

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

000027
APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

97 MAR 17 AM 9:26
RECEIVED
PROTHONOTARY'S OFFICE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-113819</u>
Folder No.	_____

RECEIVED
MAR 18 1997

1. George W. Hudock
H/a Hudock Trucking BUREAU OF TRANSPORTATION & SAFETY
(Full and correct name in which you intend to operate)

2. N/A
(Trade name, if any)

The trade name, if fictitious, N/A been registered with the Secretary of
(has or has not)

the Commonwealth on N/A (attach copy of date-stamped registration
(Date) form).

3. Hudock Trucking RD #1 Box 469-H 412-737-0149
(Physical Address) (Telephone No.)

McClellandtown, Fayette Pa. 15458
(City) (County) (State) (Zip)

4. DOCKETED AS ABOVE
(Mailing Address, if different)

DOCUMENT
FOLDER

MAR 21 1997
(City) (County) (State) (Zip)
ENTRY No. get
has BIPP
congratulations

5. Applicant Does Not hold ICC authority under DoC No. _____
(does or does not)

6. Applicant Does have a current safety rating issued by Uniontown Truck Service
(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)
<u>N/A</u>	

Corporation. Organized under the laws of the State of N/A and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on N/A (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.

EXEMPT FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that Hudock Trucking
(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.
- 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.

George W. Hudock
(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 3-12-97

George W. Hudock
(Signature)

George W. Hudock
(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

*one seat
one sec
3-21-97
GWS*

INSURANCE IDENTIFICATION CARD

PA (STATE)

COMPANY NUMBER

1478/1

COMPANY

MGA Insurance Company

POLICY NUMBER

MPP111167

EFFECTIVE DATE

09/27/96

EXPIRATION DATE

09/27/97

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

94 PETERBILT TRUCK 1XPAL60X0RN340632

AGENCY/COMPANY ISSUING CARD

W.N. Tuscano Agency, Inc.

P.O. Box 1027

Greensburg, PA 15601

INSURED

GEORGE W. HUDOCK T/A HUDOCK TRUCKING

R.D. 1, BOX 469H

MCCLELLANTOWN, PA 15458

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/19/97

PRODUCER
 W.N. Tuscano Agency Inc.
 P.O. Box 1027
 Greensburg, PA 15601

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** MGA Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED
 GEORGE W. HUDOCK T/A HUDOCK TRUCKING
 R.D. 1, BOX 469H
 MCCLELLANDTOWN, PA 15458

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 COVERAGE IS 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.

CO LTR	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 checked="" 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 fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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	MPP111167	09/27/96	09/27/97	COMBINED SINGLE LIMIT \$1,000,000 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 \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 1994 PETERBILT TRUCK S#1XPAL60X0RN340632

CERTIFICATE HOLDER
 AND ADDITIONAL INSURED:
 FAYETTE TRANSPORTATION SERVICE, INC.
 P. O. BOX 1091
 UNIONTOWN, PA 15401
 ATTN: KATHY
 FAX 800-875-4289

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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


WTS

INVOICE NO. 149128

2-28-97

SOLD TO GEORGE W HUDOCK		SHIPPED TO 94 PITT TN		VIA
STREET & NO. RD#1 Bx 469 H		STREET & NO. 1X PA 60XORN 3406.32.		0 257212
CITY McClellandtown PA	STATE	ZIP	CITY ZE-40020	STATE ZIP 300117

CUSTOMER'S ORDER	SALESMAN	TERMS	F.O.B.	DATE
9-97			SI 7-0235477	
SAFETY Inspection				
RF 1/32 LR 1/32 RR 1/32 TURNS 1/2				\$ 14.15
				
George W. Hudock				15

D 8740

INVOICE



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

REFER TO OUR FILE

April 11, 1997

GEORGE W. HUDOCK
T T HUDOCK
RD #1 BOX 469-H
MCCLELLANTONW PA 15458

In re: A-00113819 - Application of George W. Hudock, t/d/b/a Hudock Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of April 12, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 28, 1997, 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

