

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

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REGISTRATION OFFICE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	A-113639
Folder No.	

RECEIVED

1. JAMES A Pileggi

(Full and correct name in which you intend to operate)

DEC 30 1996

2. _____
(Trade name, if any)

The trade name, if fictitious, _____ has or has not been registered with the Secretary of the Commonwealth on _____ (Date)

(attach copy of date-stamped registration form).

3. 520 FOXLOVE CIRCLE

(Physical Address)

610-458-8431

(Telephone No.)

Glenmoore Chester PA 19343

(City)

(County)

(State)

(Zip)

DOCKETED

APPLICATION DOCKET

JAN 07 1997

ENTRY No. yt

MENT
FOLDER

(Mailing Address; if different)

(City)

(County)

(State)

(Zip)

5. Applicant DOES NOT hold ICC authority under Docket 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 _____

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)
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JAMES A. ZEMEL

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.

Application (Does or do not) filed with authority under Decket No.
 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 A Pilegg

James A Pilegg

~~9-14-96~~ 9-20-96

(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).

Organization under the laws of the State of _____
by registering with the _____ of the
_____ of _____
Include as an attachment _____
and the names, addresses and _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

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.



CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER'S COPY

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

NAME AND ADDRESS OF AGENCY Konell Insurance, Phoenixville, PA		AGENT'S NO. AA8625	DATE ISSUED December 20, 1996
NAME AND ADDRESS OF NAMED INSURED M & J Contractors James A. Pileggi D/B/A 520 Fox Clove Circle Glenmoore, PA 19343-8924		COMPANIES AFFORDING COVERAGES	
		COMPANY LETTER C	ERIE INSURANCE COMPANY
		COMPANY LETTER D	ERIE INSURANCE PROPERTY & CASUALTY COMPANY
		COMPANY LETTER E	ERIE INSURANCE EXCHANGE Erie Indemnity Co., Attorney-in-Fact
This Certificate is issued for information purposes only. It does not list, amend, extend, or otherwise alter the terms and conditions of insurance coverage contained in the Policy(ies) indicated below issued by The ERIE. The terms and conditions of the Policy(ies) govern the insurance coverage as applied to any given situation. Any party can request a policy and/or Declaration by asking the insured or the Agent. Limits shown may have been reduced by claims paid.			

This is to certify that policies, as indicated by Policy Number below, are in force for the Named Insured at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY IN THOUSANDS (000)		
						EACH OCCURRENCE	AGGREGATE
E	GENERAL LIABILITY	Q370550289A	01-05-96	01-05-97	PREMISES/OPERATIONS		
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM INCLUDING				PERSONAL INJURY	\$ 1000	\$ 2000
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS				PROPERTY DAMAGE	\$ 1000	\$ 2000
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS				SEPARATE PRODUCTS/COMPLETED OPERATIONS		
	<input checked="" type="checkbox"/> PERSONAL INJURY PRODUCTS/COMPLETED OPERATIONS HAZARD				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input checked="" type="checkbox"/> EXPLOSION HAZARD						
E	AUTOMOBILE LIABILITY	Q010530161A7	01-05-96	01-05-97	<input checked="" type="checkbox"/> ANY AUTO (OWNED, HIRED, NON-OWNED)	BODILY INJURY (EACH PERSON)	\$
	<input type="checkbox"/> OWNED				BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> HIRED				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> NON-OWNED				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1000	
E	EXCESS LIABILITY				PERSONAL INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> BUSINESS CATASTROPHE				STATUTORY		
E	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Q8505000297A	01-05-96	01-05-97	BODILY INJURY BY ACCIDENT	\$ 100	EACH ACCIDENT
	OTHER				DISEASE	\$ 300	POLICY LIMIT
					DISEASE	\$ 100	EACH EMPLOYEE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
Contractor

CANCELLATION FOR NON-PAYMENT, CAUSE OR NAMED INSURED'S REQUEST: When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, The ERIE will endeavor to mail written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon The ERIE, its Agents or representatives.
 CANCELLATION FOR SPECIAL CONTRACTS: (If the box is checked, this certificate involves a special contract and the following cancellation provisions apply.) When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration thereof, The ERIE will endeavor to mail _____ days written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon The ERIE, its Agents or representatives.

NAME AND ADDRESS OF CERTIFICATE HOLDER
PA Public Utility Commission
Bureau of Transportation & Safety
Financial Responsibility Section
P.O. Box 3265
Harrisburg, PA 17105-3265

ATTENTION CERTIFICATE HOLDER
If your firm is a Certificate Holder for other policies of this insured, Certificates of insurance for these other policies will be forwarded to you as soon as they are processed.

AUTHORIZED REPRESENTATIVE: Steven Canuso

EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that JAMES A Pileggi
(Name of Carrier)
holding P.U.C. authority at Application Docket No. A- 113639
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.

James A Pileggi
(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.

Dated _____

James A Pileggi
(Signature)
JAMES A Pileggi
(Print Name)

PLEASE RETURN TO:

PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
FINANCIAL RESPONSIBILITY SECTION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

*pic sent to
me see
1-7-97*



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

IN REPLY PLEASE
REFER TO OUR FILE

January 17, 1997

JAMES A PILEGGI
500 FOXGROVE CIRCLE
GLENMOORE PA 19343

In re: A-00113639 - Application of James A. Pileggi

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of January 18, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 3, 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

