

CAMILLE "BUD" GEORGE, MEMBER
ROOM 38B MAIN CAPITOL BUILDING (EAST WING)
HOUSE BOX 202020
HARRISBURG, PENNSYLVANIA 17120-2020
PHONE: (717) 787-7316

430 SPRING STREET
HOUTZDALE, PENNSYLVANIA 16651
PHONE: (814) 378-6279



HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

ENVIRONMENTAL RESOURCES AND ENERGY
COMMITTEE, DEMOCRATIC CHAIRMAN
ENVIRONMENTAL QUALITY BOARD
PENNSYLVANIA INFRASTRUCTURE
INVESTMENT BOARD
JOINT LEGISLATIVE AIR AND WATER
POLLUTION CONTROL AND
CONSERVATION COMMITTEE
WILD RESOURCE CONSERVATION BOARD
COMMITTEE ON COMMITTEES

January 16, 1997

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance Unit
P.O. Box 3265
Harrisburg, PA 17105-3265

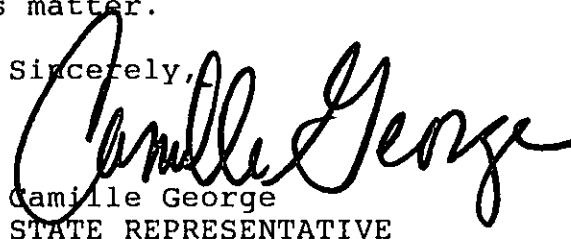
RECEIVED
JAN 17 1997

Dear Sir or Madam:

Enclosed you will find an application for ~~TRANSPORTATION & SAFETY~~ U.S. Cargo Insurance Regulations submitted by James Beirlair of R.D. 1, Box 146, Houtzdale, Pennsylvania.

Would you please expedite processing of such? Thank you in advance for your assistance in this matter.

Sincerely,


Camille George
STATE REPRESENTATIVE

CG/dsn

Enclosure

cc: James N. Beirlair

DOCUMENT
FOLDER

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED
DEC 23 1996

**APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY**

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only		DOCKETED	
7023 26		APPLICATION DOCKET	
Docket No. _____		JAN 22 1997	
ENTRY No. <u>T2</u>		RECEIVED	
		JAN 17 1997	
BUREAU OF TRANSPORTATION & SAFETY			

1. JAMES N. BEIRLAIR TRUCKING COMPANY
(Full and correct name in which you intend to operate)

2. JAMES N. BEIRLAIR TRUCKING COMPANY
(Trade name, if any)

The trade name, if fictitious, has not been registered
(has or has not)

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

3. R.D. #1 Box 146 814 378-8143
(Physical Address) (Telephone No.)

Houtzdale CLEARFIELD PA. 16651
(City) (County) (State) (Zip)

4. SAME
(Mailing Address; if different)

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

5. Applicant does not hold ICC authority under
(does or does not)

Docket No. _____

3 A-113678

6. Applicant does have current safety rating
(does or does not)

issued by _____.

(attach copy)

7. Approximate number of commercial vehicles to be operated

intrastate: owned 1 leased _____

8. Applicant is (check one):

Individual

Partnership. Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)	(Address)

Corporation. Organized under the laws of the State of _____ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and numbers 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 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 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 revenue 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.

JAMES N. BERLAIR James N. Berlair 12-16-96
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary, if a corporation).

INSURANCE IDENTIFICATION CARD

PA (STATE)

COMPANY NUMBER

355-05

COMPANY

ROCKWOOD CAS. INS. CO.

POLICY NUMBER

TP-6836

EFFECTIVE DATE

12/11/96

EXPIRATION DATE

12/11/97

YEAR

1994

MAKE/MODEL

FORD TRIAXLE

VEHICLE IDENTIFICATION NUMBER

S#1FDZA90X9RVA50736

AGENCY/COMPANY ISSUING CARD

The Freeman Agency
Moshannon Bldg. Post Office Box 337
Philipsburg, PA 16866

INSURED

JAMES N. BEIRLAIR
R.R. #1 BOX 146
HOUTZDALE, PA16651

RECEIVED
DEC 23 1996

EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that JAMES BEIRLAIR
(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.
- y 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.

James N. Beirlair
(Signature of Individual, Partner or Corporate Officer)

RECEIVED

VERIFICATION OF STATEMENT

JAN 17 1997

The undersigned deposes and says that he/she ^{BUREAU OF TRANSPORTATION & SAFETY} 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 12-16-96

James N. Beirlair
(Signature)

JAMES N. BEIRLAIR
(Print Name)

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

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration

Approved: QMB Number 1219-0070, Expires March 31, 1989.
This certificate is required under Public Law 91-173 as amended by Public Law 95-164.
Failure to comply may result in penalties and other sanctions as provided by sections 108
and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately
Upon Completion of Training:

Serial Number (for operator's use)
195 54-5607

1. Print Full Name of Person Trained (first, middle, last)
James N. Berlin

2. Check Type of Approved Training Received:
 Annual Refresher
 Newly Employed, Experienced Miner
 Hazard Training
 Other (specify)

New Task (specify below) Newly Employed, Inexperienced Miner

Date	Task	Initials		Date	Task	Initials	
		Instr.	Studt.			Instr.	Studt.

3. Check Type of Operation and Related Industry:
A. Surface Construction Underground Shaft & Slope
B. Coal Metal Nonmetal

4. Date Training Requirements Completed:
7-27-91
 If completed, go to item 6, below. Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):
 Introduction to Work Environment
 Hazard Recognition
 H&S Aspects of Assigned Tasks
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communication Systems
 Roof/Ground Control & Ventilation
 Mine Map, Escapeways, Emergency Evacuation, Barricading
 Cleanup, Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P.L. 91-173 as amended by P.L. 95-164).
I certify that the above training has been completed.
Signature of person responsible for training: [Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address):
Callahan Trucking, Richards, Sabetha

8. Date: 7-27-91
I verify that I have completed the above training.
Signature of person trained: [Signature]

AGCORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

12-11-96

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

PRODUCER
 The Freeman Agency
 PO Box 337, Moshannon Bldg
 Philipsburg, Penna 16866

CODE 2018 **SUB-CODE**

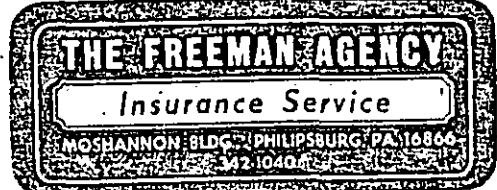
COMPANY Rockwood Cas. Co. TP 6836 **BINDER NO.**

DATE	EFFECTIVE	TIME	DATE	TIME
12/11/96	12:01	X AM	1/11/97	X NOON

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

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

INSURED
 James N. Beurlaw
 R.R.#1 Box 146
 Houtzdale, Penna 16651



COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				

GENERAL LIABILITY

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 0
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	PRODUCTS - COMP/PROP AGG.	\$ 0
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	PERSONAL & ADV. INJURY	\$ 0
	EACH OCCURRENCE	
	FIRE DAMAGE (Any one fire)	\$
	MED. EXPENSE (Any one person)	\$

RETRO DATE FOR CLAIMS MADE:

AUTOMOBILE LIABILITY

ANY AUTO
 ALL OWNED AUTOS
 SCHEDULED AUTOS
 HIRED AUTOS
 NON-OWNED AUTOS
 GARAGE LIABILITY

APPLICABLE IN NEVADA

	COMBINED SINGLE LIMIT	\$ 1,000,000
	BODILY INJURY (Per person)	\$
	BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE	\$
	MEDICAL PAYMENTS	\$
	PERSONAL INJURY PROT.	\$
	UNINSURED MOTORIST	\$ 35,000

AUTO PHYSICAL DAMAGE

COLLISION: \$1000-
 OTHER THAN COL:

ALL VEHICLES SCHEDULED VEHICLES

	ACTUAL CASH VALUE	\$
	STATED AMOUNT	\$
	OTHER	\$

EXCESS LIABILITY

<input type="checkbox"/> UMBRELLA FORM	EACH OCCURRENCE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM	AGGREGATE	\$
	SELF-INSURED RETENTION	\$

RETRO DATE FOR CLAIMS MADE:

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

	STATUTORY LIMITS	\$
	EACH ACCIDENT	\$
	DISEASE-POLICY LIMIT	\$
	DISEASE-EACH EMPLOYEE	\$

SPECIAL CONDITIONS/OTHER COVERAGES

1994 Ford LITL 9000 TRIAXLE
 # 1FDZA90X9RVA50736

NAME & ADDRESS

PNC Bank
 Western Loan Center
 2730 Liberty Avenue
 Pittsburgh, Penna 15222

MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE
 LOAN

AUTHORIZED REPRESENTATIVE
 [Signature]

ADDENDUM TO BUSINESS AUTO APPLICATION - PENNSYLVANIA

Named Insured JAMES N. BEIRLAIR
 Policy # TP-6836 Agent The Freeman Agency

SELECTION OF FIRST PARTY BENEFITS

(Instructions: Check desired benefits)

A. Basic Benefits

5,000 Medical Expense Benefits

B. Additional First Party Benefits - Optional

The aggregate limits are the combined limits for basic first party benefits and additional first party benefits.

	Total Aggregate Limit	Additional Premium
1. Medical Expense Benefits	<u> </u> \$10,000	\$ 3
	<u> </u> 25,000	13
	<u> </u> 50,000	19
	<input checked="" type="checkbox"/> 100,000	24

1.1 Extraordinary Medical Benefits

	Not Covered by Workers' Compensation	Covered by Workers' Compensation
<u> </u> \$ 100,000	\$ 12	\$ 4
<u> </u> 300,000	20	7
<u> </u> 500,000	26	9
<input checked="" type="checkbox"/> 1,000,000	38	13

2. Work Loss Benefits

	Monthly/Total	
<u> </u>	\$1,000/5,000	\$ 6
<u> </u>	1,000/15,000	12
<u> </u>	1,500/25,000	18
<input checked="" type="checkbox"/>	2,500/50,000	32

3. Funeral Expense Benefits

<u> </u>	1,500	\$ 1
<input checked="" type="checkbox"/>	2,500	3

4. Accidental Death Benefits

<u> </u>	5,000	\$ 4
<u> </u>	10,000	6
<input checked="" type="checkbox"/>	25,000	14

C. Combination First Party Benefits - Optional

This is an alternative to additional first party benefits. The aggregate limits are the combined limits for basic first party benefits and combination first party benefits.

	Total Benefits Limit	Funeral Expense Benefits	Accidental Death Benefits	Additional Premium*
<u> </u>	\$ 50,000	\$ 2,500	\$ 10,000	\$ 35
<u> </u>	100,000	2,500	10,000	44
<u> </u>	177,500	2,500	25,000	58
<u> </u>	277,500	2,500	25,000	63

*The additional premium for optional first party benefits is in addition to the premium charged for the basic first party benefits which is calculated on a per risk basis.

\$1,000,000 Liability
\$1000 Bed Compensation
\$1000 Bed Premium

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

JAMES N BEIRLAIR
T/A BEIRLAIR JAMES N TRUCKING
RD #1 BOX 146
HOUTZDALE, PA 16651

DATE 1/28/97
RECEIPT # 192712

In re: Application fees for JAMES N BEIRLAIR
A-00113678.....\$.100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 26999
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger
(for Department of Revenue)

JAF

DOCKETED
JAN 31 1997

PROTHONOTARY'S OFFICE
RECEIVED

97 JAN 29 PM 4:18

000213

DOCUMENT
FOLDER



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

IN REPLY PLEASE
REFER TO OUR FILE

January 31, 1997

JAMES N BEIRLAIR
T A JAMES N BEIRLAIR TRUCKING
RD #1 BOX 146
HOUTZDALE PA 16651

In re: A-00113678 - Application of James N. Beirlair, t/d/b/a James N. Beirlair Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 1, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 18, 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

