

DP
ORIGINAL

KRINER, KOERBER & KIRK, P.C.
ATTORNEYS-AT-LAW
110 NORTH SECOND STREET
P. O. BOX 1320
CLEARFIELD, PENNSYLVANIA 16830

TELEPHONE (814) 765-9611
FAX (814) 765-9503

January 24, 1995

WILLIAM C. KRINER
DWIGHT L. KOERBER, JR.
ALAN F. KIRK

RECEIVED
95 JAN 27 AM 8:21
PA. P. U. C.
INFO. CONTROL DIV.
COUNSEL TO THE FIRM
WILLIAM T. DAVIS

John G. Alford, Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

RE: ROBERT F. VENESKEY

Dear Mr. Alford:

I am transmitting herewith the original and one copy of Form PUC-189, being filed on behalf of Robert F. Veneskey. Also enclosed is a filing fee check in the amount of \$100.00, made payable to Commonwealth of Pennsylvania.

If additional material is required in order to process this application, please be in touch with me.

Very truly yours,

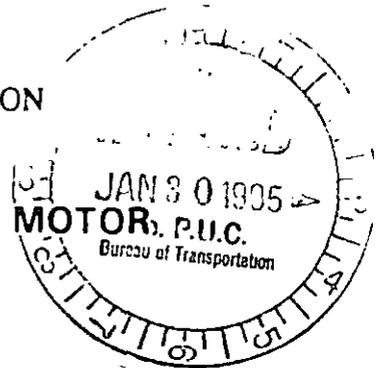
Dwight L. Koerber, Jr.
Dwight L. Koerber, Jr.

Enclosures
cc: Mr. Robert F. Veneskey
DLK/jsr

DOCUMENT
FOLDER

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. A-0011772

701028

RECEIVED
95 JAN 27 AM 8:21
PA. P.U.C.
INFO. CONTROL DIV.

- Robert F. Veneskey
(Full and correct name in which you intend to operate)
- N/A
(Trade name, if any)
The trade name, if fictitious, N/A been registered with the Secretary of
(has or has not)
the Commonwealth on N/A (attach copy of date-stamped registration
(Date) form).
- 174 Zeke Lane (814) 344-8040
(Physical Address) (Telephone No.)
Carrolltown Gambria PA 15722
(City) (County) (State) (Zip)
DOCKETED APPLICATION DOCKET
FEB 7 1995
ENTRY No. _____
- Same
(Mailing Address: if different)

(City) (County) (State) (Zip)

5. Applicant does not hold ICC authority under Docket No. N/A
(does or does not)

6. Applicant does not have a current safety rating issued by N/A
(does or does not)

(attach copy).

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

owned 1 leased _____ 1991 Mack Triaxle

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.

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.

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.

Robert F. Veneskey *Robert F. Veneskey* 1-21-95
(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).

APPENDIX TO FORM PUC-189

Paragraph No. 9:

INSURANCE INFORMATION

Attached is proof of insurance held by applicant.



654 Main Street Rockwood, PA 15557

POLICY NO. TP 6055

EMPLOYERS FEDERAL ID #

FORM OF NAMED INSURED'S BUSINESS: INDIVIDUAL PARTNERSHIP CORPORATION OR OTHER

ITEM ONE. NAMED INSURED AND MAILING ADDRESS

AGENT CODE #1593

NAMED INSURED'S BUSINESS: Coal Truckmen

Robert F. Veneskey
R.D. #1, Box 17-2A
Carrolltown, PA 15722

Evergreen Ins. Assoc., Inc.
PO Box 505
Ebensburg, PA 15931

POLICY PERIOD: Policy covers FROM 6-1-94 TO 6-1-95
12:01 A.M. Standard Time at your mailing address shown above.

TP 5708 RENEWAL #

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 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 <small>THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS</small>	PREMIUM
LIABILITY	46, 47, 50	\$ 500,000 CSL	1596.00
PERSONAL INJURY PROTECTION <small>(or equivalent No-fault coverage)</small>	46	SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS Ded CA2238	59.00
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 PPI ENDORSEMENT MINUS Ded FOR EACH ACCOUNT	
MEDICAL PAYMENTS			
UNINSURED MOTORISTS	46	\$ 35,000	4.00
UNDERINSURED MOTORISTS <small>(When not included in Uninsured Motorists Coverage)</small>	46	\$ 35,000	1.00
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	
TRAILER INTERCHANGE 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	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS Ded FOR EACH COVERED AUTO	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 Ded FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."	SAB 801.00
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	46	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 Ded FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."	SAB 1019.00
PHYSICAL DAMAGE DRIVING AND LABOR <small>(if Available in California)</small>		\$ for each disablement of a private passenger auto	

ENDORSEMENTS IL0021, IL0246, IL0910, IL0017, CA0180, CA2237, CA0012(6-92), C0384, CA2192, CA2193, CA2171, TP2, TP3, CA9944, CA2238, UA142

PREMIUM FOR ENDORSEMENTS \$
ESTIMATED TOTAL PREMIUM \$ 3480.00
PREMIUM PAYABLE AT INCEPTION \$ 870.00

WITNESSED AND SIGNED TLS/pat 5-26-94 DATE

AUTHORIZED REPRESENTATIVE

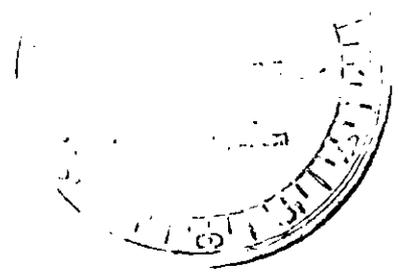
THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE. Includes copyrighted material of Insurance Services Office Inc. with its permission. Copyright, Insurance Services, Offices, Inc. 1990.



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

IN REPLY PLEASE
REFER TO OUR FILE

January 31, 1995



DWIGHT L KOERBER JR ESQUIRE
110 NORTH SECOND STREET
PO BOX 1320
CLEARFIELD PA 16830

In re: Application of Robert F. Veneskey

Dear Sir:

Enclosed is the above-captioned application and check no. 3916. This application is being returned because the application fee was not paid by certified check or money order, as stated in item no. 2 of the instruction sheet. Please submit the application with payment in proper form.

Very truly yours,

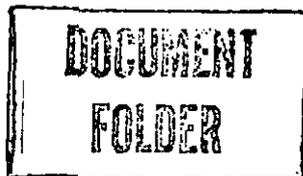
Douglas A. Pike
Application Review Section
Bureau of Transportation & Safety

DAP:lg

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RETURNED CHECK T-75

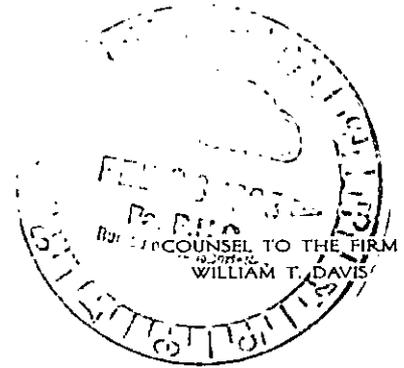


KRINER, KOERBER & KIRK, P.C.

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110 NORTH SECOND STREET
P. O. BOX 1320
CLEARFIELD, PENNSYLVANIA 16830

TELEPHONE (814) 765-9611
FAX (814) 765-9503

February 3, 1995



WILLIAM C. KRINER
DWIGHT L. KOERBER, JR.
ALAN F. KIRK

Mr. Douglas A. Pike
Application Review Section
Bureau of Transportation & Safety
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. Box 3265
Harrisburg, PA 17105-3265

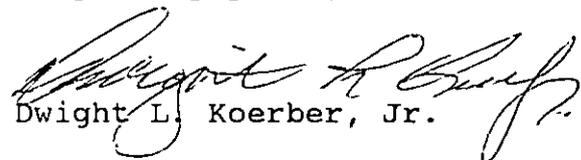
RE: ROBERT F. VENESKEY

Dear Mr. Pike:

The above-referenced application was returned to me in accordance with Commission policy relative to the issuance of checks to cover the filing fee. Accordingly, I have replaced the original filing fee check which was drawn on the applicant's own account, with the filing fee check, in the amount of \$100.00, drawn on our law firm's account.

I would ask that you kindly expedite processing of this application in view of the delay that has occurred because of the filing fee check.

Very truly yours,


Dwight L. Koerber, Jr.

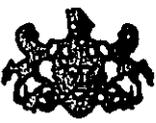
DLK/kam

Enclosure:

Application
Check (\$100.00)

cc: Robert F. Veneskey





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

IN REPLY PLEASE
REFER TO OUR FILE

February 17, 1995

Robert F. Veneskey
174 Zeke Lane
Carrolltown, PA 15722

In re: A-00111772 - Robert F. Veneskey

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. *b*

Yours truly,

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

PSM:rp

cc: Document Folder

DOCUMENT
FOLDER

<p>DOCKETED APPLICATION DOCKET</p> <p>FEB 13 1995</p> <p>ENTRY No. <i>[Signature]</i></p>
