



P.O. BOX 3327
ZANESVILLE, OHIO 43702-3327

TRANSPORTATION, INC. DBA: PUTNAM TRUCKLOAD DIRECT

~~FOIA b 7 - D~~
(740) 454-1221

2000 FEB 16 11 11:41
SECRETARY'S BUREAU

FEBRUARY 14, 2000

SECRETARY, PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105

Enclosed please find:

Applications to apply to operate as a COMMERCIAL MOTOR CARRIER IN THE STATE OF PENNSYLVANIA.

Copy of REGISTRATION AS A FOREIGN BUSINESS CORPORATION.

Money Order in the amount of \$100.00 Payable to COMMONWEALTH OF PENNSYLVANIA.

THANKING YOU FOR YOUR PROMPT ATTENTION, I REMAIN

Pat Hennessey
PAT HENNESSEY / PRESIDENT
Putnam Truckload Direct

encl/ph;b

197523

6

DO NOT
FORGET

RECEIVED
SECRETARY'S BUREAU
00FEB 16 AM 7:45

Before the Pennsylvania Public Utility Commission

2000 FEB 16 PM 1:41

07504
APPLICATION

00 FEB 16 AM 7:45

MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
SECRETARY'S BUREAU

1. p&D TRANSPORTATION INC.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. PUTNAM TRUCKLOAD DIRECT
TRADE NAME IF ANY
The trade name, if fictitious, COPY ENCLOSED been registered with the
(has or has not)
Secretary of the Commonwealth on _____ Attach a date
stamped copy of the registration form.

3. 1705 MOXAHALA AVE., ZANESVILLE, OHIO 43701 (740) 454-1221
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. SAME
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. _____
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING
(Do not supply an Attorney's name if you want all correspondence and notice of
process mailed directly to you.)

ATTORNEY'S ADDRESS

6. APPLICANT DOES HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER 181357

7. APPLICANT DOES HAVE A CURRENT SAFETY RATING
(does or does not)

ISSUED BY THE US DOT, HAPPC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

DOCKETED

MAR 02 2000

A-116624

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED _____ LEASED 1

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL PARTNERS BELOW:

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF ohio AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON IN PROCESS. ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY, INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)

COPY OF CURRENT SAFETY RATING (IF AVAILABLE)

PROOF OF INSURANCE (See item 5 on instruction sheet).

CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

11. CERTIFICATION:

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 SAID TRANSPORTATION UNLESS AND UNTIL AUTHORIZATION IS RECEIVED FROM THE PENNSYLVANIA PUBLIC UTILITY COMMISSION.

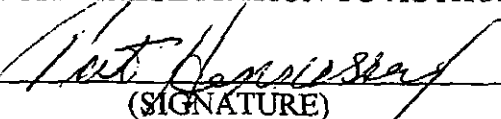
APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THE REQUIREMENTS OF THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, ESPECIALLY AS THEY RELATE TO SAFETY AND INSURANCE AND THAT IT MAY BE SUBJECT TO CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THAT IT IS SUBJECT TO AN ANNUAL ASSESSMENT BASED UPON ITS REPORTED GROSS PENNSYLVANIA INTRASTATE REVENUES; SAID ASSESSMENT TO HELP DEFRAY EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF PROPERTY; AND ACKNOWLEDGES THAT FAILURE TO REPORT REVENUE AND PAY ITS ANNUAL ASSESSMENT MAY RESULT IN CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE.

VERIFICATION OF APPLICATION

I/WE HEREBY STATE THAT THE STATEMENTS MADE IN THIS APPLICATION IS/ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

THE UNDERSIGNED UNDERSTANDS THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S. SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

PAT HENNESSEY		2-11-00
(PRINT NAME)	(SIGNATURE)	(DATE)

1705 moxahala Ave.

Zanesville, OH 43701

THE VERIFICATION OF THE APPLICATION MUST BE COMPLETED BY THE APPLICANT APPEARING ON LINE 1 OF THE APPLICATION BY THE NAMED INDIVIDUAL, ALL PARTNERS IF A PARTNERSHIP OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

MINIMUM LIMITS OF INSURANCE
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

MISCELLANEOUS P & D INFORMATION

PHONE NUMBERS: 740-454-1221 800-934-6723 FAX: 740 454 0310

DATE OF INCORPORATION: 01/02/85 CHARTER NO: 647359

SCAC : PNDT DOT NO: 281239
FID NO: 31-1129398 KYU # : 057948
ICC MC: 181357 PUCO : 81886-P

PATRICK L HENNESSEY TITLE: PRESIDENT
2812 CENTER DRIVE SS # :
ZANESVILLE, OHIO 43701 DOB : 03/04/50

DANIEL E HENNESSEY TITLE: VICE-PRESIDENT
1189 PARKVIEW DRIVE SS # :
ZANESVILLE, OHIO 43701 DOB : 02/11/39

RONALD J KUNKEL TITLE: SECRETARY/TREASURER
2825 W. LAWNDALE SS # :
ZANESVILLE, OHIO 43701 DOB : 03/19/49

DEPARTMENT OF STATE

CORPORATION BUREAU

P. O. BOX 8722

HARRISBURG, PA 17105-8722

(717)-787-1057

FAX (717)-783-2244

www.dos.state.pa.us/corp.htm

Thank you for contacting the Department of State, Corporation Bureau. Enclosed are the forms you requested.

Please enclose a cover letter or correspondence with any original documents that you submit for filing so that we may provide you with accurate filing confirmation.

**Checks or money orders should be made payable to the
"Department of State".**

For your convenience, to receive immediate confirmation of the filing date, please send an extra copy of the document(s) submitted for filing, along with a self-addressed, stamped envelope.

If our customer service representatives can be of further assistance, please do not hesitate to contact us.

For additional information on starting a business in Pennsylvania, please contact the Department of Community and Economic Development, Small Business Resource Center at (800) 280-3801 to obtain a copy of their publication titled *Entrepreneur's Guide - Starting and Growing a Business in Pennsylvania*. This publication is also available on their website: www.dced.state.pa.us

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

Secretary of the Commonwealth

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: P&D TRANSPORTATION INC. DBA - PUTNAM TRUCKLOAD DIRECT

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 or 2 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:

The 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:

THE STATE OF OHIO

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

<u>STATE OFFICE TOWER, 14th FLOOR</u>	<u>COLUMBUS</u>	<u>OHIO</u>	<u>43251</u>
Number and Street	City	State	Zip

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:

<u>(a) _____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Number and Street	City	State	Zip	County

<u>(b) c/o: T.W.METALS 760 Constitution Dr. P.O.Box 644</u>	<u>Exton, Pa.19341-0644</u>	<u>Chester</u>
Name of Commercial Registered Office Provider		County

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 thereof this 11th day of FEBRUARY, 2000.

P&D TRANSPORTATION INC. DBA - PUTNAM

TRUCKLOAD DIRECT (Name of Corporation)

BY: *Pat Nemessy*
(Signature)

TITLE: PRESIDENT

FILING FEE: NONE

Revenue Box Number _____

Filing Period _____ Date 3 4 5 _____

SIC _____ Report Code _____

This form and all accompanying documents shall be mailed to:
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
P.O. BOX 8722
HARRISBURG, PA 17105-8722

Check proper box:

- Pa. Business-stock Pa. Business-nonstock Pa. Business-Management Pa. Professional
- Pa. Business-statutory close Pa. Business-cooperative Pa. Nonprofit-stock Pa. Nonprofit-nonstock
- Foreign-business Foreign-nonprofit Motor Vehicle for Hire Insurance
- Foreign-Certificate of Authority to D/B/A _____
- Business Trust

- Pa. Limited Liability Company Pa. Restricted Professional Limited Liability Company
- Foreign Limited Liability Company Foreign Restricted Professional Limited Liability Company

Association registering as a result of (check box):

- Incorporation (Pa.) Domestication Consolidation
- Authorization of a foreign association Division Summary of Record
- Organization (Pa.)

1. Name of entity: P&D TRANSPORTATION INC. / PUTNAM TRUCKLOAD DIRECT

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:

(a) _____

Number and Street/RD number and Box	City	State	Zip code	County
(b) c/o: T.W.METALS 760 Constitution Dr.-P.O.Box 644-Exton, Pa.19341-0644				Chester
Name of commercial registered office provider				County

3. State or Country of Incorporation/Organization: OHIO

4. Specified effective date, if applicable: 1-2-85

5. Federal Identification Number: 31-1129398

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: TRANSPORTATION OF FREIGHT

7. Names, residences and social security numbers of the chief executive officer, secretary and treasurer or individual responsible for maintaining financial records:

Name	Address	Title	Social Security #
<u>PAT HENNESSEY</u>	<u>2812 CENTER DR.</u>	<u>PRES.</u>	
<u>RON KUNKEL</u>	<u>2825 S. LAWDALE PL.</u>	<u>SEC/TREAS</u>	

If professional association, include officer's professional license numbers with the respective Pennsylvania Professional Board.

8. Location of principal place of business:

<u>1705 MOXAHALA AVE.</u>	<u>ZANESVILLE</u>	<u>OHIO</u>	<u>43701</u>
Number and Street/RD number and Box	City	State	Zip

9. Mailing address if different than #8 (Location where correspondence, tax report form, etc. are to be sent):

Number and Street/RD number and Box	City	State	Zip
-------------------------------------	------	-------	-----

10. This entity is organized or incorporated under the General Association Act of 1988. (Not applicable if a foreign entity)

11. Act of General Assembly or authority under which you are organized or incorporated (foreign entity only):

THE STATE OF OHIO

12. Date and state of incorporation or organization (foreign association only): 1-2-85

13. Date business started in Pennsylvania (foreign association only): _____

14. Is the entity authorized to issue capital stock? YES NO

15. Entity's fiscal year ends: 12-31

16. Has the association solicited or does it intend to solicit contributions with the Commonwealth of Pennsylvania? YES NO

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Instructions for Completion of Form:

- A. A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.
- B. The Bureau of Corporation Taxes in the Pennsylvania Department of Revenue should be notified of any address changes. Notification should be sent to the Processing Division, Bureau of Corporation Taxes, Pa. Department of Revenue, Dept. 280705, Harrisburg, PA 17128-0705.
- C. All Pennsylvania corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis only.
- D. The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure the proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.

**COMMERCIAL AUTO COVERAGE PART
TRUCKERS DECLARATIONS**

CA 00 02 01 87

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



COVERAGE IS PROVIDED BY:
A STOCK INSURANCE COMPANY
HEREIN CALLED THE COMPANY

RLI Insurance Company
9025 North Lindbergh Drive
Peoria, IL 61615
309-692-1000

**Policy No. LFT 001030-1
ITEM ONE**

Named Insured and Mailing Address
Putnam Truckload Direct
1705 Moxahala Avenue

(No. Street, Town, or City, State, ZIP Code)

Zanesville, OH 43701

Policy Period*: From 06/01/1999 to 06/01/2002
at 12:01 A.M.

Producer: National Risk Management Services

Standard time at your mailing address shown above.

Form of business: Individual Partnership Corporation Other _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE 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 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 AUTOS 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
LIABILITY	52	\$1,000,000	MINUS	\$0	DEDUCTIBLE	\$266,730
PERSONAL INJURY PROTECTION (P.I.P.)		SEPARATELY STATED IN EACH P.I.P. END. MINUS DEDUCTIBLE				
ADDED P.I.P. (or 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 EACH P.I.P. END. MINUS \$ Deductible FOR EACH ACCIDENT				
AUTO MEDICAL PAYMENTS						
UNINSURED MOTORISTS (UM)	42	\$25,000	Minus	\$0	DEDUCTIBLE	Included
UNDERINSURED MOTORISTS (When not included in UIM Cov.)			Minus		DEDUCTIBLE	
Trailer Interchange	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, OR	{ \$	WHICHEVER IS LESS MINUS \$	Deductible	
	SPECIFIED CAUSES OF LOSS COVERAGE		{ \$	WHICHEVER IS LESS MINUS \$	Deductible	
	COLLISION COVERAGE		{ \$	WHICHEVER IS LESS MINUS \$	Deductible	
Physical Damage	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	{ \$	Ded. FOR EACH COVERED AUTO.		
	SPECIFIED CAUSES OF LOSS COVERAGE		{ \$	Ded. FOR EACH COVERED AUTO		
	COLLISION COVERAGE		{ \$	Ded. FOR EACH COVERED AUTO		
					Other Premium	\$0

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †:
SEE ATTACHED FORMS SCHEDULE.

ESTIMATED TOTAL PREMIUM \$266,730

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	Description			Purchased		TERRITORY: Town & State Where the Covered Auto will be principally garaged.		
	Year Model; Trade Name; Body Type Vehicle Identification Number (VIN)	Original Cost	New	Stated Value				
1								
2								
3								
Covered Auto No.	CLASSIFICATION							Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Radius of Operations	Business use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Sealing Capacity	Age Group	Primary Rating Factor Liab. Physical Damage	Secondary Rating Factor	Code	
1								
2								
3								

Countersigned:*

By _____

Authorized Representative

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

August 2, 1999

Date Issued

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

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46169 (8/87)

**COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO DECLARATIONS**



CA 00 02 01 87

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



COVERAGE IS PROVIDED BY:
A STOCK INSURANCE COMPANY
HEREIN CALLED THE COMPANY

RII Insurance Company
9025 North Lindbergh Drive
Peoria, IL 61615
309-892-1000

Policy No. LBA 001002-1

ITEM ONE

Named Insured and Mailing Address
PUTNAM TRUCKLOAD DIRECT
1705 MOXAHALA AVENUE

(No. Street, Town, or City, County, State, ZIP Code)

ZANESVILLE OH 43701

Policy Period*: From 06/01/1999 to 06/01/2002 Producer: National Risk Management Services
at 12:01 A.M.

Standard time at your mailing address shown above.

Form of business: Individual Partnership Corporation Other

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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 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 AUTOS 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
LIABILITY	7,8,9	\$1,000,000 Minus \$0 DEDUCTIBLE	\$4,000
PERSONAL INJURY PROTECTION (P.I.P.)		SEPARATELY STATED IN EACH P.I.P. END. MINUS DEDUCTIBLE	
ADDED P.I.P. (or 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 EACH P.I.P. END. MINUS \$ Deductible FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	7	\$5,000 per person	Included
UNINSURED MOTORISTS (UM)	7	\$1,000,000 Minus \$0 DEDUCTIBLE	Included
UNDERINSURED MOTORISTS (When not included in UIM Cov.)		Minus DEDUCTIBLE	
P D H A Y M S A I C E A L	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS (\$ Ded. FOR EACH COVERED AUTO.	
	SPECIFIED CAUSES OF LOSS COVERAGE	(\$ Ded. FOR EACH COVERED AUTO	
	COLLISION COVERAGE	(\$ Ded. FOR EACH COVERED AUTO	
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †: SEE ATTACHED FORMS SCHEDULE.			ENDORSEMENT PREMIUM ESTIMATED TOTAL PREMIUM \$4,000

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	Description				Purchased		TERRITORY: Town & State Where the Covered Auto will be principally garaged.	
	Year Model; Trade Name; Body Type Vehicle Identification Number (VIN)	Original Cost	New	Stated Value				
1								
2	SEE ATTACHED SCHEDULE OF COVERED AUTOS							
3								
Covered Auto No.	CLASSIFICATION							Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Radius of Operations	Business use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	
1					Liab.	Physical Damage		
2	SEE ATTACHED SCHEDULE OF COVERED AUTOS							
3								

Countersigned:*

By

Authorized Representative

August 2, 1999

Date Issued

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

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

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46169 (8/87)

ITEM THREE (Cont'd)
COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto no.	Liability		P.I.P.		ADDED P.I.P.		P.I.P. (Mich only)		AUTO. MED.PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit	Premium	Limit* minus deductible shown below	Premium	Limit*	Premium	Limit*	Premium	Limit	Premium	Limit** minus deductible shown below	Premium	Limit*	Premium	Limit** minus deductible shown below	Premium	Limit per disablement	Premium
	SEE ATTACHED SCHEDULE OF COVERED AUTOS																	
Total Premium	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXXXX	XXXXXX	XXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Add'l Coverages(s) - Premium, Limit, Deductible												*Limit stated in each applicable P.I.P. Endorsement				** Limit Stated in ITEM TWO		

ITEM FOUR-SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUM. LIABILITY COVERAGE-RATING BASIS, COST OF HIRE

STATE:	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER \$100 COST OF HIRE	FACTOR (IF LIAB. COV. IS PRIMARY)	PREMIUM
TOTAL PREMIUM				

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members).

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMITS OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE		ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH	{ \$ WHICHEVER IS LESS MINUS \$ Deductible			
SPEC. CAUSES OF LOSS	VALUE OR COST OF REPAIRS, OR	{ \$ WHICHEVER IS LESS MINUS \$ Deductible			
COLLISION		{ \$ WHICHEVER IS LESS MINUS \$ Deductible			

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is excess unless indicated below by "X"

If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Partners		

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly	RATES		PREMIUMS	
			LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
<input type="checkbox"/> Gross Receipts	<input type="checkbox"/> Per \$100 of Gross Receipts			
<input type="checkbox"/> Gross Miles	<input type="checkbox"/> Per 100 Miles			
<input type="checkbox"/> Per Unit	<input type="checkbox"/> Per Unit			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENT		
When used as a premium basis:		TOTAL PREMIUMS		
FOR PUBLIC AUTOS		MINIMUM PREMIUM		

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment of transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a trucker and 15% of the to received from renting any equipment to any trucker, Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Mileage see "Definition of Mileage" endorsement

FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental agency.

Mileage means the total live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

NEW
 Renewal of Number

**COMMERCIAL GENERAL LIABILITY POLICY
 DECLARATIONS**

Policy No. LGL 001030-1

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

PUTNAM TRUCKLOAD DIRECT
 1705 MOXAHALA AVENUE
 ZANESVILLE, OH 43701

Policy Period : From June 1, 1999 to June 1, 2000 at 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.

LIMITS OF INSURANCE		
General Aggregate Limit (Other Than Products—Completed Operations)	\$ 2,000,000	
Products—Completed Operations Aggregate Limit	\$ 1,000,000	
Personal and Advertising Injury Limit	\$ 1,000,000	
Each Occurrence Limit	\$ 1,000,000	
Fire Damage Limit	\$ 50,000	Any One Fire
Medical Expense Limit	\$ 5,000	Any One Person

DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES

Form of Business:
 Individual Joint Venture Partnership Corporation

Business Description: TRUCKING OPERATION

Location of All Premises You Own, Rent or Occupy: 1705 Moxahala Avenue, Zanesville, OH 43701

PREMIUM

Classification	Code No.	Premium Basis	Pr/Co	Rate		Est. Annual Premium	
				All Other		Pr/Co	All Other
TRUCKERS	99793	\$10,200,000 Gross Miles	\$Incl.	\$0.040		\$ 4,080	
Total Advance Premium:				<i>See Installment Schedule</i>			
Premium shown is payable: \$		at inception; \$		1st Anniversary; \$		2nd Anniversary;	
See Installment Schedule							

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Forms Schedule

Countersigned:

By _____
 Authorized Representative

THESE ENDORSEMENTS 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.



RLI Insurance Company
 Peoria, Illinois 61615
 (herein called the "Company")

COMMERCIAL UMBRELLA LIABILITY POLICY

DECLARATIONS

NO. OUL0042653

PRODUCER

RENEWAL OF NEW

**HEATH INSURANCE BROKERS, INC.
 300 S. WACKER DRIVE, SUITE 1080
 CHICAGO, IL 60606**

ITEM 1. NAMED INSURED AND ADDRESS(No., Street, Town or City, State)

**PUTNAM TRUCKLOAD DIRECT, et al
 [SEE AMR112 (11-86)]
 1705 MOXABALA AVENUE
 ZANESVILLE, OH 43701**

NAMED INSURED IS

- Individual
- Corporation
- Partnerships
- Joint Venture
- Other:

ITEM 2. POLICY PERIOD (Mo./Day/Yr.)

FROM 6/1/99 TO 6/1/00 12:01 A.M. Standard Time at the address of the Named Insured as stated herein.

ITEM 3. LIMITS OF LIABILITY

\$ 9,000,000.00 Each Occurrence
 \$ 9,000,000.00 Products/Completed Operations Aggregate
 \$ 9,000,000.00 General Aggregate (Other Than Products/ Completed Operations)

ITEM 4. RETAINED LIMIT- \$ 10,000

ITEM 5. SCHEDULE OF UNDERLYING INSURANCE See Schedule attached hereto and made a part hereof.

ITEM 6. PREMIUM

Advance Premium \$	38,750.00	Rate \$	FLAT	Premium Basis	N/A
Processing Fee \$	250.00	Estimated Exposure	N/A		
Total Due \$	39,000.00	Audit Period (annual unless noted)	N/A		
Minimum Premium \$	9,687.50				

ITEM 7. FORMS AND ENDORSEMENTS ATTACHED AND MADE PART OF THIS POLICY AT ISSUE

CEE-350 (1/95), CEE-365 (8/96), CEE-248 (11/91), FFE-421 (11/91), FFE-402 (11/91), FFE-410 (11/91), CEE-283 (11/91), CEE-369 (2/98), CEE-357 (8/96), FFE-436 (8/96), CEE-387(9/98), AMR 112 (11/86), CEE-321 (11/91), CUP 101 (8/96)

6/22/99

Countersigned by _____
 Authorized Representative

CUP 100 WCU (1/98)

**COMMERCIAL AUTO COVERAGE PART
GARAGE DECLARATIONS**

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



COVERAGE IS PROVIDED BY:
A STOCK INSURANCE COMPANY
HEREIN CALLED THE COMPANY

RLI Insurance Company
8025 North Lindbergh Drive
Peoria, IL 61615
309-692-1000

Policy No. **LGA 001003-1**

ITEM ONE NAMED INSURED & MAILING ADDRESS
PUTNAM TRUCKLOAD DIRECT
1705 MOXAHALA AVENUE
ZANESVILLE, OH 43701

PRODUCER'S NAME & MAILING ADDRESS:
NATIONAL RISK MANAGEMENT SERVICES
7181 CHAGRIN ROAD, SUITE 3
CHAGRIN FALLS, OH 44023

Form of business: Corporation Partnership Individual or Other _____
Policy Period*: From **JUNE 1, 1999** to **JUNE 1, 2002** at 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 Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	30	\$ 1,000,000 CSL MINUS \$ 3,000,000 AGG. N/A DEDUCTIBLE	\$ 2,900
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PERSONAL PROTECTION INSURANCE (P.P.I.) (MICHIGAN ONLY)		SEPARATELY STATED IN EACH P.P.I. END. MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)		\$	\$
UNDERINSURED MOTORISTS (When not included in UIM Cov.)		\$	\$
Garage/Keepers	COMPREHENSIVE COVERAGE	30	\$ 270
	SPECIFIED CAUSES OF LOSS COVERAGE	\$ 100,000 EACH LOCATION MINUS \$ 1,000 / 2,500 Deductible for Each Covered Auto	\$
	COLLISION COVERAGE	30	\$ 630
Physical Damage	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$	\$
	SPECIFIED CAUSES OF LOSS COVERAGE	\$	\$
	COLLISION COVERAGE	\$	\$
	TOWING AND LABOR (Not Available in California)	\$	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:			
			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 3,800

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE

Countersigned

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.

**GARAGE COVERAGE FORM - NON-DEALERS AND TRAILER DEALERS'
SUPPLEMENTARY SCHEDULE**

Policy No. LGA 001003-1

ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

Loc. No.	ADDRESS (state your main business location as No. 1)
1	1705 Moxahala Avenue, Zanesville, OH 43701
2	
3	

ITEM FOUR - LIABILITY COVERAGE - PAYROLL RATING BASIS FOR YOUR PREMISES AND OPERATIONS AND NONOWNED AUTOS USED IN YOUR BUSINESS. REFER TO ITEM SIX FOR THE LIABILITY PREMIUMS FOR THE COVERED AUTOS YOU HIRE OR BORROW. REFER TO ITEM EIGHT FOR COVERED AUTOS YOU OWN.

Location No.	Estimated Payroll	Rate per \$100 of Payroll	Premium
1			\$ 2,900
2			\$
3			\$
TOTAL PREMIUM			\$ 2,900

ITEM FIVE - GARAGEKEEPERS COVERAGE - COVERAGES AND PREMIUMS.

Location No.	Coverages	Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)		Premium for all locations
1	Comprehensive	\$ 100,000	MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ 2,500	\$ 270
	Specified Causes of Loss		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ 100,000	MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO.	\$ 630
2	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO	\$
	Specified Causes of Loss	\$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.	\$
3	Comprehensive	\$	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$	\$
	Specified Causes of Loss	\$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.	\$

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the Direct Coverage Options is indicated below by "".

DIRECT COVERAGE OPTIONS

- EXCESS INSURANCE.** If this box is checked, **GARAGEKEEPERS COVERAGE** is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers you or any other "insured's" interest or the interest of the covered "auto's" owner.
- PRIMARY INSURANCE.** If this box is checked, **GARAGEKEEPERS COVERAGE** is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

ITEM SIX - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY INSURANCE - RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF liab. Cov. is primary)	PREMIUM

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF LIABILITY - THE MOST WE WILL PAY, DEDUCTIBLE	RATE	PREMIUM
COMPREHENSIVE	\$ WHICHEVER IS LESS, MINUS \$ Ded. for EACH COVERED AUTO, BUT NO DEDUCTIBLE, APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		\$
SPECIFIED CAUSES OF LOSS	\$ WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED AUTO, FOR LOSS CAUSED BY MISCHIEF OR VANDALISM		\$
COLLISION	\$ WHICHEVER IS LESS, MINUS \$ Ded. for EACH COVERED AUTO		\$
TOTAL PREMIUM			\$

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is excess unless indicated below by "".

- If this box is checked, **PHYSICAL DAMAGE COVERAGE** applies on a direct primary basis and for purposes of the condition entitled **OTHER INSURANCE**, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

Complete the following only if endorsement is issued after policy effective date.

Policy No. OUL0042653	Endorsement Effective Date: 6/1/99	Insured: PUTNAM TRUCKLOAD DIRECT, et al	Company Name: RLI INSURANCE COMPANY
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULE OF UNDERLYING INSURANCE
UMBRELLA LIABILITY**

<u>INSURER/PERIOD</u>	<u>TYPE OF COVERAGE</u>		<u>LIMITS OF LIABILITY</u>
GREAT WEST CASUALTY COMPANY 6/1/99 6/1/00	GENERAL LIABILITY POL.#:LGL001030-1 BODILY INJURY & PROPERTY DAMAGE COMBINED	\$1,000,000	EACH OCCURRENCE LIMIT
		\$2,000,000	GENERAL AGGREGATE LIMIT- OTHER THAN PRODUCTS COMPLETED OPERATIONS
		\$1,000,000	PRODUCTS & COMPLETED OPERATIONS AGGREGATE
		\$1,000,000	PERSONAL INJURY & ADVERTISING INJURY LIMIT
GREAT WEST CASUALTY COMPANY 6/1/99 6/1/00	AUTOMOBILE LIABILITY POL.#:LBA001002-1 ALL BODILY INJURY OR PROPERTY DAMAGE	\$1,000,000	ANY ONE ACCIDENT OR LOSS

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, or limitations of the policy to which this endorsement is attached other than as above stated.

Complete the following only if endorsement is issued after policy effective date.

Policy No. OUL0042653	Endorsement Effective Date: 6/1/99	Insured: PUTNAM TRUCKLOAD DIRECT, et al	Company Name: RLI INSURANCE COMPANY
--------------------------	---------------------------------------	--	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULE OF UNDERLYING INSURANCE
UMBRELLA LIABILITY**

<u>INSURER/PERIOD</u>	<u>TYPE OF COVERAGE</u>		<u>LIMITS OF LIABILITY</u>
RLI INSURANCE COMPANY 6/1/99 6/1/00	EMPLOYER'S LIABILITY POL.#:LGL001030-1	\$500,000	BODILY INJURY BY ACCIDENT - EACH ACCIDENT
		\$500,000	BODILY INJURY BY DISEASE - POLICY LIMIT
		\$500,000	BODILY INJURY BY DISEASE - EACH EMPLOYEE

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, or limitations of the policy to which this endorsement is attached other than as above stated.

MOTOR TRUCK CARGO LIABILITY
SUPPLEMENTAL DECLARATIONS SCHEDULE

POLICY NO. P ST-349872 0000

EFFECTIVE DATE: 06/01/1999

DEDUCTIBLE: \$ 5,000

COVERED PROPERTY DESCRIPTION
SEE ENDORSEMENT

LIMITS OF INSURANCE

PROPERTY IN OR ON ANY ONE VEHICLE	\$	250,000
PROPERTY AT UNNAMED PREMISES	\$	250,000
ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$	500,000

REPORTING RATE AND PREMIUMS

DEPOSIT PREMIUM	\$	28,050
MINIMUM ANNUAL PREMIUM	\$	25,000
REPORTING PERIOD:	ANNUAL	
PREMIUM ADJUSTMENT PERIOD:	ANNUAL	
PREMIUM BASE (PER \$100 OF):	SEE SPECIAL PROVISIONS	
RATE:	0.2750	

SPECIAL PROVISIONS:
MILEAGE

FORMS APPLICABLE TO THIS COVERAGE: CM 00 01 06 95 IL 02 44 06 89
 MC 24 14 B5 95 MC 24 44 04 68 MC 01 77 12 97 MC 00 01 04 95
 LI 0004 0990-B

PROPERTY AT NAMED PREMISES

PREMISES ADDRESS	LIMIT OF INSURANCE
1705 MOXAHALA AVENUE ZANESVILLE OH 43701	\$ 250,000



U.S. Department
of Transportation
**Federal Highway
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

MAY 03, 1999

IN REPLY REFER TO:
YOUR USDOT NO.: 281239
REVIEW NO.: 00208662/CR

P & D TRANSPORTATION INC
P O BOX 3327
ZANESVILLE OH 43702-3327

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A NOV 04, 1998, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

JAMES R. KEENAN
NATIONAL FIELD COORDINATOR,
OFFICE OF MOTOR CARRIER FIELD OPERATIONS

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

P & D TRANSPORTATION INC
T/A PUTNAM TRUCKLOAD DIRECT
1705 MOXAHALA AVE
ZANESVILLE OH 43701

DOCKETED
MAR 15 2000

DATE 3/14/00
RECEIPT # 196800

DOCUMENT
FOLDER

IN RE: Application fees for P & D TRANSPORTATION INC T/A PUTNAM TRUCKLOAD DIRECT

Docket Number A-00116624..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: NCB PMO 401996084

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

SRB