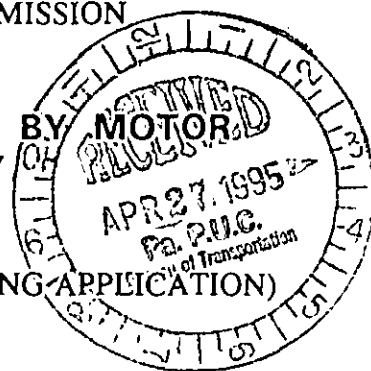


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

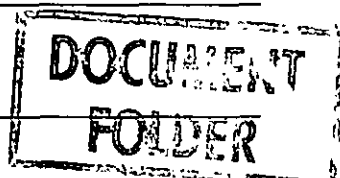
For PUC Use Only

Docket No. A-112094
4C 701301

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95 APR 26 AM 8:46
PA. P. U. C.
INFO. CONTROL DIV.

1. Jacobs Oil Company Incorporated
(Full and correct name in which you intend to operate)

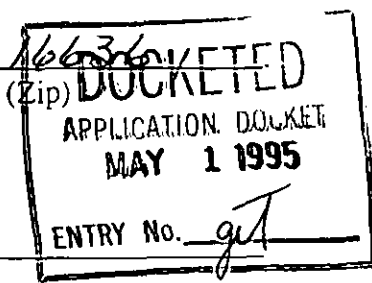
2. _____
(Trade name, if any)



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. 2063 Clearfield Valley Boulevard (Physical Address) (814) 943-0379 (Telephone No.)

DYSART (City) Cambria (County) PA. (State)



4. P.O. Box 439
(Mailing Address; if different)

DYSART (City) Cambria (County) PA. (State) 16636 (Zip)

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 8 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 PA. and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on MAY 13, 1981 (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.

VERIFICATION OF APPLICATION

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

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.

<u>JAMES A. JACOBS</u>	<u>James A. Jacobs</u>	<u>04/25/95</u>
(Print Name)	(Signature) President	(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).

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.

Commonwealth of Pennsylvania

Department of State



CERTIFICATE OF INCORPORATION

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

Office of the Secretary of the Commonwealth

To All to Whom These Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth is authorized and required to issue a "Certificate of Incorporation" evidencing the incorporation of an entity.

Whereas, The stipulations and conditions of the Law have been fully complied with by

JACOBS OIL COMPANY, INC.

Therefore, Know Ye, That subject to the Constitution of this Commonwealth, and under the authority of the Laws thereof, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, declare and certify the creation, erection and incorporation of the above in deed and in law by the name chosen hereinbefore specified.

Such corporation shall have and enjoy and shall be subject to all the powers, duties, requirements, and restrictions, specified and enjoined in and by the applicable laws of this Commonwealth.



Given under my Hand and the Great Seal of the Commonwealth, at the City of Harrisburg, this 13th day of May in the year of our Lord one thousand nine hundred and eighty-one and of the Commonwealth the two hundred fifth

William R. Davis

Secretary of the Commonwealth



Jacobs Oil Company, Inc.

P.O. Box 439
2063 Clearfield Valley Boulevard
Dysart, Pennsylvania 16636
☆ (800) 458-1408

☆ (814) 943-0379

☆ Fax (814) 943-8281

APRIL 25, 1995

Corporate OFFICERS

JAMES A. JACOBS President - Treasurer
RITA M. JACOBS V. Pres. - Secretary

Stockholders

JAMES A. JACOBS	45%
RITA M. JACOBS	45%
MICHAEL D. JACOBS	05%
BECKY A. BETTUY	05%

COMMERCIAL PACKAGE POLICY

Policy No. 9043931
Account No. 132-879-8

MUTUAL COMPANY
PARTICIPATING
NONASSESSABLE POLICY

FEDERATED MUTUAL
INSURANCE COMPANY
HOME OFFICE : OWATONNA
MINNESOTA 55060
PHONE: 507-455-5200



Issued by
Eastern Division
121 East Park Square
Owatonna, MN 55060

NAMED INSURED AND MAILING ADDRESS

* JACOBS OIL COMPANY INC
2063 CLFD VL BLVD
PO BOX 439
DYSART PA 16636

* As Per Endorsement

RISK ADDRESS (if different than above) :

POLICY PERIOD: from 04/16/95 to 04/16/96 12:01 A.M. Standard time at the designated business premises.

BUSINESS OPERATIONS:

OPERATES AS: A CORPORATION

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

THIS POLICY CONSISTS OF ONLY THOSE COVERAGE PARTS SHOWN BELOW. THE PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

- COMMERCIAL PROPERTY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL CRIME COVERAGE PART
- BUSINESS AUTO COVERAGE PART

NOTICE TO PA AUTOMOBILE POLICYHOLDERS
 Pennsylvania statute requires us to provide you with the following notice:
 Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES.

TOTAL PROVISIONAL PREMIUM :

FORMS APPLICABLE TO ALL COVERAGE PARTS:

- CP-F-18(01-86)
- IL 00 17(11-85)
- IL 00 21(11-85)
- IL 01 72(11-93)
- IL 02 46(06-89)
- IL 09 10(01-81)
- IL-F-7(06-91)

MUTUALS - PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY: No Contingent Liability: This policy is nonassessable. The policyholder is a member of the Company and shall participate, to the extent and upon conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

MUTUALS - MEMBERSHIP AND VOTING NOTICE: The insured is notified that by virtue of this policy, he or she is a member of the Federated Mutual Insurance Company of Owatonna, Minnesota, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office in Owatonna, Minnesota, on the third Tuesday of April in each year at ten o'clock A.M.

In Witness Whereof, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.

SECRETARY

PRESIDENT

Authorized Representative

This Policy consists of: (1) this Declarations; (2) the Declarations and coverage form for each Coverage Part indicated above as being part of this Policy; and (3) all forms and endorsements listed on any of those Declarations.



STATE WORKMEN'S INSURANCE FUND
 COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF LABOR AND INDUSTRY
 TELEPHONE NO. (717) 963-4635

"SAFETY
 PAYS"

SCHEDULE OF ENDORSEMENTS

POL# 03431153 95 1 JACOBS OIL CO INC
 EFF: 04 16 95
 EXP: 04 16 96

WC 00 04 03	EXPERIENCE RATING MODIFICATION FACT	04/16/95	04/16/96
WC 00 04 04	PENDING RATE CHANGE ENDORSEMENT	04/16/95	04/16/96
WC 00 04 06	PREMIUM DISCOUNT ENDORSEMENT	04/16/95	04/16/96
WC 37 06 01	SPECIAL PENNSYLVANIA ENDORSEMENT	04/16/95	04/16/96
WC 37 06 02	PENNSYLVANIA NOTICE	04/16/95	04/16/96
WC 37 06 03	PENNSYLVANIA ACT 86-1986 ENDORSEMEN	04/16/95	04/16/96

SCHEDULE OF OFFICERS

BUSINESS NAME: JACOBS OIL CO INC

TITLE	FIRST NAME	MI	LAST NAME	SOCIAL SEC #	ACTIVE	COVERED	PCT.
P	JAMES	A	JACOBS	172 30 4819	YES	YES	45
V	RITA	M	JACOBS	178 30 4795	YES	YES	45

Federated Mutual

INSURANCE COMPANY

HOME OFFICE: OWATONNA, MINNESOTA
Phone No: (507) 455-5200

DECLARATIONS

Item 1. **Named Insured and Address:** (No., Street, Town or City, County, State)
JACOBS OIL COMPANY INC (AS PER ENDORSEMENT)
 2063 CLFD VL BLVD
 PO BOX 439
 DYSART PA 16636

Issued by
FEDERATED MUTUAL INSURANCE COMPANY
 Eastern Division
 121 East Park Square
 Owatonna, Minnesota 55060

Item 2. **Policy Period:** (Mo. Day Yr.)
 From 4-16-95 to 4-16-96
 12:01 A.M., standard time at the address of the named insured as stated herein

The named Insured is:
 Individual Partnership Corporation Joint Venture Other: _____

Business of the named Insured is: (ENTER BELOW)

Item 3. \$ 2,500,000 Occurrence Limit

Item 4. \$ 2,500,000 Aggregate Limit

Item 5. ~~2,500,000~~ Annual Premium

6. Schedule of Underlying Insurance Policies:

Type of Insurance	Limits	Insurer—Federated Mutual unless otherwise indicated
GENERAL LIABILITY		
<input checked="" type="checkbox"/> CGL	Per Occurrence \$ 500,000	Aggregate \$ 1,000,000
<input type="checkbox"/> BOP		
<input type="checkbox"/>		
AUTO LIABILITY		
<input checked="" type="checkbox"/> BA	Per Accident \$ 500,000	Aggregate - Garage - Other Than Auto \$
<input type="checkbox"/> GAR		
<input type="checkbox"/>		
LEGAL LIABILITY	EDSF — As Per Policy No. _____ GK — As Per Policy No. _____ FIRE — As Per Policy No. _____	
EMPLOYERS LIAB.	Liability Limit 500,000	FIREMEN'S FUND

ENDORSEMENT(S) ATTACHED HERETO: 3800(10-86)TOC 3800(10-86A) SPF-72(8-74) MCS-90(1-90B) 3890(9-94)
 3818(9-92) 3883(PA)(10-86) 3808(12-93)

Countersigned 2-17-95 By Brian Peters
 date Authorized Representative

DECLARATIONS

COMMERCIAL GENERAL LIABILITY COVERAGE PART

LIMITS OF INSURANCE	Limit
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ <u>1,000,000</u>
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>1,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>500,000</u>
EACH OCCURRENCE LIMIT	\$ <u>500,000</u>
FIRE DAMAGE LIMIT	Any one fire \$ <u>50,000</u>
MEDICAL EXPENSE LIMIT	Any one person \$ <u>5,000</u>

RETROACTIVE DATE (Claims Made Coverage Form CG 00 02 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: _____

Refer to General Liability Schedule CG-F-8 for Locations and Classifications.

ENDORSEMENTS APPLICABLE:

Commercial General Liability Coverage Part - Quick Reference	CG 00 01 (QR) (09-94)
Commercial General Liability Coverage Form	CG 00 01 (10-93)
General Liability Schedule	CG-F-8 (07-92)
Multi-Cover Liability Endorsement	CG-F-6 (03-93)
Automatic Fill Endorsement	CG-F-12 (01-86)A
Pollution Exclusion Modification	CG-F-53 (09-94)
Additional Insured Endorsement	CG-F-11 (05-92)

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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

JACOBS OIL COMPANY INC
PO BOX 439
DYSART PA 16636

In re: A-00112094 - Application of Jacobs Oil Company, 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

