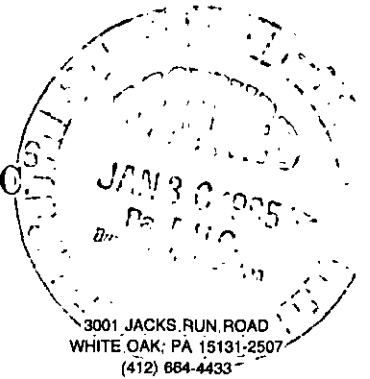


LAW OFFICES  
WICK, STREIFF, MEYER, METZ & O'BOYLE, P.C.

1450 TWO CHATHAM CENTER  
PITTSBURGH, PA 15219-3427  
(412) 765-1600  
FACSIMILE  
(412) 261-3783

HENRY M. WICK, JR.  
CHARLES J. STREIFF  
CARL F. MEYER  
LeROY L. METZ, II  
DAVID M. O'BOYLE  
VINCENT P. SZELOGO  
LUCILLE N. WICK  
PATRICIA LIPTAK-McGRAIL  
RONALD J. RADEMACHER  
ROGER A. ISLA  
DONNA LYNN MILLER

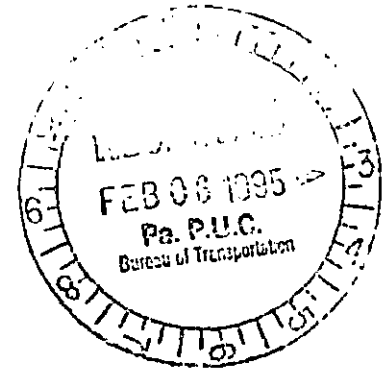


January 27, 1995

RECEIVED  
95 JAN 30 AM 9:05  
PA. P. U. C.  
INFO. CONTROL DIV.

Re: Brandt Trucking, Inc. -  
Pennsylvania Intrastate Application  
Our File 5540.002

John G. Alfred, Secretary  
Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg, PA 17105-3265



Dear Mr. Alfred:

Enclosed for filing is the signed original and one (1) copy of the Application for Transportation by Motor Carriers of property on behalf of Brandt Trucking, Inc.

In order that Brandt Trucking, Inc. may be able to commence operations as soon as the Commission issues its Decision granting the application, there is attached as Supplement to Paragraph 9(C) temporary proof of insurance consisting of the signed originals of two (2) insurance binders. One insurance binder indicates that Brandt Trucking has automobile liability coverage with a combined single limit of \$1,000,000. The other insurance binder indicates cargo coverage is in effect in the amount of \$100,000.

We are also enclosing a check in the amount of \$100 for the application filing fee.

If you have any questions concerning this matter, please contact the undersigned.

WICK, STREIFF, MEYER, METZ & O'BOYLE, P.C.

John G. Alfred, Secretary  
Pennsylvania Public Utility Commission  
January 27, 1995  
Page Two

Please acknowledge receipt of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the stamped, self-addressed envelope provided for that purpose.

Very truly yours,

WICK, STREIFF, MEYER,  
METZ & O'BOYLE, P.C.



David M. O'Boyle

cc  
Enclosures  
c: Brandt Trucking, Inc.



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

■  
David M. O'Boyle  
Attorney at Law  
1450 Two Chatham Center  
Pittsburgh, Pa 15219-3427  
■

In Re: Application of Brandt Trucking, Inc.

Dear Mr. O'Boyle,

I am returning the above referenced application and the applicant's check number 3990 in the amount of \$100 as the check is not certified. Only certified checks, cashier's checks, treasurer checks or money orders are accepted.

Please return the application and the filing fee in appropriate form. You may call me direct at 717-783-5946 if you have questions regarding our requirements.

Very truly yours,

Tim Zeigler  
Bureau of Transportation and Safety

LAW OFFICES

WICK, STREIFF, MEYER, METZ & O'BOYLE, P.C.

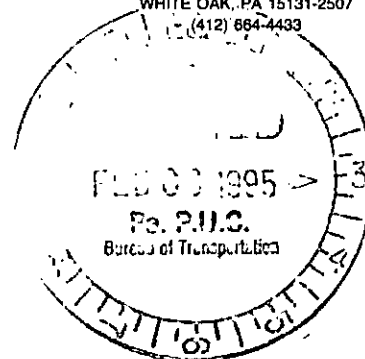
HENRY M. WICK, JR.  
CHARLES J. STREIFF  
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RONALD J. RADEMACHER  
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DONNA LYNN MILLER

1450 TWO CHATHAM CENTER  
PITTSBURGH, PA 15219-3427  
(412) 765-1600

FACSIMILE  
(412) 261-3783

February 3, 1995

3001 JACKS RUN ROAD  
WHITE OAK, PA 15131-2507  
(412) 684-4433



Re: Brandt Trucking, Inc.  
Our File 5540.002

Mr. Tim Zeigler  
Bureau of Transportation and Safety  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Dear Mr. Zeigler:

I am in receipt of your correspondence dated January 31, 1995, advising that the filing fee for the Brandt Trucking, Inc. application was not paid in appropriate form. I understand that the Commission is now strictly enforcing the requirement that payment of filing fees be made by certified checks, cashier's checks, treasurer checks or money orders or by an entity which has an established line of credit with the Commission. Pursuant to our conversation, I am enclosing our Firm's check for \$100.00 to pay the application filing fee, and I understand that this check is acceptable.

I am also enclosing a signed original and one (1) copy of the Application for Transportation by Motor Carriers of Property which was returned with your letter.

Very truly yours,

WICK, STREIFF, MEYER,  
METZ & O'BOYLE, P.C.

A handwritten signature in cursive script that reads "David M. O'Boyle".

David M. O'Boyle

cr  
Enclosures  
cc: Brandt Trucking, Inc.

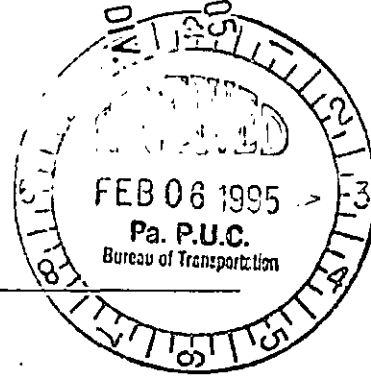
BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

RECEIVED  
95 JAN 30 AM 9:05  
PA. P.U.C.  
INFO. CONTROL DIV.

For PUC Use Only 201034  
Docket No. A-111778



1. Brandt Trucking, Inc.  
(Full and correct name in which you intend to operate)

2. (Not Applicable)  
(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. 193 James Street Suite 17 (412) 266-1166  
(Physical Address) (Telephone No.)

East Palestine Columbiana Ohio 44413  
(City) (County) (State) (Zip)

4. PO Box 121  
(Mailing Address; if different)

DOCUMENT  
FOLDER

East Palestine Columbiana Ohio  
(City) (County) (State) (Zip)

DOCKETED  
APPLICATION DOCKET  
FEB 07 1995  
ENTRY (Zip) 12

20

5. Applicant does hold ICC authority under Docket No. MC-244664  
(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 two leased twenty-five

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 Delaware and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on December 27, 1994 (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. (See Supplement to Paragraph 9A.)

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. (See Supplement to Paragraph 9 A.)

Copy of a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.  
(See Supplement to Paragraph 9 B.)

Proof of Insurance.

(See Supplement to Paragraph 9 C.)

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.

John F. Brandt  
(Print Name)

  
(Signature)

1-11-95  
(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).

Supplement to Paragraph 9 A

Brandt Trucking, Inc.

Attached hereto is a copy of the date stamped Application for Certificate of Authority which indicates that Brandt Trucking, Inc. registered to business in Pennsylvania on December 27, 1994.

Microfilm Number \_\_\_\_\_

Filed with the Department of State on DEC 27 1994  
[Signature]  
Secretary of the Commonwealth me

Entity Number 2613970

APPLICATION FOR CERTIFICATE OF AUTHORITY  
DSCB:15-4124/6124 (Rev 90)

Indicate type of corporation (check one):

Foreign Business Corporation (15 Pa.C.S. § 4124)

Foreign Nonprofit Corporation (15 Pa.C.S. § 6124)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the corporation is Brandt Trucking, Inc.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must adopt a corporate designator for use in Pennsylvania):  
\_\_\_\_\_

3. (If the name set forth in Paragraph 1 is not available for use in this Commonwealth, complete the following):

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:  
\_\_\_\_\_

This corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is:

Delaware

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

1013 Centre Road                      Wilmington                      Delaware                      19805                      New Castle  
Number and Street                      City                      State                      Zip                      County

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 2901 Duss Avenue   Bldg #1   Suite 14   Ambridge   PA   15003   Allegheny  
Number and Street                      City                      State                      Zip                      County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider                      County

0480-762

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

7. (Check one of the following):

(Business corporation): The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

(Nonprofit corporation): The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for a Certificate of Authority to be signed by a duly authorized officer this 20th day of SEPTEMBER, 19 94.

\_\_\_\_\_  
 (Name of Corporation)  
 BY: [Signature]  
 (Signature)  
 TITLE: President

Supplement to Paragraph 9 B  
Brandt Trucking, Inc.  
Corporate Officers and Stockholders

John F. Brandt is the sole stockholder of Brandt Trucking, Inc. He is also the President, Secretary and Treasurer of the corporation.

Supplement to Paragraph 9 C

Brandt Trucking, Inc.

Proof of Insurance

Attached hereto is temporary proof of insurance on behalf of Brandt Trucking, Inc. Applicant will file Form E and Form H with the Commission upon approval of the application.

# ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

01/06/95

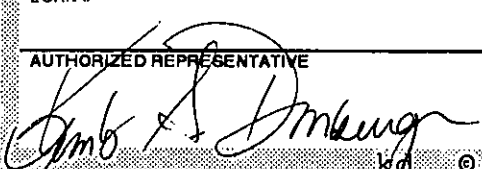
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE SECOND PAGE OF THIS FORM.

<b>PRODUCER</b> American Agency, Inc. 2935 Kenny Road, Suite 240 P.O. Box 21997 Columbus, OH 43221	<b>COMPANY</b> Continental Natl Ind		<b>BINDER NO.</b> TL4345034	
	DATE EFFECTIVE 07/01/94		TIME 12:01 X AM PM	
CODE SUB-CODE		DATE EXPIRATION 07/01/95		TIME X 12:01 AM NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:				
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)				
<b>INSURED</b> Brandt Trucking, Inc.  P. O. Box 121 East Palestine, OH 44413				

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	Underinsured: 25,000	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$5,000 PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$25,000		
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL. _____		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES

**NAME & ADDRESS**

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
LOAN #	
AUTHORIZED REPRESENTATIVE 	

# ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

01/06/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE SECOND PAGE OF THIS FORM.

**PRODUCER**  
 American Agency, Inc.  
 2935 Kenny Road, Suite 240  
 P.O. Box 21997  
 Columbus, OH 43221

**INSURED**  
 Brandt Trucking, Inc.  
 P. O. Box 121  
 East Palestine, OH 44413

**COMPANY**  
 Northbrook Companies

**BINDER NO.**  
 84037082

EFFECTIVE		TIME		EXPIRATION		TIME	
DATE				DATE			
07/01/94		12:01	X	07/01/95		X	12:01 AM
			AM				NOON
			PM				

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

**CODE** 0387053 **SUB-CODE**

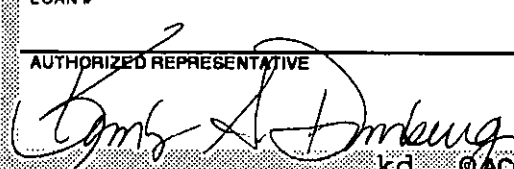
**COVERAGES** **LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	<b>GENERAL AGGREGATE</b> \$ <b>PRODUCTS - COMP/OP AGG.</b> \$ <b>PERSONAL &amp; ADV. INJURY</b> \$ <b>EACH OCCURRENCE</b> \$ <b>FIRE DAMAGE (Any one fire)</b> \$ <b>MED. EXPENSE (Any one person)</b> \$		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY		<b>COMBINED SINGLE LIMIT</b> \$ <b>BODILY INJURY (Per person)</b> \$ <b>BODILY INJURY (Per accident)</b> \$ <b>PROPERTY DAMAGE</b> \$ <b>MEDICAL PAYMENTS</b> \$ <b>PERSONAL INJURY PROT.</b> \$ <b>UNINSURED MOTORIST</b> \$		
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL. _____		<b>ACTUAL CASH VALUE</b> <b>STATED AMOUNT</b> \$ <b>OTHER</b>		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	<b>EACH OCCURRENCE</b> \$ <b>AGGREGATE</b> \$ <b>SELF-INSURED RETENTION</b> \$ <b>STATUTORY LIMITS</b>		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		<b>EACH ACCIDENT</b> \$ <b>DISEASE - POLICY LIMIT</b> \$ <b>DISEASE - EACH EMPLOYEE</b> \$		

**SPECIAL CONDITIONS/OTHER COVERAGES**  
 COVERAGE CODE: CARGO-SPECIAL LIMIT \$100,000  
 ALL UNITS  
 DEDUCTIBLE: \$1,000

**NAME & ADDRESS**

MORTGAGEE \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_\_  
 LOSS PAYEE \_\_\_\_\_  
 LOAN # \_\_\_\_\_

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

Brandt Trucking, Inc.  
P. O. Box 121  
East Palestine, Ohio 44413

In re: A-00111778 - Brandt Trucking, Inc.

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

<b>DOCKETED</b> <b>APPLICATION DOCKET</b>  FEB 18 1995  ENTRY No. <i>[Signature]</i>
---