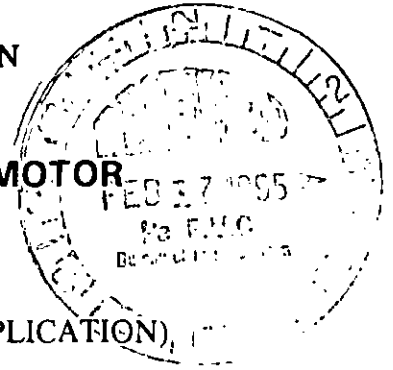


BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only <u>701087</u>
Docket No. <u>A-111841</u>

RECEIVED  
95 FEB 16 AM 11:03  
INFO. CONTROL DIV.

1. ALL-PRO TRANSPORT, INC.  
(Full and correct name in which you intend to operate)

2. N/A  
(Trade name, if any)

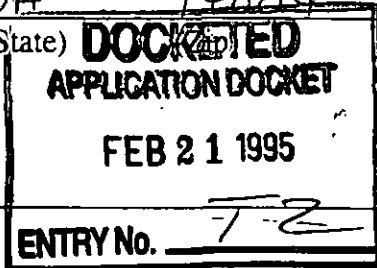
The trade name, if fictitious, N/A been registered with the Secretary of  
(has or has not)

the Commonwealth on N/A (attach copy of date-stamped registration  
(Date) form).

3. 493 E. 5th St. 216-964-3335  
(Physical Address) (Telephone No.)

ASHTABULA ASHTABULA OH 44004  
(City) (County) (State) (Zip)

4. P.O. Box 3078  
(Mailing Address; if different)



ASHTABULA ASHTABULA OH 44004  
(City) (County) (State) (Zip)

DOCUMENT  
FOLDER

5. Applicant DOES hold ICC authority under Docket No. 257655.  
(does or does not)

6. Applicant DOES have a current safety rating issued by U.S. DOT  
(does or does not)

(attach copy).

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

owned N/A leased 20

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 OHIO and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 01-13-95 (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. (ORIGINALS BEING SENT BY INS. CARRIER)

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 G. McNary      Robert G. McNary (PRES.)      01-31-95  
(Print Name)                      (Signature)                      (Date)

RICHARD S. FISHER      Richard S. Fisher (SEC.)      01-31-95  
(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).



U.S. Department  
of Transportation

**Federal Highway  
Administration**

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

NOVEMBER 23, 1994

IN REPLY REFER TO:  
YOUR USDOT NO.: 525758  
REVIEW NO.: 00174302/CR

ALL PRO TRANSPORT INC  
P O BOX 3078  
ASHTABULA OH 44004

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A OCT 19, 1994, 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.

RONALD G. ASHBY  
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -

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95 FEB 16 AM 11:03  
INFO. CONTROL DIV.

\*\* NOTE \*\*

EFFECTIVE JANUARY 1, 1991, AS REQUIRED BY THE MOTOR CARRIER SAFETY ACT OF 1990 (PUBLIC LAW 101-500), THOSE MOTOR CARRIERS RECEIVING AN "UNSATISFACTORY" SAFETY RATING, ISSUED BY THE FEDERAL HIGHWAY ADMINISTRATION, ARE PROHIBITED FROM TRANSPORTING PLACARDABLE QUANTITIES OF HAZARDOUS MATERIALS, OR FOR HIRE TRANSPORTATION OF MORE THAN 15 PASSENGERS, INCLUDING THE DRIVER, IN INTERSTATE COMMERCE. THIS PROHIBITION WILL BEGIN 45 DAYS AFTER THE EFFECTIVE DATE OF AN "UNSATISFACTORY" SAFETY RATING, OR RECEIPT OF THE "UNSATISFACTORY" SAFETY RATING LETTER, WHICHEVER IS LATER.

Robert M. Grant  
Secretary of the Commonwealth

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

Entity Number 2616934

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: ALL-PRO TRANSPORT, 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):

N/A

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:

OHIO

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

493 E. 5<sup>th</sup> St. ASHTABULA OH 44004 ASHTABULA  
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) 249 GROVE CITY RD. SLIPPERY ROCK PA 16057 BUTLER  
Number and Street City State Zip County

(b) c/o: \_\_\_\_\_  
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 10<sup>th</sup> day of JANUARY, 19 95

ALL-PRO TRANSPORT, INC.

(Name of Corporation)

BY:

[Signature]

(Signature)

TITLE:

SEC/TREAS.

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
ROOM 308 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722

103

ALL-PRO TRANSPORT, INC.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.  
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE  
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS  
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY  
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2616934

MICROFILM NUMBER: 09502

0200-0201

ALL-PRO TRANSPORT INC  
PO BOX 3078  
ASHTABULA, OH 44004

# ALL-PRO

## Transport, Inc.

<u>DIRECTOR:</u>	<u>TITLE:</u>	<u>NO. OF SHARES:</u>
ROBERT G. MCNANY 2827 HEDRICK DR. P.O. BOX 688 N. KINGSVILLE, OH 44068	PRES.	100
FREDERICK D. PERDUE 5114 SIGNAL CORPS DR. FREDERICKSBURG, VA 22408	V-PRES.	100
RICHARD S. FISHER P.O. BOX 688 N. KINGSVILLE, OH 44068	SEC/TREA	100
DAVID E. DOYLE 208 ARROW HEAD DR. SLIPPERY ROCK, PA 16057	DIRECTOR	100
WILLIAM R. FRANK RD#7, 40 JAMES CIRCLE NEW CASTLE, PA 16102	DIRECTOR	100
LORETO SEBASTIANI 2512 BIRCHWOOD DR. YOUNGSTOWN, OH 44515	DIRECTOR	100

STATEMENT #9 (ORIGINALS SENT BY INS. CARRIER)

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

MMS

FORM H  
UNIFORM MOTOR CARRIER CARGO  
CERTIFICATE OF INSURANCE

(Executed in Triplicate)

PENNSYLVANIA PUBLIC UTILITIES COMMISSION

ATTN: Cathy Rice

Filed with: PENNSYLVANIA PUBLIC UTILITIES COMMISSION (Name of Commission) (Hereinafter called Commission)

This is to certify, that the NORTHBROOK PROPERTY & CASUALTY INS. CO. (Name of Company)

(hereinafter called Company) of 51 W. HIGGINS ROAD, SOUTH BARRINGTON, IL 60010 (Home Office Address of Company)

has issued to ALL PRO TRANSPORT, INC. (Name of Motor Carrier)

of P. O. BOX 3078, ASHTABULA, OHIO 44004 (Address of Motor Carrier)

a policy or policies of insurance effective from June 9, 1994 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith. Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Counter-signed at 7 W 7TH STREET, SUITE 1850, CINCINNATI, OHIO 45202 13TH (Street Address) (City) (State) (Zip Code)

FEBRUARY 19 95 Insurance Company File No. 84-036852 (Policy Number) Nancy Vanover (Authorized Company Representative)

MC 2443 (Ed. 4-68) U. P. & V.

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

MMS

Form B  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with PENNSYLVANIA PUBLIC UTILITIES COMMISSION (Name of Commission) (Hereinafter called Commission)

This is to certify, that the NORTHBROOK PROPERTY & CASUALTY INS. CO. (Name of Company)

(hereinafter called Company) of 51 W. HIGGINS ROAD, SOUTH BARRINGTON, IL 60010 (Home Office Address of Company)

has issued to ALL PRO TRANSPORT, INC. (Name of Motor Carrier) of P. O. BOX 3078, ASHTABULA, OHIO 44004 (Address of Motor Carrier)

a policy or policies of insurance effective from JUNE 9, 1994 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Counter-signed at 7 W 7TH STREET, SUITE 1850, CINCINNATI, OHIO 45202 (Street Address) (City) (State) (Zip Code)

this 13TH day of FEBRUARY 19 95 Insurance Company File No. CA 0036742 (Policy Number) Nancy Vanover (Authorized Company Representative)

# ACORD CERTIFICATE OF INSURANCE

CSR - CR ISSUE DATE (MM/DD/YY)  
09/15/94

**PRODUCER**

Love Insurance Agency, Inc.  
27900 Euclid Avenue  
Euclid, OH  
44132-  
Robert Love  
216-289-8750

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

- COMPANY LETTER **A** NORTHBROOK P&C INS. CO.
- COMPANY LETTER **B** LANDMARK AMERICAN INS. CO.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

ALL PRO TRANSPORT, INC.  
P. O. BOX 3078  
ASHTABULA, OH  
44004

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	<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	CA 0036742	06/09/94	06/09/95	COMBINED SINGLE LIMIT \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	UMC 2001909	06/15/94	06/09/95	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE—POLICY LIMIT \$ DISEASE—EACH EMPLOYEE \$
A	<b>OTHER</b> Motor Truck Cargo	84 036852	06/09/94	06/09/95	\$50,000. Limit \$ 1,000. Deductible

*Ohio Insurance Fraud Warning*  
Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robert Love

