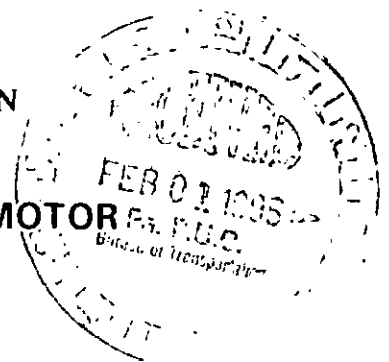


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

| | |
|------------------|---------------------|
| For PUC Use Only | |
| Docket No. | <u>A - 00111770</u> |
| Folder No. | <u>70102C</u> |

RECEIVED
95 JAN 31 AM 9:11
PA. P. U. C.
INFO. CONTROL DIV.

1. William GERONI DBA
(Full and correct name in which you intend to operate)

2. Wm GERONI TRUCKING
(Trade name, if any)

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

the Commonwealth on _____ (attach copy of date-stamped registration
(Date) form).

3. 40 Lime kiln Road (Physical Address) (610) 370-0430 (Telephone No.)

Reading Berks PA 19606
(City) (County) (State) (Zip)

4. **DOCUMENTS NAME**
FOLDER (Mailing Address; if different)
(City) (County) (State)

| |
|---------------------------|
| DOCKETED |
| APPLICATION DOCKET |
| FEB 7 1995 |
| ENTRY NO. |

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 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 _____ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (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. - Form H is pending outcome of PUC Cert.

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.

William Geroni William Geroni 1/30/95
(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).

ITEM ONE—NAMED INSURED AND ADDRESS:

William J. Geroni
40 Limekiln Rd.
Reading, PA 19606

AGENT NAME AND ADDRESS:

All Risks, Ltd.
1699 E. Market St.
York, PA 17403

The Declarations include a second part designated "Part 2".

FORM OF NAMED INSURED'S BUSINESS:

CORPORATION; PARTNERSHIP;
 INDIVIDUAL or OTHER

NAMED INSURED'S BUSINESS:

Agent No 190001

POLICY PERIOD: Policy covers FROM 9/7/94 TO 9/7/95

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

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 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 | 46 | \$ 750,000 | \$ 2366 |
| PERSONAL INJURY PROTECTION (P.I.P.) ¹ | 46 | SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ N/A DEDUCTIBLE | \$ 8 |
| ADDED P.I.P. (for equivalent added No fault cov.) | | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT | \$ |
| PROPERTY PROTECTION INS. (P.P.I.) (Michigan only) | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT | \$ |
| AUTO MEDICAL PAYMENTS | | \$ | \$ |
| UNINSURED MOTORISTS (UM) | 46 | \$ 35,000 | \$ 8 |
| UNDERINSURED MOTORISTS (when not included in UM cov.) | 46 | \$ 35,000 | \$ incl. |
| TRAILER INTER-CHANGE | COMPREHENSIVE COVERAGE | \$ WHICHEVER IS LESS | \$ |
| | SPECIFIED CAUSES OF LOSS COVERAGE | ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ |
| | COLLISION COVERAGE | \$ WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO | \$ |
| PHYSICAL DAMAGE | COMPREHENSIVE COVERAGE | \$ DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. | \$ |
| | SPECIFIED CAUSES OF LOSS COVERAGE | \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ |
| | COLLISION COVERAGE | 46 \$ 1000 DEDUCTIBLE FOR EACH COVERED AUTO | \$ 1062 |
| | TOWING AND LABOR (Not Available in California) | 46 \$ for each disablement of a private passenger auto. | \$ |
| FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE 1: See Form UT3 Attached | | | PREMIUM FOR ENDORSEMENTS \$ ESTIMATED TOTAL PREMIUM \$ 3587 |

ITEM THREE—SCHEDULE OF COVERED AUTOS YOU OWN

¹(for equivalent No fault cov.)

| Covered Auto No | 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 New | Actual Cost & | NEW (N) USED (U) | | | | | |
| 1 | '90 Peterbilt Dump # 1XPAL1EEX7LN296784 | | | | Reading, PA 006 | | | | |
| 2 | 1) - FAILURE TO NOTIFY YOUR CARRIER OF NEW AND REPLACEMENT DRIVERS COULD RESULT IN TERMINATION OF YOUR COVERAGE | | | | | | | | |
| Covered Auto No | Radius of Operation (In Miles) | Business use 1 = service 2 = retail 3 = commercial | Size GVW, GCW or Vehicle Seating Capacity | Age Group | Primary Rating Factor | | Secondary Rating Factor | Code | Except for towing all physical damage loss is payable to you and the payee named below as interests may appear at the time of the loss |
| | | | | | Loss | Phy Damage | | | |
| 1 | 50 | C | 73280 | 2.5 | | .85 | 40129 | | |
| 2 | | | | | | | | | |
| 3 | THERE IS A RADIUS RESTRICTION ON THIS POLICY. | | | | | | | | |

Countersign PLEASE READ YOUR POLICY VERY CAREFULLY

By *William J. Geroni* All Risks, Ltd.

¹Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy. Authorized Representative

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

CT-D-1a (2-91)

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PA.
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
National Casualty Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CT027388 09/07/94 09/07/95

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1990 Peterbilt Dump #1XPAL1EEX7LN296784

AGENCY/COMPANY ISSUING CARD
All Risks, Ltd.
York, PA 17403

INSURED
William J. Geroni
40 Limekiln Rd.
Reading, PA 19606



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

IN REPLY PLEASE
REFER TO OUR FILE

February 17, 1995

William Geroni, t/d/b/a
Wm. Geroni Trucking
40 Limekiln Road
Reading, PA 19606

In re: A-00111770 - William Geroni, t/d/b/a Wm. Geroni Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 18, 1995.

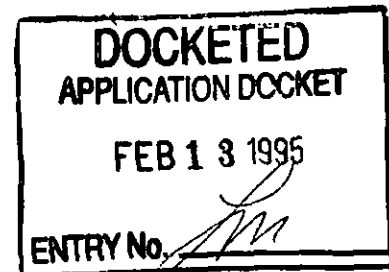
You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 13, 1995. If comments are filed, you will be advised as to the procedure. 6

Yours truly,

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

PSM:rp

cc: Document Folder



DOCUMENT
FOLDER