

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

DOCKETED
APPLICATION DOCKET

RECEIVED
JAN 07 1997

For PUC Use Only	702312
Docket No.	_____
Folder No.	_____

JAN 14 1997

ENTRY NO. 12

(Husband & wife)

1. CYNTHIA A LORENZ + CAL LORENZ
(Full and correct name in which you intend to operate)

2. BEAR VALLEY TRUCKING
(Trade name, if any)

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

the Commonwealth on _____ (attach copy of date-stamped registration
(Date) form).

3. RD #2 Box 852 Phone 717-850-1244
(Physical Address) Fax - 717-648-0432
(Telephone No.) (✓ FAX)

Coal Twp Northumberland PA 17866
(City) (County) (State) (Zip)

4. _____
(Mailing Address; if different)

(City) (County) (State) (Zip)

A-113661

DOCUMENT
FOLDER

5. Applicant DOES NOT hold ICC authority under Dock 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 2 leased 0

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.

10. Certification

- a. 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 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; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate

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.

CAL LORENZ *Cal Lorenz* _____
(Print Name) (Signature) (Date)

²Cynthia Lorenz *Cynthia Lorenz* _____
(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).

Microfilm Number _____

Filed with the Department of State on OCT 31 1995

Entity Number 2663431

[Signature]
Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME
DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: BEAR VALLEY TRUCKING CO.

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
TRUCKING & EXCAVATION WORK

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):
RD#2 Box 852 Coal Twp Pa 17866 Northumberland
Number and Street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:
Name Number and Street City State Zip
X CYNTHIA A LORENZ RD#2 Box 852 Coal Twp Pa 17866

5. Each entity, other than an individual, interested in such business is (are):
Name Form of Organization Organizing Jurisdiction Principal Office Address Pa. Registered Office, if any

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

OCT 31 95
PA Dept. of State

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed
this 31 day of Oct, 19 71.

Cynthia Long
(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Name of Entity)

(Name of Entity)

BY: _____

BY: _____

TITLE: owner

TITLE: _____

EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that Bear Valley Truck
(Name of Carrier)

holding P.U.C. authority at Application Docket No. A-
is exempt from P.U.C. Cargo Insurance regulations for the following reasons:

- All Transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite and similar construction materials.
- The value of any one load being transported will not be more than \$500.

Cal Lorenz
(Signature of Individual, Partner or Corporate Officer)

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and the facts set forth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C. S. Sec. 4904 relating to unsworn falsification to authorities.

Date 1-7-97 Cal Lorenz
(Signature)

CAL LORENZ
(Print Name)

Please return to: PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
INSURANCE UNIT
P. O. BOX 3265
HARRISBURG, PA 17105-3265

IMPORTANT NOTICE

REGARDING YOUR FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

State Farm is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact State Farm or your agent for a replacement.

--- The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

--- You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

COMPANY CODE

8442 STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

8415 STATE FARM FIRE AND CASUALTY COMPANY

AGENT: GREGG KLEBON

POLICY NUMBER
S94 3995-B18-38E B

EFFECTIVE DATE
OCT-31-96

3295-A
EXPIRATION DATE
FEB-18-97

LORENZ, CYNTHIA A
RR 2 BOX 852
SHAMOKIN PA 17866-9665

Office issuing this card
PENNSYLVANIA OFFICE
One State Farm Drive
Concordville, PA 19339

Marci Thomas

Authorized Representative

Applicable with respect to the following Motor Vehicle

Year Make CAR NO. 001
94 WEST STAR DUMP
Vehicle Identification Number
2WCPCCH4RR934745

SEE IMPORTANT MESSAGE ON REVERSE SIDE

3536

55A5H

IMPORTANT NOTICE

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FEB-18-97

LORENZ, CYNTHIA A
RR 2 BOX 852
SHAMOKIN PA 17866-9665

Office issuing this card
PENNSYLVANIA OFFICE
One State Farm Drive
Concordville, PA 19339

Marci Thomas

Authorized Representative

Applicable with respect to the following Motor Vehicle

Year Make CAR NO. 002
96 VOLVO ACL 64F
Vehicle Identification Number
4V55CBRH8TR515980

SEE IMPORTANT MESSAGE ON REVERSE SIDE

3537

55A5H



STATE FARM FIRE AND CASUALTY COMPANY

ONE STATE FARM DR. CONCORDVILLE, PA 19339

NAMED INSURED

LORENZ, CYNTHIA A
RR 2 BOX 852
SHAMOKIN PA 17866-9665



POLICY NUMBER **S94 3995-B18-38E**

POLICY PERIOD **OCT-31-96 TO AUG-18-97**

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

DESCRIBED VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER	CLASS
1	1994	WEST STAR	DUMP	TRUCK	2WCPCCH4RR934745	306000
2	1996	VOLVO	ACL 64F	DUMP	4V5SCBRH8TR515980	306000

COVERAGES (AS DEFINED IN POLICY)

SEE REVERSE SIDE FOR IMPORTANT MESSAGE

SYMBOL - PREMIUM - COVERAGE NAME - LIMITS OF LIABILITY

VEHICLE	
A	BODILY INJURY/PROPERTY DAMAGE LIABILITY
1-	\$887.31 LIMITS OF LIABILITY-COVERAGE A-BODILY INJURY
2-	\$887.31 EACH PERSON, EACH ACCIDENT
	100,000 300,000
	LIMITS OF LIABILITY-COVERAGE A-PROPERTY DAMAGE
	EACH ACCIDENT
	100,000
C2	MEDICAL PAYMENTS
1-	\$32.97 LIMIT OF LIABILITY-COVERAGE C2
2-	\$32.97 EACH PERSON
	10,000
D	COMPREHENSIVE
1-	\$776.58 D100 COVERAGE - 100 DEDUCTIBLE COMPREHENSIVE
2-	\$1280.69 D100 COVERAGE - 100 DEDUCTIBLE COMPREHENSIVE
G	COLLISION
1-	\$1281.35 G500 COVERAGE - 500 DEDUCTIBLE COLLISION
2-	\$2035.49 G500 COVERAGE - 500 DEDUCTIBLE COLLISION
U	UNINSURED MOTOR VEHICLE
1-	\$14.23 LIMITS OF LIABILITY-COVERAGE U
2-	\$14.23 EACH PERSON, EACH ACCIDENT
	25,000 50,000
W	UNDERINSURED MOTOR VEHICLE
1-	\$23.63 LIMITS OF LIABILITY-COVERAGE W
2-	\$23.63 EACH PERSON, EACH ACCIDENT
	25,000 50,000
F	FUNERAL BENEFITS
1-	\$2.23 LIMIT OF LIABILITY-COVERAGE F
2-	\$2.23 EACH PERSON
	2,500
Z2	LOSS OF INCOME
1-	\$18.33
2-	\$18.33

\$7331.51 TOTAL PREMIUM FOR POLICY PERIOD OCT-31-96 TO AUG-18-97
 VEHICLE 1 \$3036.63 VEHICLE 2 \$4294.88
 \$4301.40 TOTAL CURRENT 6 MONTH PREMIUM FOR FEB-18-97 TO AUG-18-97
 VEHICLE 1 \$1790.30 VEHICLE 2 \$2511.10

THIS IS YOUR DECLARATIONS PAGE.
PLEASE ATTACH IT TO YOUR AUTO POLICY BOOKLET.

CONTINUED

YOUR POLICY CONSISTS OF THIS PAGE, ANY ENDORSEMENTS, AND THE POLICY BOOKLET, FORM **9938.6**
REPLACED POLICY **S943995-38**

PLEASE KEEP TOGETHER



STATE FARM FIRE AND CASUALTY COMPANY

ONE STATE FARM DR. CONCORDVILLE, PA 19339

NAMED INSURED

38-3295-5 A
LORENZ, CYNTHIA A
RR 2 BOX 852
SHAMOKIN PA 17866-9665



POLICY NUMBER S94 3995-B18-38E

POLICY PERIOD OCT-31-96 TO AUG-18-97

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SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

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2	1996	VOLVO	ACL 64F	DUMP	4V5SCBRH8TR515980	306000

COVERAGES (AS DEFINED IN POLICY)
SYMBOL-PREMIUM-COVERAGE NAME-LIMITS OF LIABILITY

SEE REVERSE SIDE FOR IMPORTANT MESSAGE

EXCEPTIONS AND ENDORSEMENTS

FINANCED- CAR 1 ASSOCIATES COMMERCIAL CORP, PO BOX 457, MONROEVILLE PA 15146-0457.

FINANCED- CAR 2 MIDLANTIC BANK, 1070 THOMAS L BUSCH MEMORIAL HIGHWAY, PENNSAUKEN NJ 08110.

CAR 2 6037F.11 CERTIFICATE OF INSURANCE-MIDATLANTIC BANK, 1070 THOMAS L BUCH MEMORIAL HIGHWAY, PENNSAUKEN NJ 08110.

CAR 1,2
6038F

AMENDMENT OF DEFINED WORDS; WHERE COV APPLIES; A, U, U3, W, W3, & PHYS DMG COVERAGES; AND CONDITIONS.

6771DD.3
USE-COMMERCIAL.

AMENDMENT OF CANCELLATION AND RENEWAL CONDITIONS.

THIS IS YOUR DECLARATIONS PAGE.
PLEASE ATTACH IT TO YOUR AUTO POLICY BOOKLET.

COUNTERSIGNED BY G. KLEIN 3295-1-20-97
BY LEWIS 3295-379

YOUR POLICY CONSISTS OF THIS PAGE, ANY ENDORSEMENTS, AND THE POLICY BOOKLET, FORM 9938.6
REPLACED POLICY S943995-38

PLEASE KEEP TOGETHER



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

IN REPLY PLEASE
REFER TO OUR FILE

January 24, 1997

CYNTHIA A AND CAL LORENZ
T A BEAR VALLEY TRUCKING
RD #2 BOX 852
COAL TOWNSHIP PA 17866

In re: A-00113661 - Application of Cynthia A. and Cal Lorenz, t/d/b/a Bear Valley Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of January 25, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 10, 1997.

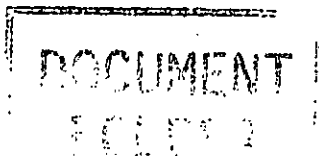
If comments are filed, you will be advised as to the procedure.

You are not yet authorized to provide intrastate service. You will receive notification when you may begin.

Very truly yours,

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

PSM:lg



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CYNTHIA A AND CAL LORENZ
T/A BEAR VALLEY TRUCKING
RD #2 BOX 852
COAL TOWNSHIP, PA 17866

DATE 1/28/97
RECEIPT # 192719

In re: Application fees for BEAR VALLEY TRUCKING
A-00113661.....\$.100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 646715202
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger
(for Department of Revenue)

JAF

DOCKETED

JAN 31 1997

RECEIVED
PROTHONOTARY'S OFFICE

97 JAN 29 PM 4: 18

000220

DOCUMENT
FOLDER