

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

**APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY**

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<p>For PUC Use Only 7226411</p> <p>Docket No. _____</p> <p>Folder No. _____</p>

RECEIVED

JUL 24 1997

BUREAU OF
TRANSPORTATION & SAFETY

1. Andrew M. Wills
(Full and correct name in which you intend to operate)

2. A. Wills Trucking
(Trade name, if any)

The trade name, if fictitious, _____ DOCKETED _____ been registered
(has or has not) (has or has not) (has or has not) (has or has not) (has or has not) (has or has not)

Secretary of the Commonwealth on _____ (attach
date-stamped registration form). JUL 29 1997

3. 769 Carl Road
(Physical Address) 814-674-5090
(Telephone No.)

Dysart, Cambria Pa. 16636
(City) (County) (State) (Zip)

4. _____
(Mailing Address; if different)

(City) (County) (State) (Zip)

5. _____ (Attorney's Name) _____ (Telephone Number)

(Attorney's Address)

DOCUMENT
FOLDER
3

A-114154

P-75
New
Ins OK

6. Applicant does not hold ICC authority under Docket
(does or does not)

No. _____

7. Applicant does not have a current safety rating
(does or does not)

issued by _____.

(attach copy)

8. Approximate number of commercial vehicles to be operated

intrastate: owned 2 leased _____

9. 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 numbers of shares held by each stockholder.

10. 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 current safety rating issued by a state or federal agency.
- List of corporate officers and stockholders and distribution of shares.
- Proof of insurance.

11. 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 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 revenue 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.

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.

Andrew M. Wills Andrew M. Wills 3/8/97
(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.

EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that A. Wills 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.

Andrew M. Wills
(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.

Date 3/8/97 Andrew M. Wills
(Signature)
Andrew M. Wills
(Print Name)

Please return to: **PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
INSURANCE UNIT
P. O. BOX 3265
HARRISBURG, PA 17105-3265**

THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000

JAN 23 1997

A Stock Insurance Company

7657476

Previous Policy No.

COMMON POLICY DECLARATIONS

RENEWAL

DECLARATIONS	POLICY NUMBER	CAP 765 74 76
NAMED INSURED	ANDREW M. WILLS T/A A & J LANDSCAPING & TREE TRIMMING	
ADDRESS	769 CARL ROAD DYSART, PA 16636	
(Number & Street, Town, County, & Zip No.)	+ A. Wills Trucking	
Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	FROM:	01-11-1997 TO: 01-11-2000
Agency City	LAUREL INSURANCE MANAGEMENT, INC. 37-079 CARROLLTOWN, PA	
Legal Entity/Business Description	INDIVIDUAL	
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 TO ALL COVERAGE PARTS: (show numbers)		
IA102	01/96	IA4111PA 02/96
IP408PA	10/95	GA501 10/92
		AA501PA 12/93
		IA4124 02/96
		IL0910 01/81

RC7 LMS
01-17-1997

Countersigned

01-11-97
(Date)

By

[Signature]
(Authorized Representative)

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours.

[Signature]

Secretary

[Signature]

President

AGENT'S COPY

THE CINCINNATI INSURANCE COMPANY

Home Office: Fairfield, Ohio 45014-5141 BUSINESS AUTO COVERAGE PART DECLARATIONS

ITEM ONE							
Attached to and forming part of POLICY NUMBER: <u>CAP 765 74 76</u> Effective Date: <u>01-11-1997</u>							
Named Insured: IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATION							
ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS							
This coverage part 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 AUTO 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	2, 8, 9	\$ 1,000,000	INCL.				
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ NONE Ded.	INCL.				
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)	5	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT SEE CA2238	INCL.				
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ FOR EACH ACCIDENT Ded.					
AUTO. MEDICAL PAYMENTS		\$					
UNINSURED MOTORISTS	2	\$ 100,000	INCL.				
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$ 100,000	INCL.				
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ SEE AA218 Ded. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."	INCL.				
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 Ded. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."					
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."					
PHYSICAL DAMAGE INSURANCE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto					
PREMIUM FOR ENDORSEMENTS							
ESTIMATED TOTAL PREMIUM			INCL.				
FORMS AND ENDORSEMENTS CONTAINED IN THIS COVERAGE PART AT ITS INCEPTION:							
AA218	11/88	AA101	06/93	AA4015	02/96	AA4016	02/96
AP414PA	09/90	CA0180	08/96	CPA1092PA	10/91	AP407PA	04/96
CA2237	12/92	CA2238	07/90	CA9917	12/90	AP409	08/95
AP410	12/93	AP411	08/91				

Note: Collision Damage Coverage to Rental Vehicles Provided. Yes No

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CINCINNATI INSURANCE COMPANY
Cincinnati, Ohio 45214

AUTOMOBILE SCHEDULE

AGENCY: LAUREL INSURANCE MANAGEMENT, INC.
INSURED: ANDREW M. WILLS DEA
ATTACHED TO POLICY NUMBER: CAA7687478

39-075
STATE: PENNSYLVANIA
EFFECTIVE: 01-11-1997

LIMITS BODILY INJURY - LM PROPERTY DAMAGE - INCLUDED
MED PAY - N/A UM/UM - 100,000:100,000:STPC
AFPB 5,000 N/A 1,500 10,000 W/W/W
EXT. MED. BEN. N/A

de

1. 1970 FORD DUMP TRUCK SER #: 3042 C/N: 0
CLASS: 31169 COMP: N/A COLL: N/A TERR: 52

BI PD MED COMP COLL UM AFPB EMB TOT
254 INCL N/A N/A N/A 17 23 N/A N/A N/A N/A 294

2. 1987 BUICK RIVIERA SER #: 3748 C/N: 12000
CLASS: 7391 COMP: 100 DED COLL: N/A TERR: 52

BI PD MED COMP COLL UM AFPB EMB TOT
350 INCL N/A 51 N/A 31 32 N/A N/A N/A N/A 454

3. 1978 INTER'L TRI-AXLE SER #: 2147 C/N: 0
CLASS: 31199 COMP: N/A COLL: N/A TERR: 52

BI PD MED COMP COLL UM AFPB EMB TOT
457 INCL N/A 100 N/A 17 23 N/A N/A N/A N/A 507

2-3-97

4. 1983 BUICK SKYLARK SER #: 0090 C/N: 0
CLASS: 7391 COMP: N/A COLL: N/A TERR: 52

BI PD MED COMP COLL UM AFPB EMB TOT
550 INCL N/A N/A N/A 31 32 N/A N/A N/A N/A 413

5. UNEMPLOYED AND NONOWNED AUTO 0 TO 5 EMPLOYEES

BI PD MED COMP COLL UM AFPB EMB TOT
32 INCL N/A N/A N/A N/A N/A N/A N/A N/A N/A 32

TOTALS

BI PD MED COMP COLL UM AFPB EMB TOT
1453 0 0 51 0 98 110 0 0 0 0 1710

Add 1986 Chev Pu 26 CER14H561150717

Add 78 Int'l Tri-axle 19664

SA 315 (be) - 11-8810

Add 89 Ford Dump ~~3147~~ 55853

ACTIVITY: 01-08-1997
RATEBOOK: 11-01-1996

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
7/14/1997

PRODUCER
Laurel Ins. Management, Inc.
P.O. Box 324
Carrolltown, PA 15722-0324
(814) 344-6506

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 A	Cincinnati Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
A. Wills Trucking
769 Carl Road
Dysart Pa 16636

COVERAGES

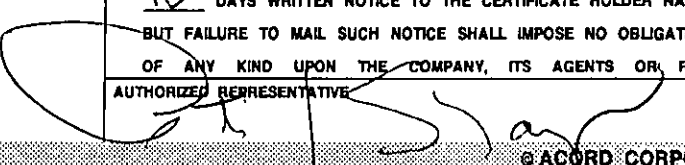
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

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 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 EXP (Any one person) \$								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAP 765 74 76	01/11/97	01/11/98	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				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				EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - POLICY LIMIT	\$	EL DISEASE - EA EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE - POLICY LIMIT	\$												
EL DISEASE - EA EMPLOYEE	\$												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Description: Trucking
Certificate for proof of insurance for PUC Filing (Form E)

CERTIFICATE HOLDER
Pennsylvania Public Utility Comm
Bureau of transportation & Safety
Insurance Unit, PO Box 3265
Harrisburg PA 17105-3265

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 



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

IN REPLY PL
REFER TO CU

August 8, 1997

ANDREW A WILLS
T A WILLS TRUCKING
769 CARL ROAD
DYSART PA 16636

CORRECTED LETTER

In re: A-00114154 - Application of Andrew A. Wills, t/d/b/a Wills Trucking

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of August 9, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before August 25, 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
Applications Review Section
Bureau of Transportation & Safety

PSM:lg

