



5. Applicant DOE hold ICC authority under MC220010  
(does or does not)

6. Applicant DOES have a current safety rating issued by US DOT  
(does or does not)

(attach copy).

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

owned 0 leased 350

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 ILLINOIS and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on APRIL 17, 1995 (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.

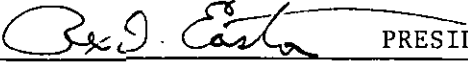
10. Certification

- 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.

REX. D. EASTON  PRESIDENT 4-28-95  
\_\_\_\_\_  
(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).

904-1176

APR 17 1995

Microfilm Number \_\_\_\_\_

Filed with the Department of State on \_\_\_\_\_

Entity Number 2632774

*Janette K...*

Secretary of the Commonwealth

*Q*

APPLICATION FOR CERTIFICATE OF AUTHORITY

DSCB:15-4124/6124 (Rev 90)

RECEIVED  
95 MAY -1 AM 9:27  
PA. P. U. C.  
INFO. CONTROL DIV.

Indicate type of corporation (check one):

Foreign Business Corporation (15 Pa.C.S. § 4124)

Foreign Nonprofit Corporation (15 Pa.C.S. § 6124)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the corporation is: PACKARD TRANSPORT, INC.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must adopt a corporate designator for use in Pennsylvania):  
\_\_\_\_\_

3. (If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following):

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:  
\_\_\_\_\_

The corporation shall do business in Pennsylvania **only** under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is:

ILLINOIS

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

24021 S MUNICIPAL DRIVE CHANNAHON ILLINOIS 60410

Number and Street

City

State

Zip

PA DEPT OF STATE

APR 17 1995

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a)	<u>1700 MARKET STREET SUITE 3232</u>	<u>PHILADELPHIA</u>	<u>PA</u>	<u>19103</u>	<u>PHILADELPHIA</u>
	Number and Street	City	State	Zip	County

(b) c/o:	<u>KEVIN F. HIRSCH</u>	<u>PHILADELPHIA</u>
	Name of Commercial Registered Office Provider	County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

7. (Check one of the following):


(Business corporation): The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

(Nonprofit corporation): The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for a Certificate of Authority to be signed by a duly authorized officer thereof this 12 day of APRIL, 19 95.

PACKARD TRANSPORT, INC.

(Name of Corporation)

BY:   
(Signature)

TITLE: PRESIDENT



**TRANSPORT, INC.**

---

24021 S. MUNICIPAL DRIVE  
CHANNAHON, IL 60410-9788

CORPORATE OFFICERS

REX D. EASTON PRESIDENT, SECRETARY, TREASURER

STOCKHOLDERS

REX D. EASTON  
24523 W. PELLINORE DR  
JOLIET, IL 60436  
600 SHARES

JAMES WARNING  
BOX 105  
NEW LENNOX, IL 60451  
400 SHARES

# Declarations

## Truckers



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.

Insured by the Stock Company checked below and hereinafter called the Company.

- |                                     |   |                          |   |                          |   |
|-------------------------------------|---|--------------------------|---|--------------------------|---|
| <input type="checkbox"/>            | The Home Insurance Company<br>Manchester, New Hampshire | <input type="checkbox"/> | City Insurance Company<br>Florham Park, New Jersey        | <input type="checkbox"/> | The Home Insurance Company<br>of Wisconsin; Brookfield, Wisconsin |
| <input checked="" type="checkbox"/> | The Home Indemnity Company<br>Manchester, New Hampshire | <input type="checkbox"/> | The Home Insurance Company<br>of Indiana, Carmel, Indiana | <input type="checkbox"/> |   |

Item 1—Named Insured, Mailing Address and Zip Code Packard Transport, Inc. 24021 S. Municipal Channahon, Illinois 60410	Producer Name and OPC 53900-916
	Form of Business: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: (specify) Business Description: <b>Truckman</b>

Policy Period	From	To	12:01 A.M. Standard Time at your mailing address shown above.	Audit Period	A	B	C	D	N
	05/12/94	05/12/95			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> None

Item 2—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 Truckers Coverage Form next to the name of the coverage.

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 The Most We Will Pay For Any One Accident or Loss	Premium		
Liability	41	\$ 1,000,000. CSL	\$ 462,400.		
Personal Injury Protection (P.I.P.) (or equivalent No-fault-coverage)		Separately Stated In Each P.I.P. Endorsement Minus \$ Deductible	\$		
Added P.I.P. (or equivalent Added No-fault coverage)		Separately Stated In Each Added P.I.P. Endorsement	\$		
Property Protection Insurance (P.P.I.) (Michigan Only)		Separately Stated in the P.P.I. Endorsement Minus \$ Deductible For Each Accident	\$		
Auto Medical Payments		\$	\$		
Uninsured Motorists	45	\$ 40,000. B.I.	\$ Included		
Underinsured Motorists (When not included in Uninsured Motorists Coverage)		\$	\$		
Trailer Interchange	Comprehensive	Actual Cash Value. Cost of Repair Or	\$ \$ 25,000 \$ 10,000 \$ 25,000 \$ 10,000	Whichever is Less Whichever is Less, Minus \$ Deductible For Each Covered "Auto" For "Loss" Caused By Mischief or Vandalism. Whichever is Less, Minus Deductible For Each Covered "Auto".	\$ \$ \$ Included \$ Included
	Specified Causes of Loss				
	Collision	48			
Physical Damage	Comprehensive	Actual Cash Value or Cost of Repair, Whichever is Less, Minus	\$ \$ 25 Deductible For Each Covered "Auto" For "Loss" Caused By Mischief or Vandalism.	Deductible For Each Covered "Auto" For All "Loss" Except Fire or Lightning. Deductible For Each Covered "Auto"	\$ \$ \$ \$
	Specified Causes of Loss				
	Collision				
	Towing and Labor (Not available in California)			\$ for each disablement of a private passenger "auto".	\$

Forms and Endorsements contained in this policy at its inception: H37042F, H37084F, IL 00 21 11 85-Broad Form Nuclear Exclusion (Not applicable in New York) H37084F2, CA0012, CA0120, IL0017, CA0270, H38471F, CA2130, CA2138, H22300, MCS-90, GNL6868F, CA2001, H37107F	Premium for Endorsements	\$
	Estimated Total Premium	\$ 462,400.

Do Not Write In This Box	This Declarations page with Truckers Policy. Provisions, together with endorsements, if any, issued to form a part thereof, completes the above numbered policy.	Countersigned at	Date Countersigned
		Authorized Representative	





U.S. Department  
of Transportation  
**Federal Highway  
Administration**

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

AUGUST 10, 1994

IN REPLY REFER TO:  
YOUR USDOT NO.: 355502  
REVIEW NO.: 00170964/CR

PACKARD TRANSPORT INC  
24021 S MUNICIPAL DRIVE  
CHANNAHON IL 60410-9788

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A JUL 28, 1994, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

RECEIVED  
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PA. P. U. C. DIV.  
INFO. CONTROL DIV.

*Ronald G. Ashby*

RONALD G. ASHBY  
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -



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

IN REPLY PLEASE  
REFER TO OUR FILE

May 12, 1995

PACKARD TRANSPORT INC  
24021 SOUTH MUNICIPAL DRIVE  
CHANANHON IL 60410

In re: A-00112102 - Application of Packard Transport, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of May 13, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before May 30, 1995. If comments are filed, you will be advised as to the procedure.

Very truly yours,

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

PSM:lg

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