individual residing at 4 Hunter's Way, Hatboro, Pennsylvania, who held a certificate of public convenience issued by the Public Utility Commission under the above docket number which authorized him to operate as a common carrier for the transportation of property.

2. On or about December 19, 1991, the Commission instituted an order to show cause against Your Petitioner alleging that Your Petitioner failed to maintain evidence of current insurance in violation of Section 512 of the Public Utility Code, 66 Pa.C.S.A. §512, and 52 Pa.Code Chapter 32.

DOCUMENT  
FILED

3. The order specified that if Your Petitioner failed to answer the order and if proper evidence of current insurance was not received from Your Petitioner's insurer within twenty (20) days from the date on which it was served, then the Commission would be empowered to enter an order, imposing a fine or other penalty or remedy, including suspension or revocation of its certificate.

4. The aforesaid order was entered on January 8, 1992, but service was not accomplished by the U.S. Postal Service.

5. The Commission then attempted personal service by an enforcement officer, however, the enforcement officer could not find Your Petitioner.

6. On May 7, 1992, the Commission adopted an order at public meeting cancelling Your Petitioner's certificate of public convenience.

7. Said order was entered on May 13, 1992.

8. Your Petitioner seeks relief in the form of an order reinstating Your Petitioner's certificate of public convenience.

9. Your Petitioner asserts that he is entitled to the relief requested because (a) the order to show cause was never served on Your Petitioner and (b) he maintained insurance coverage at all times relevant hereto.

10. Your Petitioner believes and therefore avers that the Commission attempted service at 79 Woodbine Court, Horsham, Pennsylvania.

11. At the time that service was attempted, Your Petitioner resided at 4 Hunter's Way, Hatboro, Pennsylvania.

12. At the time service was attempted, the Commission knew or should have known Your Petitioner's correct address.

13. Although Your Petitioner did not file a change of address form with the Commission, Your Petitioner did file his 1991 Annual Report on or about March 31, 1992, and 1991 Assessment Report shortly thereafter with the address correction listed. A true and correct copy of the aforesaid Annual Report and Assessment Report is attached hereto and marked as Exhibit "A".

14. Furthermore, Your Petitioner orally notified the Commission of his new address in order to request a form for his 1991 Annual Report and 1991 Assessment Report.

15. Your Petitioner has now properly corrected the Commission's records by filing a change of address form along with this Petition.

16. At all times relevant hereto, Your Petitioner was insured in accordance with the Commission regulations with Continental Insurance Company under policy number 25CLP05213371. True and correct copies of the Insurance Identification Cards and Declaration Sheets from the aforesaid policy is attached hereto and marked as Exhibit "B".

17. Proof of insurance was not filed with the Commission because Your Petitioner's insurance agent did not understand the requirements of the Commission, although said insurance agent

represented to Your Petitioner that it had written insurance for other common carriers subject to Commission regulation.

18. Your Petitioner's insurance agent has filed the necessary proof of insurance with the Commission after the deficiency was discovered.

19. Your Petitioner first became aware of the order cancelling his certificate on August 13, 1992.

20. Your Petitioner has taken prompt action in filing this Petition immediately after discovery that the aforesaid order had been entered.

21. Your Petitioner has a good history of compliance with the Public Utility Code and Commission regulations.

22. Your Petitioner requests expedited consideration of his Petition and seeks to have this matter listed at the next public meeting because the service he provides under his certificate of public convenience is in greatest demand during the summer months.

23. The interests of members of the public who intend to use Your Petitioner's services before Labor Day will be served by expedited consideration and reinstatement of Your Petitioner's certificate.

WHEREFORE, Your Petitioner, John K. Kane, respectfully requests this Honorable Commission to grant its Petition and enter an Order consistent with the relief requested herein.

Respectfully submitted,



LAW OFFICES Michael S. Henry, Esquire

SUITE 1100 • 1760 MARKET STREET • PHILADELPHIA, PA. 19103

EXHIBIT "A"

LAW OFFICES  
SUITE 1100 • 1760 MARKET STREET • PHILADELPHIA, PA. 19103

# Pennsylvania Public Utility Commission

COMMISSION COPY  
 CARRIER COPY  
 P.U.C. Certificate  
 No. A. \_\_\_\_\_  
 I.C.C. Certificate  
 No. MC \_\_\_\_\_

BUREAU OF TRANSPORTATION  
 P.O. Box 3265, Harrisburg, Pennsylvania 17105-3265

CALENDAR YEAR

**1991**

## ANNUAL REPORT

File by March 31, 1992  
 This report covers period from:  
JAN 1 1991 to  
DEC 31 1991

PROPERTY CARRIER

Name and Address of Reporting Carrier

TK 750290 S A-00109368  
 KANE, JOHN K.  
 77 WOODBINE COURT  
 JORSHAM PA 19044

Correct Name and Address if Different Than Shown

KANE, JOHN K.  
 HERCULES MOVING + STORAGE  
 4 HUNTERS WAY  
 HATBORO, PA 19040

A. Kind of Organization — Any change during year Yes  No

1.  Individual  
 2. \_\_\_\_\_ Partnership  
 3. \_\_\_\_\_ Corporation  
 4. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

C. Corporation

1. Incorporated in state of PA  
 on \_\_\_\_\_ 19\_\_\_\_

2. Directors:

Name	Address	Term Expires
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

3. Principal General Officers:

Name	Title
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

4. Principal Stockholders:

Name	Address	Class	Shares
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

B. Type of Operation

1. \_\_\_\_\_ General Freight  
 2.  Household Goods  
 3. \_\_\_\_\_ Other Specific Commodities  
 4. Commodities Transported (Most Important)  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

D. Partnership

1. Partners:

Name	Address	% of Interest
a. <u>N/A</u>	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

### PAID PREPARER'S SECTION

Accounting Firm and/or Accountant's Name  
WAMBOLD + COMPANY  
500 N. YORK RD.  
 Address HATBORO, PA. 19040  
 Telephone No. (215) 674-2192  
AREA CODE

Name, official title, telephone number and office address of officer, owner or partner in charge of correspondence with the Commission:

Name JOHN KANE Title OWNER  
 Telephone Number: Area Code 215 Telephone Number 675-1028  
 Office Address: 4 HUNTERS WAY HATBORO PA 19040  
STREET AND NUMBER CITY, STATE AND ZIP CODE

Out-of-State carriers please provide Pennsylvania address and telephone number, for contact purposes.

Address: \_\_\_\_\_  
STREET AND NUMBER CITY, STATE AND ZIP CODE  
 Telephone Number: Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

### AFFIDAVIT

Commonwealth of Pennsylvania )  
 County of \_\_\_\_\_ ) ss:  
 (Name of Affiant) \_\_\_\_\_ makes oath and says that he is \_\_\_\_\_  
 (Title of Affiant) \_\_\_\_\_ of (legal title or name or respondent) \_\_\_\_\_  
 and that the annual report has been prepared by him or under his direction; that he has carefully examined the said report; that he believes all statements of fact contained in the said report is a true and complete statement of the business and affairs of the above-named respondent and the operation of its property during the calendar year.  
 Signature of Affiant JOHN KANE Notary \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_ My Commission Expires: \_\_\_\_\_

**BALANCE SHEET STATEMENT (omit cents)**

Line No.	ASSETS	Balance End of Yr.	Line No.	LIABILITIES AND EQUITY	Balance End of Yr.
	<b>Current Asset</b>			<b>Current and Accrued Liabilities</b>	
1	Cash and working funds .....	\$ 4369	27	Notes payable within one year	
2	Special deposits .....	_____		a. Equipment Due .....	\$ 5000
3	Notes receivable .....	_____	28	b. Owners and officers .....	_____
4	Accounts receivable from:		29	c. Affiliates .....	_____
5	a. Trade and interline .....	_____	30	d. Others .....	_____
6	b. Owners and officers .....	_____		Accounts payable to:	
7	c. Affiliates .....	_____	31	a. Trade and interline .....	_____
8	d. Others .....	_____	32	b. Owners and officers .....	_____
9	Prepayments .....	_____	33	c. Affiliates .....	_____
10	Materials and supplies .....	_____	34	d. Others .....	_____
11	Other current assets .....	_____	35	Wages and salaries payable .....	_____
12	<b>Total Current Assets</b> .....	<u>4369</u>	36	C.O.D.'s unremitted .....	_____
	<b>Property and Investments</b>		37	Taxes payable .....	669
	<b>Tangible property</b>		38	Other current & accrued liabilities .....	_____
13	Total Carrier Property .....	6000	39	<b>Total Current &amp; Accrued Liabilities</b> .....	<u>5669</u>
14	Less: Accumulated Depreciation .....	3164		<b>Equipment and Other Long Term Obligations</b>	
15	Net Carrier Property .....	2836	40	Equipment Obligations .....	22015
16	Noncarrier property .....	37609	41	Real Estate Obligations .....	_____
17	Less: Accumulated Depreciation .....	4286	42	Owing to owners, officers & affiliates .....	_____
18	Net Non Carrier Property .....	33223	43	Other long term obligations .....	_____
	<b>Intangible Property</b>		44	<b>Total Equipment &amp; Other Long Term Obligations</b> .....	<u>22015</u>
19	a. Franchises and permits .....	8000		<b>Equity</b>	
20	b. Goodwill and other .....	2833	45	Noncorporate capital .....	23577
	<b>Investments and Advances</b>		46	Capital stock .....	_____
21	a. Affiliates .....	_____	47	Capital surplus .....	_____
22	b. Cash value life ins. policies .....	_____	48	Retained earnings .....	_____
23	c. Other .....	_____	49	<b>Total Equity</b> .....	<u>23577</u>
24	<b>Total Property and Investments</b> .....	_____	50	<b>TOTAL LIABILITIES AND EQUITY</b> .....	<u>51261</u>
25	Deferred debits and other assets .....	_____			
26	<b>TOTAL ASSETS</b> .....	<u>51261</u>			

**MOTOR VEHICLE EQUIPMENT AT END OF YEAR (omit cents)**

- The information called for below shall be given for each motor vehicle, including trailers, automobiles and service cars, included in carrier operating property at the end of year.
- In the event the carrier has recorded on its books the purchase of motor vehicles on a basis other than cost, a statement shall be attached showing a reconciliation between the amount as recorded and the cost to the carrier of such motor vehicle.

Make of Vehicle	Model (Year)	Type of Body	Seating Capacity or Tonnage	Date Purchased	Condition When Purchased (New or Used)	Cost to Carrier At Time of Purchase	Depreciation Accrued		Depreciation Book Value	Total Miles Operated During Year
							Current Year	Total At End of Year		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
GM TRUCK	1987	MANTRUCK	26 FT	1990	USED	3000	1500	2000	1000	10000
INDEPENDENCE	1974		26 FT	1990	USED	3000	735	1164	1836	5000
MAXIMA	1991	SEDAN	5	1991	USED	26320	2128	2128	24192	1500
PICKUP	1992		2	1991	NEW	11259	2258	2258	9031	500
<b>TOTAL</b>	....	....	....	....	....	43609	6621	7550	36059	17000

**MOTOR VEHICLE EQUIPMENT RETIRED DURING YEAR (omit cents)**

The information called for below shall be given for each motor vehicle, including trailers, automobiles and service cars, retired during the year.

Line No.	Make of Vehicle	Model (Year)	Type of Body	Seating Capacity or Tonnage	Date Purchased	Date Retired	Book Cost of Vehicle Retired	Salvage Trade-In or Other Amount Realized	Net Charge To Reserve	Depreciation Adjustment Account	Total Mileage at Date of Retirement
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
1											
2											
3											
4											
5											
6											
7											
8	<b>TOTAL</b>	...	....	...	....	....					

**EQUIPMENT AVAILABLE FOR CURRENT YEAR**

Licensed and Insured Revenue Equipment Type	Number Owned	Number Leased	Total
Trucks .....	1	1	2
Truck Tractors .....	_____	_____	_____
Trailers (Semi or Full) .....	_____	_____	_____
Others .....	_____	_____	_____



**OPERATING REVENUES**

Show hereunder the revenues derived from the carrier during the year from transportation service and for service incident thereto classified between intrastate and interstate revenues and in accordance with the accounts contained in the Uniform System of Accounts.

Classification	Revenues From Intrastate (PA) Operations (Omit Cents)			Revenues From Interstate Operations (Omit Cents)			Total Revenues (Omit Cents)		
	...	...	...	...	...	...	...	...	...
<b>TRANSPORTATION OF PROPERTY</b>	...	...	...	...	...	...	...	...	...
Freight Revenue — Intercity/Local Cartage —		125	381					125	381
Total Revenue — Transportation of Property									
Other Operating Revenue — Submit Detail									
Total Operating Revenues		125	381					125	381

**COMPARATIVE INCOME STATEMENT (omit cents)**

1. State the Income of the carrier classified in accordance with the instructions prescribed in the Uniform System of Accounts.
2. Enter in Column (c) the Income applicable to the year covered by this report; in Column (d) enter the Income applicable to the preceding year and in Column (e) enter the difference between Columns (c) and (d). Current year excesses over previous year figures shall be shown in black and the decreases shown in red (or in black followed by appropriate symbol).
3. If the increases and decreases are in anywise inconsistent with previously reported figures, explain under Explanatory Remarks.

Description	(b)	Amounts Applicable To The Year Covered By This Report (c)	Comparison With Preceding Year						
			Amount (d)			Difference Increase — Black Decrease — Red (e)			
			...	...	...	...	...	...	...
<b>I. CARRIER OPERATING INCOME</b>	...	...	...	...	...	...	...	...	...
Revenues:									
Operating Revenues (A)		125 381							
Expenses:									
Operation and Maintenance Expenses (Total From Page 4)		75 367							
Depreciation Expense		6 115							
Amortization Chargeable to Operations		3 540							
Operating Taxes and Licenses		4 629							
Operating Rents		13 296							
<b>Total (B)</b>		102 947							
(Gain) or Loss on Disposition of Operating Assets									
Net Operating Revenue		22 474							
<b>II. OTHER INCOME</b>	...	...	...	...	...	...	...	...	...
Net Income from Non-Carrier Operations									
Net Income from Non-Operating Property									
Interest Income									
Dividend Income									
Income from Sinking and Other Funds									
Other Non-Operating Income									
<b>Total Other Income</b>		-							
Gross Income		22 474							
<b>III. INCOME DEDUCTIONS</b>	...	...	...	...	...	...	...	...	...
Interest on Long-Term Obligations									
Other Interest Deductions									
Taxes Assumed on Interest									
Amortization of Debt Discount and Expenses									
Amortization of Premium on Debt — Credit									
Other Deductions									
<b>Total Income Deductions</b>		-							
Net Income Before Income Taxes		22 474							
Provision for Income Taxes (C)									
Net Income (or Loss) Transferred to Earned Surplus		22 474							
Operating Ratio Before Income Taxes (B) ÷ (A)									= 82 %
Operating Ratio Excluding (Gain) or Loss on Disposition of Operating Assets									= 82 %

**EXPLANATORY REMARKS — Comparative Income Statement**

This space may be used by the carrier in furnishing additional data in support of any item appearing in the above Income Statement which by reason of its unusual character justifies an explanation.

**OPERATION AND MAINTENANCE EXPENSES (omit cents)**

Show hereunder the operating and maintenance expenses of the carrier for the year covered by this report, classified in accordance with the Uniform Systems of Accounts for Carriers of passengers and/or property by motor vehicle.

Account Title (b)	Total (c)			Account Title (b)	Total (c)		
<b>EQUIPMENT MAINTENANCE AND GARAGE EXPENSE</b>	**	***	***	<b>INSURANCE AND SAFETY EXPENSE (Continued)</b>	**	***	***
Supervision of Shop and Garage				Workmen's Compensation — Self Insurance			
Repairs to Shop and Garage				Baggage and Express or Cargo Insurance			
Operation and Maintenance of Service Equipment				Baggage and Express or Cargo Loss and Damage			
Repairs to Shop and Garage Buildings and Grounds				Fire and Theft Insurance			
Light, Heat, Power and Water for Shops and Garages				Other Insurance			
Other Shop and Garage Expenses				<b>Total</b>		8	876
Repair to Revenue Equipment				<b>ADMINISTRATIVE AND GENERAL EXPENSE</b>	**	***	***
Servicing of Revenue Equipment				Salaries of General Officers			
Tires and Tubes — Revenue Equipment				Expenses of General Officers			
				Salaries of General Office Employees			
<b>Total</b>				Expenses of General Office Employees			
				Law Expenses			
<b>TRANSPORTATION EXPENSE</b>	**	***	***	General Office Supplies and Expenses			1832
Supervision of Transportation				Communication Service			5439
Drivers and Helper's Wages and Bonuses		31	610	Outside Auditing Expenses			
Fuel for Revenue Equipment		10	479	Employees' Welfare Expenses			
Oil for Revenue Equipment				Purchasing and Store Expenses			
Purchased Transportation — Submit Detail				Other General Expenses			2111
Road Expense			387	Management and Supervision Fees and Expenses (Supply Detail)			
Bridge, Tunnel and Ferry Tolls				Franchise Requirements — Debit			
Wages of Miscellaneous Transportation Employees				Franchise Requirements — Credit			
Other Transportation Expense		12	386	Other Regulatory Commission Expenses			
<b>Total</b>		54	962	Uncollectible Revenues			
<b>TERMINAL OR STATION EXPENSE</b>	**	***	***	<b>Total</b>			9382
Salaries and Commissions (Passenger) — Terminal Employees (Property)				<b>* Grand Total (Enter on Page 3)</b>			75367
Supplies and Expenses							
Repairs to Station Buildings or Terminals and Equipment							
Commission Agents and Connecting Lines							
Commissions Paid							
Other Expenses Allowed							
Interline Commissions Paid							
Interline Commission Earned — Credit							
Collection and Delivery							
Purchased Collection and Delivery or Local Cartage							
<b>Total</b>							
<b>TRAFFIC SOLICITATION OR SALES, TARIFFS &amp; ADV. EXP.</b>	**	***	***				
Sales and Expenses			156				
Tariffs and Schedules							
Tickets and Baggage Checks							
Other Traffic or Sales Expenses							
Advertising			2091				
<b>Total</b>			2247				
<b>INSURANCE AND SAFETY EXPENSE</b>	**	***	***				
Salaries and Expenses — Insurance and Safety							
Public Liability and Property Damage Insurance							
Injuries and Damages							
Workmen's Compensation — Insurance			8876				

**HOUSEHOLD GOODS CARRIERS ONLY**

Transported Distances	Intrastate Revenue (PA)
40 miles or less .....	\$ 125381
over 40 miles .....	\$
<b>Total .....</b>	<b>\$ 125381</b>

EXHIBIT "B"

LAW OFFICES

SUITE 1100 • 1760 MARKET STREET • PHILADELPHIA, PA. 19103

# Commercial General Liability Coverage Part Declarations

Policy No. 25 CLP 05213371-92

**Limits of Insurance**

**THIS POLICY CONTAINS AGGREGATE LIMITS: REFER TO SECTION III - LIMITS OF INSURANCE FOR DETAILS**

General Aggregate Limit (Other Than Products--Completed Operations)	\$	<u>300000</u>	
Products--Completed Operations Aggregate Limit	\$	<u>300000</u>	
Personal and Advertising Injury Limit	\$	<u>300000</u>	
Each Occurrence Limit	\$	<u>300000</u>	
Fire Damage Limit	\$	<u>50000</u>	Any One Fire
Medical Expense Limit	\$	<u>5000</u>	Any One Person

**Retroactive Date (For Claims Made Coverage Only)**

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown below:

Retroactive Date: \_\_\_\_\_  
(Enter date or "None" if no Retroactive Date applies.)

**Form of Business and Location of all Premises**

Individual  Joint Venture  Partnership  
 Organization (Other than Partnership or Joint Venture)

Location of All Premises You Own, Rent or Occupy:

90 E LANCASTER AVE HILLS RESTAURANT DEVON PA 19333

**Premium**

Classification		Rate*			Advance Premium		
Loc #	Code	Premium	Products./	All	Products/	All	
Bldg #	No.	Basis*	Compl. Ops.	Other	Compl. Ops.	Other	
001/001	99793	P)	25000	INCLUDED	40.750	INCLUDED	1019

**CLASSIFICATION : TRUCKERS "INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS"**

Total Advance Premium \$ 1,019

**\*Premium Basis--Rate. Indicate:**

*(a)* for Area (per 1,000 sq. ft.)	*(c)* for Total Cost	*(t)* for Each
*(p)* for Payroll (per \$1,000 of payroll)	*(m)* for Admission (per 1,000 admissions)	
*(s)* for Gross Sales (per \$1,000 of gross sales)	*(u)* for Units (each unit)	

**Forms and Endorsements**

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

**CG 0001 1188      SCG 22501 0386      SCG 22503A 0689**

THE CONTINENTAL INSURANCE COMPANY

A Stock Company No. 11 25 CLP 05213371-92

MYERS BENNER CORP  
2895 HAMILTON BLVD. SUITE 201  
ALLENTOWN PA 18104 6193

General Offices 180 Maiden Lane, NY, NY 10038  
Producer's Code 37 020 625  
Renewal of

JOHN KANE T/A HERCULES MOVERS  
456 KALMIA STREET  
WARMINSTER PA 18974

910926

From SEPTEMBER 21, 1991 to SEPTEMBER 21, 1992 at 12:01 A.M. Standard Time at your mailing address shown above.

Common Policy Declarations  
Commercial Lines Policy

Business Description: MOVING SERVICE  
THIS COMPANY HAS ISSUED A POLICY OF INSURANCE AS FOLLOWS:  
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. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ EXCLUDED
Boiler and Machinery Coverage Part	\$ EXCLUDED
Commercial Inland Marine Coverage Part	\$ 331
Commercial Crime Coverage Part	\$ EXCLUDED
Commercial Auto Coverage Part	\$ 2961
Commercial General Liability Coverage Part	\$ 1019
Farm Coverage Part	\$
Additional Coverage Part(s)	\$ EXCLUDED
	\$
	\$
	\$
	\$
Premium for this policy	\$ 4311
Add for attached companion policies	\$
Total premium	\$ 4311

Premium shown is payable: \$ 4311.00 at inception; \$ each anniversary.

Any premium shown in the Declarations for a Policy Period extending beyond one year was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium for each Coverage Part in accordance with our rates and rules then in effect. Exceptions, if any, are:

Audit required for:  GL  Auto  Inland Marine  Other  
Annual or

Form(s) and Endorsement(s) applicable to all Coverage Parts and made a part of this policy at time of issue:  
SIL 0017 1185 IL 0021 1185 IL 0246 0689 IL 0910 0181

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (Authorized Representative)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

INSURED COPY

1/85

Inland Marine  
Auto  
SIL 0017 1185  
IL 0021 1185  
IL 0246 0689  
IL 0910 0181

# Business Auto Coverage Form Declarations

Policy No. 25 CLP 05213371-92

**Item One - Form of Business:**

Corporation       Partnership       Individual       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 Auto Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos <small>(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).</small>	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	1	\$ 1000000	\$ 2085
Personal Injury Protection <small>(or equivalent No-fault coverage)</small>	5	Separately Stated In Each PIP Endorsement Minus \$ Ded.	\$ 18
Added Personal Injury Protection <small>(or equivalent added No-fault coverage)</small>		Separately Stated in Each Added PIP Endorsement	\$
Property Protection Insurance <small>(Michigan only)</small>		Separately Stated in The P.P.I. Endorsement Minus \$ Ded. For Each Accident	\$
Auto Medical Payments		\$	\$
Uninsured Motorists	2	\$ 35000	\$ 5
Underinsured Motorists <small>(When not included in Uninsured Motorists Coverage)</small>	2	\$ 35000	\$ INCLUDED
Physical Damage Comprehensive Coverage	2	Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ 500 Ded. For Each Covered Auto. But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four for hired or borrowed "autos".	\$ 258
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever is Less Minus \$25 Ded. For Each Covered Auto For Loss Caused by Mischief or Vandalism. See Item Four for hired or borrowed "autos".	\$
Physical Damage Collision Coverage	2	Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ 500 Ded. For Each Covered Auto. See Item Four for hired or borrowed "autos".	\$ 495
Physical Damage Towing And Labor <small>(Not Available in California)</small>		\$ for each disablement of a private passenger auto.	\$
<b>Premium For Endorsements</b>			<b>\$ 100</b>
<b>Estimated Total Premium</b>			<b>\$ 2961</b>

**Forms and Endorsements**

Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:

SDEC 72A      SDEC 73A      CA 0001 1290      CA 0029 1288  
 CA 0180 0790      CA 2106 0790      CA 2191 0790      CA 2001 1290

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PLEASE FOLD AND TEAR CAREFULLY ALONG PERFORATED EDGE AND  
KEEP THE ID CARD WITH YOU WHEN OPERATING YOUR VEHICLE.

INSURANCE IDENTIFICATION CARD  
PENNSYLVANIA  
(STATE)

COMPANY NUMBER 11 THE CONTINENTAL INSURANCE CO.  
POLICY NUMBER 25CLP05213371 EFFECTIVE DATE 09/21/91 EXPIRATION DATE 09/21/92  
YEAR 87 MAKE/MODEL GMC TRUCK VEHICLE IDENTIFICATION NUMBER TBD

AGENCY/COMPANY ISSUING CARD  
MYERS BENNER CORP  
2895 HAMILTON BLVD.  
SUITE 201  
ALLENTOWN PA 181046193

INSURED

HERCULES MOVERS  
456 KALMIA STREET

WARMINSTER PA 18974

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD  
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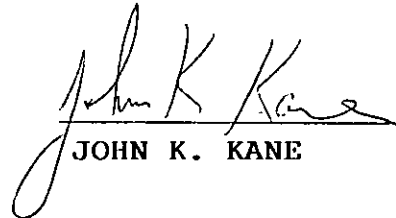
A F F I D A V I T

COMMONWEALTH OF PENNSYLVANIA:

:SS

COUNTY OF PHILADELPHIA :

JOHN K. KANE , being duly sworn according to law, deposes and says that he is the President/Owner in the foregoing Petition for Reinstatement and that the facts set forth therein are true and correct to the best of his knowledge, information and belief.

  
\_\_\_\_\_  
JOHN K. KANE

Sworn To and Subscribed  
Before Me This 19<sup>th</sup> Day  
of August , 1992.

  
\_\_\_\_\_  
NOTARY PUBLIC

NOTARIAL SEAL  
DEBORAH M. TUBINO, Notary Public  
City of Philadelphia, Phila. County  
My Commission Expires May 8, 1995



NAME

JOHN K. KANE

Docket No. A- 00109368

TRADE NAME

OLD ADDRESS

79 Woodbine Court

Horsham, PA 19044

NEW ADDRESS

P.O. Box 601

Berwyn, PA 19312

PHYSICAL ADDRESS

4 Hunter's Way

Hatboro, PA 19040

TELEPHONE #

(215) 647-7032

SIGNATURE

*John K Kane*

Date *Aug 18 1992*

DOCUMENT FOLDER

RETURN TO: Pennsylvania Public Utility Commission  
Bureau of Transportation  
P. O. Box 3265  
Harrisburg, Pa. 17120

*C-05-13-92*

ADDRESS CHANGE  
DATE *8-21-92*  
BY *JMK*  
Pa. Public Utility Comm.  
Bureau of Transportation