

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

RECEIVED
95 FEB -3 AM 10:37
PA. P. U. C.
INFO. CONTROL DIV.

For PUC Use Only 701031

Docket No. A-111775

1. EDWARD LONG

(Full and correct name in which you intend to operate)

2. 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).

3. RD 3, RT. 322

814-342-5622

(Physical Address)

(Telephone No.)

PHILIPSBURG, CENTRE CO.

PA. 16866

(City)

(County)

(State)

(Zip)

4. PO BOX 706
DOCUMENT FOLDED
MAILING ADDRESS; if different

PHILIPSBURG
(City)

CENTRE CO.
(County)

PA.
(State)

(State)

(Zip)

DOCKETED
APPLICATION DOCKET
FEB 07 1995
ENTRY No. 72

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 5 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).

N/A

(Name)

(Address)

Corporation. Organized under the laws of the State of N/A and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on N/A (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.

Edward Long Edward Long 2/1/95
(Print Name) (Signature) (Date)
EDWARD LONG

(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).

NEW

RENEWAL

NCCI CO. NO. 16926

AMENDED INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

POLICY NUMBER
WC 9A 63 02
PRIOR POLICY NUMBER

HARLEYSVILLE MUTUAL INSURANCE COMPANY
HARLEYSVILLE PA 19438
A MEMBER OF THE HARLEYSVILLE INSURANCE COMPANIES
AGENCY BILL

Item 1	NAME AND ADDRESS OF INSURED EDWARD LONG &/OR LONG MOTOR BUSES INC PO BOX 290 PHILIPSBURG PA 16866	AGENT SIMLER INSURANCE AGENCY; CLAIR A GODISSART T/A 118 E PRESQUEISLE ST PHILIPSBURG PA 16866	71-8263
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INSURED IS	CORPORATION	OTHER WORKPLACES	SEE SCHEDULE OF LOCATIONS	FED. ID. NO. 251401599	PROCESS CODE 000640
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Item 2	POLICY PERIOD 12.01 A.M. Standard time at the insured's mailing address 09/13/94 TO 09/13/95	Endorsement Effective 09/13/94
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THIS ENDORSEMENT CHANGES THE POLICY AND IS EFFECTIVE ON THE DATE STATED ABOVE
 MESSAGE: THE EXPERIENCE MOD IS AMENDED TO READ .934.

- ITEM 3: A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE:
PA
- B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3-A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:
- | | | |
|---------------------------|-----------|---------------|
| BODILY INJURY BY ACCIDENT | \$100,000 | EACH ACCIDENT |
| BODILY INJURY BY DISEASE | \$100,000 | EACH EMPLOYEE |
| BODILY INJURY BY DISEASE | \$500,000 | POLICY LIMIT |
- C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES LISTED HERE:
AL CO DC DE FL GA IA IN KS KY LA MD MI MN MO MS NC NJ NM OK SC TN TX UT VA

ITEM 4: THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. THE PREMIUM BASIS SHOWN IS THE ESTIMATED AMOUNT FOR THE PERIOD OF COVERAGE AND IF BASED ON REMUNERATION THE RATE IS PER \$100. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT. REFER TO THE 'SCHEDULE OF LOCATIONS' FOR LOCATION INFORMATION.

PENNSYLVANIA (01) RISK ID : 372308319

OC CLASS NO	DESC NO CLASSIFICATION	PREMIUM BASIS	RATE	ESTIMATED PREMIUM
00 0804	001 SCHOOL BUS OPERATION	249,882	7.66	19,141
00 0953	001 CLERICAL OFFICE EMPLOYEES	13,000	.48	62
	TOTAL SUBJECT PREMIUM			19,203
0997	EXPERIENCE MODIFICATION		.934 (1,267)
	TOTAL MODIFIED PREMIUM			17,936
	TOTAL ESTIMATED STANDARD PREMIUM			17,936
0063	PREMIUM DISCOUNT (AVG)		7.90% (1,417)

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM**

DECLARATIONS

ITEM ONE Named Insured EDWARD LONG D/B/A LONG MOTOR BUSES	Policy Number BA OW 72 22
Coverage Part Effective 12/8/94	Policy Period From 12/8/94 To 7/1/95

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where included (INCL) 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 (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM (Enter 'INCL' if coverage is provided)
LIABILITY	7	\$ 1,000,000.	1,618.
PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage)	7	Separately Stated in Each PIP Endorsement Minus Any Specified Applicable Deductible. SEE CA2237	18.
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault coverage)	7	Separately Stated in Each Added PIP Endorsement SEE CA2238	INCL.
AUTO MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	Actual Cash Value or Cost of Repair, Whichever is Less Minus any Specified Deductible Under Item THREE or FOUR Applicable for Each Covered Auto For All Loss Except Fire or Lightning.	
	SPECIFIED CAUSES OF LOSS COVERAGE	Actual Cash Value or Cost of Repair, Whichever is Less Minus \$25 Deductible for Each Covered Auto for Loss Caused by Mischief or Vandalism	
	COLLISION COVERAGE	Actual Cash Value or Cost of Repair, Whichever is Less Minus any Specified Deductible Under Item THREE or FOUR for Each Covered Auto.	
	TOWING AND LABOR	\$ For Each Disablement of a Private Passenger Auto	

ESTIMATED TOTAL PREMIUM FOR THIS COVERAGE PART \$ 1,636.

FORMS AND ENDORSEMENTS applying to this Coverage Part:

IL 00 21 (11/85), PR7008(8/87); CA7008(8/87); CA001(6/92), CA0180(7/90), A1821(5/88), CA2237(12/92), CA2238(7/90); CA9917(12/93), IL-1(4/84), A9131(5/90), A1919(5/90),

NO COLLISION COVERAGE FOR RENTAL VEHICLES IS PROVIDED

AGENT'S COPY

BA SERIAL NUMBER: 219777

Harleysville Mutual
 Harleysville of New Jersey
 Huron

Worcester
 Harleysville - Atlantic

Coverage is provided by the company indicated by an "X" COMPANY CODED 14168

Entry Date

Audit -

COMMERCIAL POLICY
COMMON DECLARATIONS

Other policies: -

COMMERCIAL POLICY

RECEIVED
 DEC 28 1994
 SIMLER INSURANCE AGENCY

Named Insured EDWARD LONG D/B/A LONG MOTOR BUSES and P.O. BOX 290 Mailing Address PHILIPSBURG, PA 16866	Agent SIMLER INSURANCE AGENCY 118 E. PRESQUEISLE STREET PHILIPSBURG, PA 16866	Agents Code/Sub 71-8263
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Policy Period: From: 12/8/94 To: 7/1/95 12:01 A.M. Standard Time

Business Description: SHORT TERM P/R = .562
 REPAIR & STORAGE GARAGE

Form of Business: Individual Partnership
 Corporation Joint Venture
 Other

THIS POLICY CONSISTS OF DECLARATIONS, COMMON POLICY CONDITIONS, AND ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF ONE OR MORE COVERAGE FORMS, AND, IF APPLICABLE, ONE OR MORE CAUSES OF LOSS FORMS, ENDORSEMENTS, AND COVERAGE PART CONDITIONS/PROVISIONS.

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 PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	Premium
Commercial Auto Coverage Part <input checked="" type="checkbox"/> Business Auto <input type="checkbox"/> Garage <input type="checkbox"/> Truckers	\$ 1,636.
Commercial Crime Coverage Part	\$ _____
Commercial General Liability Coverage Part <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	\$ _____
Commercial Inland Marine Coverage Part	\$ _____
Commercial Property Coverage Part	\$ _____
Farm Coverage Part	\$ _____
Total	\$ 1,636.

Premium shown is payable: \$ _____ at inception and \$ _____ at each anniversary.

Schedule of Locations/Premises: (This schedule is for address information only. Refer to attached Coverage Part(s) to determine application of coverage.)

Number 1 LOCH LOMAND RD. EXT., RUSH TWP., NORTH PHILIPSBURG, CENTRE CO., PA
 Number 2 _____

Forms and endorsements applicable to all coverage parts at time of issue:
 IL 0017 (11/85), PD0205 (ED. 8/87), PJ0001 (ED. 7/91), IL0910/H0291 (1/81), IL0246 (6/89),
 IL0003 (11/85)

The following material contains **important** information about your policy. **Please read it carefully.**
 (A1749), (GU1145)

AGENT'S COPY

Countersigned by _____ Date _____ ts/ar
 Authorized Representative



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

Edward Long
R. D. #3, Rt. 322
Philipsburg, PA 16866

In re: A-001117⁷5 - Edward Long

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.

Yours truly,

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

PSM:rp

cc: Document Folder

DOCUMENT
FOLDER

