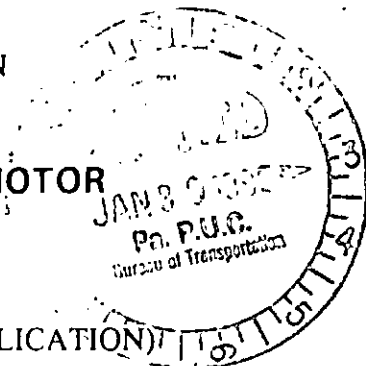


BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	701023
Docket No.	A-00111761
Folder No.	

<b>DOCKETED</b>
<b>APPLICATION DOCKET</b>
JAN 31 1995
ENTRY No. <i>[Signature]</i>

RECEIVED  
95 JAN 30 AM 10:12  
PA. P. U. C.  
INFO. CONTROL DIV.

1. Michelle Orris  
(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. 322 Palestine Road, RD 1, Box 370 (814) 487-4598  
(Physical Address) (Telephone No.)

South Fork Cambria County PA 15956  
(City) (County) (State) (Zip)

DOCCUMEN  
FOLDER

4. \_\_\_\_\_  
(Mailing Address; if different)

\_\_\_\_\_  
(City) (County) (State) (Zip)

16

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.

# 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.

Michelle Orris     *Michelle Orris*     1/27/95  
(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).

RECEIVED  
95 JAN 30 AM 10:42  
PA. P. U. C.  
INFO. CONTROL DIV.

ALLSTATE INSURANCE COMPANY  
Home Office  
Northbrook, Illinois

Calendar Date: 1/26/95  
Policy Number: 028220159 03 / 15

Insured: DAVID W & MICHELLE ORRIS  
City: SOUTH FORK

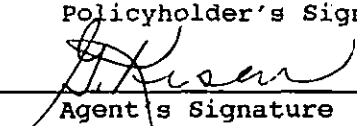
St: PA Zip: 15956

Address: 322 PALESTINE RD  
Home: 814 - 487 - 4598

NAME/ADDRESS CHANGE	CORRECTION	RESIDENCE AND MAILING ADDRESS
DAVID W & MICHELLE 322 PALESTINE RD SOUTH FORK	ORRIS  PA 15956	

County Code: 011 Area Rate: 6100099

THIS REQUEST IS SUBJECT TO POLICY TERMS AND IS EFFECTIVE ONLY IF THE POLICY NOTED ABOVE IS CURRENTLY IN FORCE

\_\_\_\_\_  
Policyholder's Signature  
  
\_\_\_\_\_  
Agent's Signature  
SAR42-12

Effective 02 : 43 PM 01 / 26 / 95

817764	859	814 269 2211
Agent #	Location	Agent's Phone #

PLEASE ATTACH THE AMENDED DECLARATIONS TO YOUR POLICY  
EFFECTIVE ON OCT 21, 1994, YOUR POLICY WAS CHANGED FOR

- A CHANGE IN DESCRIPTION FOR VEHICLE NO. 1
- A CHANGE IN LIENHOLDER FOR VEHICLE NO. 1
- A CHANGE IN DRIVER OR USE CLASS OF VEHICLE NO. 1

PRIOR TO THIS CHANGE, YOUR ACCOUNT PREMIUM WAS \$ 394.00  
YOUR NEW ACCOUNT PREMIUM, ITEMIZED BELOW, IS \$ 272.90

COVERAGE DESCRIPTION	95-NISAN
AA BODILY INJURY LIAB.	\$41.00
BB PROPERTY DAMAGE LIAB.	\$33.00
CC MEDICAL EXPENSES	\$15.00
CF FUNERAL EXPENSES	\$ .40
SS UNINSURED MOTORISTS	\$14.60
SU UNDERINS. MOTORISTS	\$10.90
DD AUTO COLLISION	\$75.00
HH AUTO COMPREHENSIVE	\$83.00
TOTALS FOR EACH VEHICLE ACCOUNT	\$272.90
10/21/94 TO 03/15/95	\$216.10
GOOD DRIVER RATE APPLIED	YES
PASSIVE RESTRAINT DISC.	YES
UTILITY CAR DISCOUNT	YES

THIS CHANGE CAUSED A PREMIUM DECREASE OF \$ 96.30 FOR THE PERIOD  
OCT 21, 1994 TO MAR 15, 1995

ED-5 37 610099 1-9 2119113000 A 1 NF1 35 000000  
00 0000 3-15-94  
32  
028 220159  
Office use only

**FINANCIAL RESPONSIBILITY IDENTIFICATION CARD**

This card must be shown to any Law Enforcement Officer upon request.

Co Code No.
0306

ALLSTATE INSURANCE CO.

Allstate Insurance Company  
P.O. Box 907  
Valley Forge, PA 19482

PENNSYLVANIA

Allstate

DAVID W ORRIS  
RD 1 BOX 370  
SOUTH FORK

PA 15956

Policy Number

0 28 220159

Effective Date

09/15/94

Not Valid More Than Six  
Months From Effective Date

(Detach)

Applicable with respect to the following Motor Vehicle:

95 NISAN  
Year Make

1N6SD16Y1SC312679  
Vehicle Identification Number

Authorized  
Representative

SEE IMPORTANT MESSAGE ON REVERSE SIDE.

**FINANCIAL RESPONSIBILITY IDENTIFICATION CARD**

This card must be shown to any Law Enforcement Officer upon request.

Co Code No.

Allstate Insurance Company  
P.O. Box 907  
Valley Forge, PA 19482

PENNSYLVANIA

Allstate

Policy Number

VOID \*\*\*\* VOID \*\*\*\* VOID \*\*\*\* VOID Effective Date

Not Valid More Than Six  
Months From Effective Date

(Detach)

Applicable with respect to the following Motor Vehicle:

Year

Make

Vehicle Identification Number

Authorized

**Your Coverage**

**Declarations**

ALLSTATE INSURANCE COMPANY

ISSUED OCT 20, 1994

O 28 220159 03/15  
859 817764  
  
DAVID W ORRIS  
RD 1 BOX 370  
SOUTH FORK PA 15956-9758

Policy Period  
  
FROM SEP 15, 1994  
TO MAR 15, 1995  
AMENDED OCT 21, 1994

12:01 A. M. Standard Time

4. The following coverages and limits apply to each described vehicle as shown below. If the word "amended" followed by a date appears above, the insurance applies only from that date.

Vehicle	Year	Make and Serial Number	Lienholder
1	95	NISAN 1N6SD16Y1SC312679	NISSAN MOTOR ACCEP C

**Your Coverages and Limits of Liability**

1	AA	BODILY INJURY LIABILITY--LIMITED TORT \$50,000 EACH PERSON - \$100,000 EACH OCCURRENCE
1	BB	PROPERTY DAMAGE LIABILITY \$25,000 EACH OCCURRENCE
1	CC	MEDICAL EXPENSES \$10,000 EACH PERSON
1	CF	FUNERAL EXPENSES \$2,500 EACH PERSON
1	SS	UNINSURED MOTORISTS INSURANCE LIMITED TORT / STACKED LIMITS \$50,000 EACH PERSON - \$100,000 EACH ACCIDENT
1	SU	UNDERINSURED MOTORISTS INSURANCE LIMITED TORT / STACKED LIMITS \$50,000 EACH PERSON - \$100,000 EACH ACCIDENT
1	DD	AUTOMOBILE COLLISION LESS DEDUCTIBLE OF \$500.00 -ACTUAL CASH VALUE EACH OCCURRENCE
1	HH	AUTOMOBILE COMPREHENSIVE LESS DEDUCTIBLE OF \$100.00 -ACTUAL CASH VALUE- EACH OCCURRENCE

U11069

Supplement Page 1 If Supplement Page 2 is attached, additional Declarations shown thereon apply.

AGENT GLORIA E KISER  
PHONE 814 269-2211

PLEASE NOTE THIS IS NOT A REQUEST FOR PAYMENT. ANY ADJUSTMENTS TO YOUR PREMIUM WILL BE REFLECTED ON YOUR NEXT SCHEDULED STATEMENT WHICH WILL BE MAILED TO YOU SEPARATELY.

IN THE MEANTIME, IF YOU HAVE ANY OUTSTANDING OR UNPAID BILLING STATEMENTS, PLEASE PAY AT LEAST THE MINIMUM AMOUNT DUE TO ASSURE YOUR POLICY CONTINUES IN FORCE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR PRODUCER OF RECORD.

5738SS1 V2R2M0 920925

A0201192

01/26/95 14:49:36

Display Device . . . . . : DSP21

User . . . . . : A817764

Insured: DAVID W ORRIS

Pol. No.: 028220159

03/15

Home: ( 814 ) 487 - 4598

\*\*ITEM COVERAGES\*\*

Pol Type:

1995 NISAN

CODE	COVERAGES	DEDUCTIBLES	PL O	LIMITS	PREMIUMS	PRM TYPE
AA	Bodily Injry			100,000 / 300,000	\$65.00	
BB	Prop Damage			50,000 .	\$45.00	
CC	Med Pay			10,000	\$21.00	
CF	Funeral Exps			2,500	\$0.40	
DD	Collision	500			\$101.00	
HH	Comp	100			\$83.00	
SS	Uninsured BI		01	50,000 / 100,000	\$14.60	
SU	Underinsd BI		01	50,000 / 100,000	\$10.90	

Total Policy Premium:

\$340.90

Total Item Premium:

\$340.90

(ENTER) CONTINUE {

}

(F1) HELP

(F3) QUIT

(F4) BACK SCREEN

LAST



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

IN REPLY PLEASE  
REFER TO OUR FILE

February 10, 1995

DOCKETED  
FEB 10 1995

Michelle Orris  
322 Palestine Road, R. D. #31, Box 370  
South Fork, PA 15956

In re: A-00111761 - Michelle Orris

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 11, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 6, 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

DOC  
FOLDER

LDA