

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

008  
14

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

**For PUC Use Only**

Docket No. \_\_\_\_\_

Folder No. \_\_\_\_\_

762721

**DOCKETED**  
APPLICATION DOCKET

OCT 01 1997

ENTRY No. TZ

RECEIVED  
PROthonotary's OFFICE

97 SEP 24 AM 9:59

57 SEP 24 PM 2:57

1. Thomas J. Cogle  
(Full and correct name in which you intend to operate)

2. T. J. Cogle Trucking  
(Trade name, if any)

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

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

3. 521 Wood St. 610/967-6575  
(Physical Address) (Telephone No.)

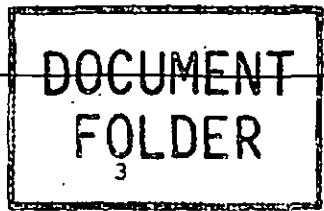
Emmaus Lehigh PA 18049  
(City) (County) (State) (Zip)

4. P.O. Box 389  
(Mailing Address; if different)

Emmaus Lehigh PA 18049  
(City) (County) (State) (Zip)

5. \_\_\_\_\_  
(Attorney's Name) (Telephone Number)

\_\_\_\_\_  
(Attorney's Address)



A-114311

4 25  
Prop  
Review  
JMS GK

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

No.   MC275051  

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

issued by           N/A          .

(attach copy)

8. Approximate number of commercial vehicles to be operated

intrastate: owned       7       leased       2      

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.

# 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.

Thomas J. Cogle            9.22-97  
(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.

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.

# ACORD INSURANCE BINDER

DATE (MM/DD/YY)

9-12-97

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

PRODUCER PBI Agency, Inc. P.O. Box 996 Erie, PA 16512-0996	PHONE (A/C, No, Ext):	COMPANY Great West Casualty Company	BINDER # 1 of 1
EFFECTIVE DATE: 9-12-97		TIME: 12:01	EXPIRATION DATE: 11-12-97
		AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>
		NOON <input type="checkbox"/>	12:01 AM <input checked="" type="checkbox"/>

CODE:	SUB CODE:	X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <del>XXXX</del> CLP73439A
AGENCY CUSTOMER ID:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) PUC #A - New Application	
INSURED Thomas J. Cogle T/A dba - T. J. Cogle Trucking P.O. Box 389 Emmaus, PA 18049		

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS		
		AMOUNT	DEDUCTIBLE	COINS %
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC		GENERAL AGGREGATE	\$ 1,000,000	
		PRODUCTS - COMP/OP AGG	\$ 1,000,000	
		PERSONAL & ADV INJURY	\$ 1,000,000	
		EACH OCCURRENCE	\$ 1,000,000	
		FIRE DAMAGE (Any one fire)	\$ 50,000	
		MED EXP (Any one person)	\$ 5,000	
		COMBINED SINGLE LIMIT	\$ 1,000,000	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
	MEDICAL PAYMENTS	\$		
	PERSONAL INJURY PROT	\$ 5,000		
	UNINSURED MOTORIST	\$ 35,000		
		\$		
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:			
<b>AUTOMOBILE LIABILITY</b> <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				
<b>AUTO PHYSICAL DAMAGE DEDUCTIBLE</b> <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT <input type="checkbox"/> OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$		

SPECIAL CONDITIONS/ OTHER COVERAGES: Motor Cargo  
 \$ 50,000 per vehicle  
 \$100,000 per occurrence  
 \$ 1,000 deductible

<b>NAME &amp; ADDRESS</b>  PA PUC P.O. Box 3265 Harrisburg, PA 17105-3265	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Carol Keck</i>	



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

IN REPLY PLEASE  
REFER TO OUR FILE

October 17, 1997

THOMAS J COUGLE  
T J COUGLE TRUCKING  
PO BOX 389  
EMMAUS PA 18049

DOCKETED APPLICATION DOCKET  OCT 17 1997  ENTRY No. <u>72</u>
--

In Re: A-00114311 - Application of Thomas J. Cogle.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of October 11, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before October 27, 1997.

If comments are filed you will be advised as to the procedure.

**You are not now authorized to provide intrastate service. You will receive notification as to when you may begin providing service.**

Very truly yours,

Peter S. Marzolf, Supervisor  
Technical Unit - Compliance Office  
Bureau of Transportation and Safety

PSM:tz

cc: Document Folder

