

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY JAN 23 1997

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

For PUC Use Only 702330
Docket No. <u>A-00113683</u>
Folder No. _____

DOCKETED RECEIVED
APPLICATION DOCKET
JAN 22 1997
JAN 28 1997
ENTRY No. <u>14</u>
PA PUBLIC UTILITY COMMISSION PROTHONOTARY'S OFFICE

1. Samuel R. Snader
(Full and correct name in which you intend to operate)

2. _____
(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).

3. 538 E. 28th Division Hwy 717-627-2223
(Physical Address) (Telephone No.)

Lititz PA 17543
(City) (County) (State) (Zip)

4. P.O. Box 297
(Mailing Address; if different)

Lititz PA 17543
(City) (County) (State) (Zip)

DOCUMENT
FOLDER

5. Applicant does hold ICC authority under Docket No. 313369
(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 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 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.

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.

Samuel R. Snader *Samuel R Snader* 1/18/97
(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).

CHANGE IN DECLARATIONS ENDORSEMENT #1

AG48
(Ed. 1-80)

This endorsement, effective on **11-1-96** at 12:01 A.M. standard time, forms a part of policy No. **TR37297186**

of the **Merchants & Business Men's Mutual Insurance Co.**

issued to: **Samuel R. Snader**

Agency at **P.O. Box 547, Elizabethtown, PA 17022**

Jaller A Hayes
Authorized Representative

It is agreed that the policy is amended as indicated by the following items designated by an "X":

NEW TOTAL POLICY PREMIUM
\$

The Insured's name and/or address as shown in ITEM ONE of the policy Declarations is changed as follows:

The limit(s) shown opposite the Coverage(s) in SCHEDULE A below, and for which an additional or return premium is indicated, replaces(replace) the limit(s) shown for the same Coverage(s) in ITEM TWO of the policy Declarations.

The Coverage(s) indicated by a return premium in SCHEDULE A below is (are) hereby terminated.

The Coverage(s) indicated in SCHEDULE A below for which an additional premium charge is shown is (are) added to the policy and such Coverage(s) applies (apply) to the autos indicated by the Covered Auto Designation symbol(s) from Declarations ITEM THREE shown in the "COVERED AUTOS" column in SCHEDULE A.

The auto(s) described in SCHEDULE C below are hereby included under the policy Coverage(s) indicated in SCHEDULE A below by the additional premium charge shown opposite the applicable Coverage(s).

The auto(s) described in SCHEDULE B below are hereby eliminated from coverage under the policy Coverage(s) indicated in SCHEDULE A by a return premium.

The Coverage(s) indicated by a return premium in SCHEDULE A below is (are) hereby terminated for Covered Auto(s) No.(s)

PRF: .507

SCHEDULE A		COVERED AUTOS (Entry of one or more of the symbols from ITEM THREE shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM	
COVERAGES				Additional	Return
LIABILITY INSURANCE		46	\$ 750,000	\$ 1468	\$
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)			SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$	\$
ADDED P.I.P. (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)			SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$	\$
AUTO MEDICAL PAYMENTS INSURANCE		46	\$ 5,000 Basic	\$ 41	\$
UNINSURED MOTORISTS INSURANCE/UIM		46	\$ 35,000 N/S	\$ 12	\$
PHYSICAL DAMAGE INSURANCE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Deductible FOR EACH COVERED AUTO FOR ALL LOSS EXCEPT FIRE OR LIGHTNING	\$	\$
	SPECIFIED PERILS COVERAGE		\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$	\$
	COLLISION COVERAGE		\$ Deductible FOR EACH COVERED AUTO	\$	\$
	TOWING AND LABOR (Not Available in California)		\$25 for each disablement of a private passenger auto	\$	\$
			TOTAL ADDITIONAL PREMIUM	\$1521	\$

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

SCHEDULE C		DESCRIPTION		PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged	
Covered Auto No.	Year Model; Trade Name; Body Type or Vehicle Serial Number (S); Vehicle Identification Number (VIN)	Original Cost	New (N) USED (U)	Actual Cost &	NEW (N) USED (U)		
3	1991 Freightliner Tractor #500658					37943	
4	non-owned undescribed trailer while attached					37943	
CLASSIFICATION							
Covered Auto No.	Radius of Operation (In Miles)	Business use s=service r=retail c=comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor	Secondary Rating Factor	Code
3	250	c	80,000		1.10		5039
4	250	c	Incl.		.15		6739

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column in the Declarations of the Policy applies instead)

Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.		PROP. PROT. (Mich. only)		AUTO. MED. PAY.		UNINSURED MOTORISTS/UIM		COMPREHENSIVE		SPECIFIED PERILS		COLLISION		\$25 per Disablement Premium
	Limit (In Thousands)	Premium	Limit* minus deductible shown below	Premium	Limit*	Premium	Limit* minus deductible shown below	Premium	Limit (In Thousands)	Premium	Limit** minus deductible shown below	Premium	Limit**	Premium	Limit**	Limit** minus deductible shown below	Premium		
3	750	2547							5	70	35	24							
4	750	348							5	10									
Total Add'l Premium		2895							80		24								

*Limit stated in each applicable P.I.P., Added P.I.P., or P.P.I. Endorsement.

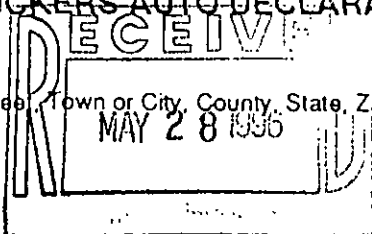
**Limit stated in ITEM TWO of the Policy Declarations.

Merchants and Business Men's Mutual Insurance Company

HARRISBURG, PA

COMMERCIAL AUTO COVERAGE PART TRUCKERS AUTO DECLARATIONS

POLICY NO.: TR37297186



NOTICE: THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR RENTAL VEHICLES.

ITEM ONE -

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Samuel R. Snader
P.O. Box 297
Lititz, PA 17543

Policy Period: From 5-5-96 to 5-5-97 at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business: Individual Partnership Corporation Other _____

IN RETURN FOR THE PAYMENT, 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 Trucker's 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 Trucker's Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY		46	\$ 750,000		\$ 2895
FIRST PARTY BENEFITS		46	\$ 5,000 Basic		\$ 80
UNINSURED MOTORISTS (UM)		46	\$ 35,000 N/S		\$ 7
UNDERINSURED MOTORISTS		46	\$ 35,000 N/S		\$ 17
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	DED. FOR EACH COVERED AUTO	\$
	SPECIFIED CAUSES OF LOSS COVERAGE			DED. FOR EACH COVERED AUTO	\$
	COLLISION COVERAGE			DED. FOR EACH COVERED AUTO	\$

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

As Per End. F

PREMIUM FOR ENDORSEMENTS	\$ Incl.
ESTIMATED TOTAL PREMIUM	\$ as per PP-1

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Auto	DESCRIPTION				PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged	
	Year Model	Trade Name	Body Type	Serial Number (S), Vehicle Identification Number (VIN)	Original Cost	Actual Cost & NEW(N) USED(U)		
1	1995	Kenworth	Tractor	#649684			37943	
2	non-owned undscribed trailer while attached						37943	
Auto	CLASSIFICATION							EXCEPT FOR Towing all physical loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business Use S-Service R-Retail C-Comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Pty Damage		Secondary Rating Factor	
1	250	c	80,000		1.10			5039
2	250	c	Incl.		.15			6739

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto	LIABILITY		UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO. MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION	
	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit in Thousands	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium	Limit minus deductible shown below	Premium
1	750	2547	35	7	35	17	5	70						
2	750	348					5	10						
TOTAL PREMIUM		2895	PREMIUM	7	PREMIUM	17	PREMIUM	80	PREMIUM		PREMIUM		PREMIUM	

Countersigned: 5-22-96

By: Jalla A Hayes
Authorized Representative

#AG2062

js

MB-1001

WHITE - INSURED

CANARY - HOME OFFICE

BUFF - SERVICE OFFICE

PINK - AGENT

LINCOLN GENERAL INSURANCE COMPANY
3350 Whiteford Road, York, Pennsylvania 17402

INLAND MARINE FLOATER POLICY DECLARATIONS

ISSUED TO:
INDIVIDUAL

✓ SHADER, SAMUEL R.
P.O. BOX 297
LITITZ, PA 17543

Agent 6/21/96

POLICY PERIOD:

FROM: 05-05-96

TO: 05-05-97

AGENT OR BROKER:

INTERSTATE INSURANCE MANAGEMENT
2307 MENOHER BLVD.
JOHNSTOWN, PA 15905

5460

KIND OF BUSINESS: TRUCKMAN
LOCATION OF BUSINESS: SAME AS ABOVE

51/29/860

Issue Date: 05-29-96 CD/VS

TOTAL COLLECTABLE AMOUNT OF COVERAGE	PREMIUM
SEE FORM L 1047	\$ 500

ENDORSEMENT PREMIUM CHARGES	TOTAL POLICY PREMIUM
\$,	\$ 500

In consideration of the stipulations herein named and of the premium above specified, the Company does insure the above Named Insured, hereinafter called the Insured, whose address is shown above, at 12:01 am. (standard time), to the expiration date shown above, at 12:01 am. (standard time), at the place of issuance, to an amount not exceeding the amount specified above.

If no other deductibles appear in this policy, the amount of \$ 1,000 shall be deducted and paid by the insured for each claim for loss or damage and shall be adjusted separately for each such claim.

POLICY SURCHARGES/TAXES	(If Applicable)
STATE/COMMONWEALTH	\$,
C O U N T Y	\$,
MUNICIPALITY	\$,
COLLECTION FEES(S)	\$,
TOTAL POLICY CHARGES	\$,

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

SEE ENDORSEMENT SCHEDULE

This policy is made and accepted subject to all conditions, provisions, stipulations and agreements hereby made a part of this policy, together with such other conditions, provisions, stipulations and agreements as may be added hereto.

[Handwritten Signature]

Countersigned _____
(Date)

By: _____
(Authorized Representative)

MOTOR TRUCK CARGO INSURANCE
(All Risk Form)

Attached to and forming part of Policy Number **SPF 14537 0596** EFFECTIVE TO

ISSUED TO:
 (If no entry appears above, refer to the Policy Declarations for the information.)

1. Coverage

Coverage(s) shall attach only if an "X" is inserted in one or both of the boxes preceding Items A and B below: --

A. This policy covers the legal liability of the insured as a carrier under tariff, bill of lading or shipping receipt for direct loss or damage to lawful goods and merchandise consisting of PRODUCE AND MULCH

while loaded for shipment and in transit in or on vehicles described herein, including any undescribed trailer(s) or semi-trailer(s) while attached to a commercial tractor described in this policy, anywhere with the radius as specified in Paragraph 2.

B. This policy covers lawful goods and merchandise consisting of _____

the property of the insured or sold by them and in course of delivery, while loaded for shipment and in transit in or on vehicles described herein, including any undescribed trailer(s) or semi-trailer(s) while attached to a commercial tractor described in this policy, anywhere within the radius as specified in Paragraph 2.

2. **Radius of Operations:** The coverage under this policy shall only apply to direct loss or damage occurring within A 500 MILE RADIUS OF LITITZ, PA.

3. DESCRIPTION OF VEHICLES

YEAR	TRADE NAME	TYPE OF BODY AND TONNAGE	FACTORY OR MOTOR No.	AMOUNT OF INSURANCE PER VEHICLE	PREM
See EXTENDED DESCRIPTION OF VEHICLES (L 1047)					

4. The Company's liability with respect to the contents of any vehicle is limited to the sum set opposite the description of the vehicle and in no event shall the Company be liable for more than TWENTY THOUSAND-----AND 00/100 Dollars (\$ 20,000) on account of claims arising out of any one disaster at one time subject to the following limits

(a) The liability of the Company for loss or damage by theft, if covered as a peril insured, of silks, rayons, furs, fur garments, drugs, manufactured tobacco products, alcoholic beverages of alcoholic content greater than 10% by volume or any combination of these commodities shall be limited to not exceeding 10% of the amount of insurance set forth opposite the description of the vehicle in paragraph 3 unless specifically identified (named) in paragraph 1A and/or 1B above as the lawful goods and merchandise loaded for shipment and in or on vehicles described herein anywhere within the radius as specified in paragraph 2.

ISSUED TO: SNADER, SAMUEL R.

(If no entry appears above, refer to the Policy Declarations for the information.)

DRIVER SCHEDULE

The following individuals are operators under this policy.
Any changes during the policy period should be endorsed.

#	Driver Name	Date of Birth	Operator Number	State Lic	SS#
01	SAMUEL R. SNADER	08-20-36	00960027	PA	

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SAMUEL R SNADER
PO BOX 297
538 EAST 28TH DIVISION HWY
LITITZ, PA 17543

RECEIVED
PROTHONOTARY'S OFFICE
DATE: 1/31/97
RECEIPT # 192745

In re: Application fees for SNADER, SAMUEL R
A-00113683.....\$.100.00

BTL

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 83343
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
FEB 5 1997



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

IN REPLY PLEASE
REFER TO OUR FILE

February 7, 1997

SAMUEL R SNADER
PO BOX 197
538 EAST 28TH DIVISION HIGHWAY
LITITZ PA 17543

In re: A-00113683 - Application of Samuel R. Snader

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 8, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 24, 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

