

MOTOR CARRIER SERVICES

JAMES P. SHERRY
CHARLENE M. SHERRY

P. O. BOX 71
MEDIA, PA 19063-0071

TELEPHONE (610) 874-7177
FAX (610) 874-7008

January 11, 1997

RECEIVED

JAN 16 1997

Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

Re: Carrier Haulers, Inc.
1170 Florence Road
Florence, NJ 08518

JAN 15 1997

PA PUBLIC UTILITY COMMISSION
PROTHONOTARY'S OFFICE

Gentlemen:

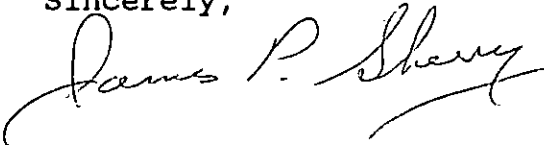
Enclosed please find original and one copy of Application For Transportation By Motor Carriers Of Property for the above referenced carrier. This application is for transportation of property, except household goods, between points in Pennsylvania.

Enclosed with this application are the following documents:

- (1) Cashier's Check from Carrier Haulers, Inc. in the amount of \$100.00, dated December 10, 1996.
- (2) Date stamped copy of Application For Certificate Of Authority (foreign corporation), filed with the Department of State December 23, 1996.
- (3) List of Corporate Officers and Stockholders and Distribution Of Shares.
- (4) A copy of Declaration page of the insurance policy for liability insurance.
- (5) A copy of insurance binder for cargo insurance.
- (6) A copy of Certificate of Insurance covering both liability and cargo insurance.

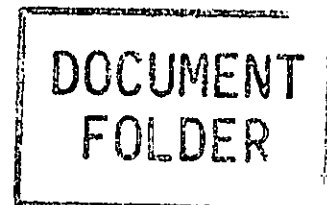
Please acknowledge receipt of the above application and documents by signing and returning the enclosed duplicate copy of this transmittal letter in the enclosed self-addressed envelope.

Sincerely,



James P. Sherry

JPS:cms



BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

RECEIVED
JAN 16 1997

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION) BUREAU OF
TRANSPORTATION & SAFETY

For PUC Use Only
Docket No. _____

702327

DOCKETED

APPLICATION DOCKET

RECEIVED

JAN 15 1997

PA PUBLIC UTILITY COMMISSION
PROTHONOTARY'S OFFICE

JAN 22 1997

ENTRY No. 72

- CARRIER HAULERS, INC.
(Full and correct name in which you intend to operate)
- (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).
- 1170 FLORENCE ROAD (609) 499-8750
(Physical Address) (Telephone No.)
FLORENCE BURLINGTON NEW JERSEY 08518
(City) (County) (State) (Zip)
- P. O. BOX 98
(Mailing Address; if different)
FLORENCE BURLINGTON NEW JERSEY 08518
(City) (County) (State) (Zip)

A-113677

DOCUMENT
FOLDER

5. Applicant does hold ICC authority under Docket No. MC-232818.
(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 New Jersey and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on December 23, 1996. (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 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.

Thomas Campbell		10.10.96
(Print Name)	(Signature)	(Date)

(Print Name)	(Signature)	(Date)
--------------	-------------	--------

(Print Name)	(Signature)	(Date)
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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).

DEC 23 1996

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

Joette K...

Secretary of the Commonwealth

JK

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: Carrier Haulers, 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:

N/A

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:

New Jersey

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

1170 Florence Road Florence NJ 08518 Burlington

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) 507 Bickmore Drive Wallingford PA 19086 Delaware
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 day of DECEMBER, 19 96.

Carrier Haulers, Inc

(Name of Corporation)

BY:

[Handwritten Signature]

(Signature)

TITLE:

President

CARRIER HAULERS, INC.
1170 FLORENCE ROAD
FLORENCE, NJ 08518

MAILING ADDRESS:
P. O. BOX 98
FLORENCE, NJ 08518

LIST OF CORPORATE OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Thomas Campbell	President	814 S. Main St. Mt. Holly, NC 28120
James J. Lehr	Secretary	363 Colket Lane Stratford, PA 19087

STOCKHOLDER

<u>NAME</u>	<u>ADDRESS</u>
David Ginsburg	3100 S. Ocean Boulevard Palm Beach, FL 33480

David Ginsburg is the sole owner of the issued and outstanding stock of the corporation. He owns 100% of the stock of Carrier Haulers, Inc.

ADDENDUM INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

12/18/96

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

PRODUCER
 Meeker Sharkey & Moffatt
 Commercial Lines Department
 2052 Highway #35
 Wall Township, NJ 07719

COMPANY
 Zurich Insurance Company

BINDER NO.
 BINDER102725

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
12/16/96	12:01	X AM	01/16/97		X 12:01 AM
					NOON

INSURED
 Carrier Haulers, Inc.
 1535 Salisbury Road
 Stateville, NC 28677

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

DESCRIPTION OF OPERATIONS/VEHICLE(S)/PROPERTY (including Location)

Loc#2: 1535 SALISBURY ROAD,
 Stateville, NC
 Loc #2: P.O. Box 98, Florence, N.J.

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

SPECIAL CONDITIONS/OTHER COVERAGES

Renewal of Motor Truck Cargo Coverage - All Risk including Theft
 Coverage: \$200,000 Per Vehicle/\$500,000 Per Occurrence
 Special Coverage: RJR Tobacco only; \$750,000 Per Vehicle/\$750,000 Per Occur

NAME & ADDRESS

MORTGAGES _____ ADDITIONAL INSURED _____
 LOAN# _____ LOSSPAYEE _____

AUTHORIZED REPRESENTATIVE
Monica [Signature]

ACORD CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 1/21/98

PRODUCER
 Meeker Sharkey & Moffatt, Inc.
 2052 Highway #35
 PO Box 1520
 Wall, NJ 07719-1520
 908-448-0333

INSURED
 Carrier Haulers, Inc.
 P.O. Box 98
 Florence
 NJ 08518

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	Zurich Insurance Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

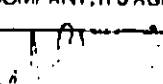
COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. 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.

OS LITE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP ADD. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RERD AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> Trailer Interch	TRK824164300	1/25/96	1/25/97	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
A	OTHER Motor Truck Cargo	ZIM824164300	12/16/96	12/16/96	\$250,000. per Truck \$500,000. per Occur \$1,000. Ded.

DESCRIPTION OF OPERATIONS/LOCATION/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 30 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  014559000

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CARRIER HAULERS, INC
PO BOX 98
FLORENCE, NJ 08518

DATE 1/28/97
RECEIPT # 192708

In re: Application fees for CARRIER HAULERS INC
A-00113677.....\$.100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 4117947
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

000209

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

CARRIER HAULERS INC
PO BOX 98
FLORENCE NJ 08518

In re: A-00113677 - Application of Carrier Haulers, Inc.

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

