

2000 SEP 11 11:10:27

425 Horsham Road ♦ Horsham, PA 19044 ♦ (215) 675-2600 ♦ FAX (215) 675-6117

September 8, 2000

Mr. Hoshour
PA Public Utility Commission
231 State Street
Barto Bldg 1st floor
Harrisburg, PA 17101

RE: DeRosato Enterprises
A-00113689

Dear Mr. Hoshour:

Per my conversation with Carol, the above insured has received a cancellation notice recently in regards to his PUC filings.

Although the Insurance Company, Providence Washington sent your office Form E on 5/17/00, a copy of this form is not acceptable at this time to re-instate. The insured must re-file.

Therefore, enclosed please find completed application, certified check in the amount of \$100.00, binder of insurance, and copies of insureds declaration pages.

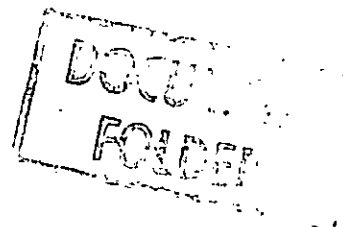
Please review and re-instate filings ASAP. Per your instructions to Carol, you will honor the Form E you have in file for this insured.

Thank you for your consideration.

Sincerely,

Amy DeFlavis

Amy DeFlavis



Before the Pennsylvania Public Utility Commission

2000 SEP 11 AM 10:31

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. DEROSATO ENTERPRISES INC.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

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

3. 2650 Bean Road NORRISTOWN, PA 19403
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) 610-222-4669

4. _____
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 315003

7. APPLICANT does not yet HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY

DOCKETED

SEP 20 2000

[Handwritten signature]

A-113689, F.2

**EXHIBIT
FOLDER**

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED _____ LEASED 2

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 Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON _____ 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: →

President of Corp.
William J. DeRosato
500 shares

FOR PARTNERSHIPS ONLY:

- COPY OF PARTNERSHIP AGREEMENT.

Mary Jo DeRosato
500 shares

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

Secretary &
Treasurer of
Corp.

ACORD™ INSURANCE BINDER

DATE
09/08/2000

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

PRODUCER Regional Insurance Associates, 425 Horsham Road Horsham, PA 19044 P:215-675-2600 F:215-675-6117	COMPANY Providence Washington BINDER # 1
PHONE (A/C, No, Ext):	EFFECTIVE DATE: 02/18/2000 TIME: 12:01
AGENCY CUSTOMER ID: 00121	EXPIRATION DATE: 02/18/2001 TIME: 12:01 AM
INSURED DeRosato Enterprises Inc. 2650 BEAN ROAD NORRISTOWN PA 19403-	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: CB 1E6304
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2650 BEAN ROAD NORRISTOWN PA 19403- Scheduled Equipment - 1979 Ford Backhoe \$12,000 1983 Pucker Brothers Paver \$7,000 Bomag Roller \$10,000	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BPP Scheduled Equipment	250 500	80 80	1,000 29,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ \$ 2,000,000 \$ 2,000,000	\$ \$ \$ \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	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 Underinsured Motor	\$ 1,000,000 \$ \$ \$ \$ 5,000 \$ \$ 1,000,000 \$ 1,000,000	\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT <input type="checkbox"/> OTHER	\$ \$ \$	\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	\$ \$ \$ \$
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 <input type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	\$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES	RETRO DATE FOR CLAIMS MADE:	MORTGAGEE ADDITIONAL INSURED LOSS PAYEE	\$ \$ \$	\$ \$ \$

NAME & ADDRESS

PA Public Utility Commission POB 3265 Harrisburg PA 17105-3265	MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIVE
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Providence Washington

INSURANCE COMPANIES

BUSINESS AUTO DECLARATIONS

Issue Date: 03/01/2000

Bill To: DIRECT PAY PLAN: 10

Branch Name: DELAWARE OFFICE

Account Number: 0303103

Renewal Of:

ITEM ONE

POLICY NUMBER	POLICY PERIOD FROM TO	COVERAGE IS PROVIDED IN THE	AGENCY
AX00303103	02/18/00 02/18/01	YORK INSURANCE COMPANY	37009860

NAMED INSURED AND MAILING ADDRESS	AGENT
DEROSATO ENTERPRISES, INC. 2650 BEAN ROAD NORRISTOWN, PA 19403	REGIONAL INSURANCE ASSOCIATES 425 HORSHAM ROAD HORSHAM, PA 19044 215/675-2600

POLICY PERIOD BEGINS AND ENDS AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Individual Partnership Corporation Joint Venture Other

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 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	07 08 09	\$ 1,000,000 CSL	\$ 3,908
PERSONAL INJURY PROTECTION (P.I.P.) ††	05	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ NONE DEDUCTIBLE	\$ 45
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 THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	06	\$SEPARATELY STATED IN THE UM ENDORSEMENT	\$ 24
UNDERINSURED MOTORISTS (when not included in UM Cov.)	06	\$SEPARATELY STATED IN THE UIM ENDORSEMENT	\$ 84
P D A M A G E T O R I A L	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$SCHEDULE DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$ 299
	SPECIFIED CAUSES OF LOSS COVERAGE	\$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM †††	\$
	COLLISION COVERAGE	07 \$SCHEDULE DEDUCTIBLE FOR EACH COVERED AUTO †††	\$ 888
	TOWING AND LABOR (Not available in California)	\$ for each disablement of a private passenger auto	\$

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

SEE SCHEDULE ATTACHED "THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES."	ESTIMATED TOTAL PREMIUM	\$ 5,248
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ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	PURCHASED			TERRITORY: Town & State Where the Covered Auto will be principally garaged
		Original Cost	New Cost &	NEW (N) USED (U)	
1		WARNING NOTICE			
2	SEE SCHEDULE ATTACHED				
3	SEE SCHEDULE ATTACHED				

Countersigned: * 03/01/00

By _____ Authorized Representative

* Entry optional if shown in Common Policy Declarations.

Authorized Representative

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

†† (or equivalent No-fault cov.) ††† See ITEM FOUR for hired or borrowed "autos".

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.

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POLICY NUMBER	POLICY PERIOD FROM	COVERAGE PROVIDED IN THE
AX00303103	02/18/00 02/18/01	YORK INSURANCE COMPANY

BUSINESS AUTO SCHEDULE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	TERRITORY Town, State & Zip Where the Covered Auto will be principally garaged
2	95 EAGER BEAVER TRAILER 112000325DT090421	041 KING OF PRUSS, PA
3	97 DODGE P/U 3B7KF23ZOVG774653	041 KING OF PRUSS, PA

Covered Auto No.	CLASSIFICATION								PURCHASED			
	Radius of Operation	Business use S = service R = retail C = comml.	Size GVW, GCW or Vehicle Sealing Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Actual cost &	NEW (N) USED (U)
1	LOCAL		50,000	6	2.250	1.000	-.150	-.150	40172	100,000		
2	LOCAL			6	0.150	0.600			68189	3,000		
3	LOCAL	S	5,000	4	1.000	1.000	-.050	-.050	01189	30,000		

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED MOTORISTS			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
1	1000	2,555			1000	INCL	X	X
2	1000	157						
3	1000	1,039			1000	INCL	X	X
Total Premium		3,751						

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		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
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
1	SEE FORM(S)	21			See Schedule(s)
2	SEE FORM(S)	3			
3	SEE FORM(S)	21			
Total Premium		45			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
1	1,000	172		1,000	576			3,378
2	500	3		1,000	9			172
3	1,000	124		1,000	303			1,541
Total Premium		299			888			5,091

POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE PROVIDED IN THE
AX00303103	02/18/00	02/18/01	YORK INSURANCE COMPANY

MIDTERM CHANGE DOCUMENT

37009860 REGIONAL INSURANCE ASSOCI

NAMED INSURED DEROSATO ENTERPRISES, INC.

MAILING ADDRESS 2650 BEAN ROAD
NORRISTOWN, PA 19403

POLICY PERIOD: From 02/18/2000 to 02/18/2001 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 03/31/2000 CHANGE # 00001

DESCRIPTION V Add Vehicle
ALP Add Loss Payee.

THE FOLLOWING VEHICLE HAS BEEN ADDED TO THE POLICY:

2000 MACK MODEL RD6885
VIN #1M2P324COYM055182
GVW 73,280
VALUE \$110,000
COMP DED. \$1,000 / COLL DED. \$1,000

THE FOLLOWING LOSS PAYEE HAS BEEN ADDED TO THE POLICY:

ASSOCIATES COMMERCIAL CORP
8201 RIDGEPOINT DRIVE
IRVING, TX 75063

APR 24 2001

Original Premium \$ 5,248.00 New Premium \$ 9,001.00 Total Add'l/Return Premium \$ 3,323.00
ADDITIONAL

COUNTERSIGNED 04/20/2000 BY _____
(Date) (Authorized Representative)

Providence Washington

INSURANCE COMPANIES

CD.
50%

Bill To: DIRECT PAY PLAN: 2
Account Number:

Issue Date: 05/25/2000
Branch Name: DELAWARE OFFICE

POLICY NUMBER	INSURER
WC00303103	PROVIDENCE WASHINGTON INS OF NY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page AR

RENEWAL OF NO.

NAIC # 35726
NCCI # 35130

ITEM ONE:

Insured's Name and Mailing Address

MAY 30 2000

DEROSATO ENTERPRISES, INC.

2650 BEAN ROAD
NORRISTOWN, PA 19403

AGENT: REGIONAL INSURANCE ASSOCIATES
425 Horsham Road
Horsham, PA 19044

EMPLOYER FEIN# 232816230

INTERSTATE/INTRASTATE RISK ID NO:

Form of Business: Individual Partnership Corporation Joint Venture Other

ITEM TWO:

POLICY PERIOD: FROM 05/09/00 TO 02/18/01 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

ITEM THREE:

COVERAGE: A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: PA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A.

The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	100,000 each accident
Bodily Injury by Disease	\$	500,000 policy limit
Bodily Injury by Disease	\$	100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
DE, MD, GA, NY, PA, & RI

D. This policy includes these endorsements and schedules. **SEE FORM SCHEDULE ATTACHED**

ITEM FOUR:

PREMIUM: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SUPPLEMENTAL SCHEDULE ATTACHED				
Total Estimated Annual Premium				\$ 1,878
Deposit				\$ 1,878

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

This is a Three Year Fixed Rate Policy

AGENT: _____ Countersigned By _____
Date: 05/25/00 Authorized Representative

POLICY NUMBER	POLICY PERIOD FROM TO		INSURER
WC00303103	05/09/00	02/18/01	PROVIDENCE WASHINGTON INS OF NY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

POLICY INFORMATION PAGE SUPPLEMENTAL SCHEDULE

ITEM FOUR:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
STATE PA LOC 1 FLAT CEMENT WORK	0608	20,300	8.3800	1,701.00
SUBTOTAL				1,701.00
EMPLOYERS LIABILITY 100/500/100				0.00
SUBTOTAL				1,701.00
EXPENSE CONSTANT	0900			109.00
TOTAL EST ANNUAL PREM				1,810.00
PENNSYLVANIA EMPLOYER ASSESSMENT	0938		0.0375	68.00
MINIMUM PREMIUM				764.00
ANNUAL				

Providence Washington

INSURANCE COMPANIES

W/A	ROD.
	15%

BUSINESSOWNERS POLICY SPECIAL TRADE CONTRACTORS DECLARATIONS

Issue Date: 03/01/2000

Bill To: DIRECT PAY PLAN: 10
Account Number: 0303103

Branch Name: DELAWARE OFFICE
Renewal Of:

POLICY NUMBER	POLICY PERIOD FROM TO	COVERAGE IS PROVIDED IN THE	AGENCY
NX00303103	02/18/00 02/18/01	YORK INSURANCE COMPANY	37009860

NAMED INSURED AND MAILING ADDRESS	AGENT
DEROSATO ENTERPRISES, INC. 2650 BEAN ROAD NORRISTOWN, PA 19403	REGIONAL INSURANCE ASSOCIATES 425 HORSHAM ROAD HORSHAM, PA 19044

POLICY PERIOD BEGINS AND ENDS AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Individual Partnership Corporation Joint Venture Other

Business Description: PAVING CONTRACTOR.

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.

Forms Applicable: Standard Special

MORTGAGE HOLDER(S):
Refer To Mortgage/Loss Payee Schedule.

DESCRIBED PREMISES

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

PROPERTY COVERAGE PROVIDED

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

DEDUCTIBLE SEE ATTACHED SUPPLEMENTAL DECLARATIONS

OPTIONAL COVERAGES

SEE ATTACHED SUPPLEMENTAL DECLARATIONS

BUSINESS LIABILITY AND MEDICAL EXPENSES COVERAGE

Except for Fire Legal Liability, each paid claim for the following coverages reduces the aggregate amount of insurance provided during the applicable policy period. Please refer to paragraph D.4. of the Businessowners Liability coverage form.

Limits of Insurance

\$ 1,000,000	Liability and Medical Expenses Limits
\$ 2,000,000	Aggregate Limits of Insurance For Products/Completed Operations
\$ 2,000,000	Aggregate Limits of Insurance For Liability And Medical Expenses
\$ 5,000	Medical Expenses (per person)
\$ 100,000	Fire Legal Liability (any one fire or explosion)

FEES AND SURCHARGES

\$

TOTAL PREMIUM

\$ 862.00

FORM(S) AND ENDORSEMENT(S):
REFER TO FORMS SCHEDULE

03/01/2000

Countersigned Date

Authorized Representative

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

POLICY NUMBER	POLICY PERIOD FROM TO		COVERAGE PROVIDED IN THE
NX00303103	02/18/00	02/18/01	YORK INSURANCE COMPANY

BUSINESSOWNERS POLICY SPECIAL TRADE CONTRACTORS SUPPLEMENTAL DECLARATIONS

DESCRIBED PREMISES - ADDRESSES

Premis. No.	Bldg. No.	Address
001	001	2650 BEAN ROAD NORRISTOWN, PA 19403

DESCRIBED PREMISES - OCCUPANCY

Premis. No.	Bldg. No.	Occupancy
001	001	DRIVEWAY/SIDEWALK-PAVING FRAME

PROPERTY COVERAGES PROVIDED

Premis. No.	Bldg. No.	Coverage	Limit of Insurance	Automatic Increase in Insurance	Ded
001	001	BUSINESS PERSONAL PROPERTY	\$ 1,000		\$ 250

OPTIONAL COVERAGES

Premis. No.	Bldg. No.	Coverage	Limits	Ded
001	001	MONEY & SECURITIES-ON PREM	7,500	500
001	001	MONEY & SECURITIES-OFF PREM	7,500	
001	001	SCHEDULED TOOLS/EQUIPMENT	29,000	250
001	001	BOP +		

MORTGAGEE or LOSS PAYEE SEE SCHEDULE ATTACHED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTORS' TOOLS AND EQUIPMENT COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

SCHEDULE*

BLANKET BASIS		LIMITS OF INSURANCE
All Covered Property as described in Paragraph A.2.a.		\$ _____ (not in excess of \$2,000 for any one item)
ADDITIONAL PREMIUM		\$
SCHEDULED BASIS		LIMITS OF INSURANCE
All Covered Property as described in Paragraph A.2.b.		
Description Of Item		
1.	79 FORD BACKHOE MODEL 555	1. \$ 12,000
2.	83 PUCKER BROTHERS PAVER T450	2. \$ 7,000
3.	99 BOMAG ROLLER	3. \$ 10,000
4.		4. \$
5.		5. \$
TOTAL LIMIT OF INSURANCE		\$ 29,000
ADDITIONAL PREMIUM		\$
NON-OWNED TOOLS AND EQUIPMENT		LIMITS OF INSURANCE
		\$
ADDITIONAL PREMIUM		\$
EMPLOYEES' TOOLS		\$ \$5,000 (not exceeding \$500 per employee and \$100 per item)
ADDITIONAL PREMIUM		\$

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DEROSATO ENTERPRISES INC
2560 BEAN RD
NORRISTOWN PA 19403

DATE 9/26/00
RECEIPT # 197616

IN RE: Application fees for DEROSATO ENTERPRISES INC

Docket Number A-00113689F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: (Regional Insurance) THNB&TC CERT CK 7203

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
SEP 29 2000