

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

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97 OCT - 8 PM 1:57
97 OCT - 7 AM 8:08

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PROTHONOTARY'S OFFICE

For PUC Use Only
Docket No. <u>A-114332</u>
Folder No. _____

1. MINTZ TRUCKING INC
(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. 840 ALTER Street (717) 454-8750
(Physical Address) (Telephone No.)

Hazleton (LuZerne) PA 18201
(City) (County) (State) (Zip)

4. _____
(Mailing Address; if different)

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

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET

OCT 15 1997

ENTRY No. 8/5

18

5. Applicant APPLIED FOR 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)

Corporation. Organized under the laws of the State of PA and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on July 28, 1997 (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.

TODD MINTZ [Signature] 10/5/97
(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).

TODD MINTZ President / Secretary / Treasurer
840 ALTER STREET
HAZLETON PA 18201

TODD + JANINE MINTZ - 100 SHARES

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.

9757-1153

- 7. Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. ~~Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is:~~ _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 7/81 day of July, 1997

Todd Mintz
 (Signature)
 TODD MINTZ

 (Signature)

NUMBER
1



SHARES
100

MINTZ TRUCKING, INC.

INCORPORATED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA

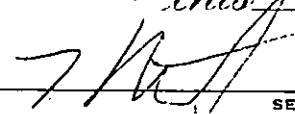
Authorized Shares 1,000 Without Par Value

This Certifies that TODD MINTZ and JANINE MINTZ, his wife, are is the
as Tenants by the Entireties^(INITIALS)
owner of ONE HUNDRED Shares of
MINTZ TRUCKING, INC.

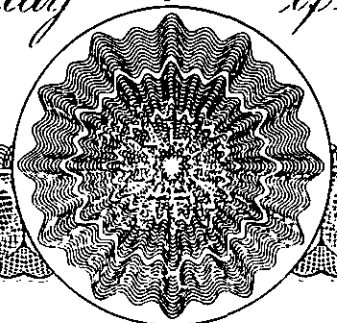
*full paid and non-assessable, transferable only on the books of the Corporation
in person or by Attorney upon surrender of this Certificate properly endorsed.*

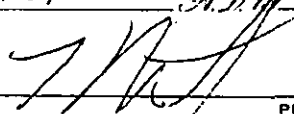
*In Witness Whereof, the said Corporation, has caused this Certificate to be signed
by its duly authorized officers, and its Corporate Seal to be hereunto affixed*

this 22 *day* of August A.D. 19 97



M. BURR KEIM, PHILA.
SECRETARY





PRESIDENT

COMMERCIAL AUTO COVERAGE PART BUSINESS AUTO COVERAGE FORM DECLARATIONS

CA 00 02 12 90

The Declarations include a second part designated "Part 2."

Policy No. MPP 115 985

Effective Date: 05/03/97

12:01 A.M., Standard Time

ITEM ONE - Named Insured and Mailing Address/Policy Period—shown in Policy Declarations.

Form of Business: Individual Partnership Corporation Other _____

ITEM TWO - SCHEDULE OF COVERAGES - 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 Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered under)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 750,000	\$5930.
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault cov.)	7	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$ 114.
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	7	\$ 350,000	\$ 288.
UNDERINSURED MOTORISTS <small>(Limit not included in UM Cov.)</small>	7	\$ 350,000	\$ INCLUDED
P H Y S I C A L D A M A G E	COMPREHENSIVE COVERAGE	STATED AMOUNT \$, ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS,	\$
	SPECIFIED CAUSES OF LOSS COVERAGE	MINUS \$ Deductible MINUS \$ Ded. FOR EACH COVERED AUTO	\$
	COLLISION COVERAGE	STATED AMOUNT \$, ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO	\$
	TOWING AND LABOR <small>(Not available in California)</small>	\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †: CA190 - (X) (12/90), CA0001 (12/93), BA130 (01/91), UND19 (02/91), CA0180 (03/95), CA0302 (12/93), CA2192 (11/95), CA2193 (11/95), CA2237 (03/95), IL0246 (06/89), IL0910 (01/81)			
PREMIUM FOR ENDORSEMENTS			\$
ESTIMATED TOTAL PREMIUM			\$ 6,332.00

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	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 New	Actual Cost &	New (N) Used (U)			
1	SEE ATTACHED CA190-X(12/90)							
2								
3								
Covered Auto No.	CLASSIFICATION							Except for towing all physical damage 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 a = service r = retail c = commercial	Size GVW, GCW or vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	
1								
2								
3								

COVERAGES - PREMIUMS, LIMITS, AND DEDUCTIBLES												
<small>(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)</small>												
Covered Auto No.	LIABILITY	P.I.P. or P.P.I.	ADDED P.I.P.	AUTO MED. PAY	PHYSICAL DAMAGE	COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION		TOWING & LABOR
	Premium	Premium	Premium	Premium	STATED* AMOUNT LIMIT	Limit** minus deductible shown below	Premium	Limit** minus deductible shown below	Premium	Limit** minus deductible shown below	Premium	Premium
1												
2												
3												
TOTAL PREM.					XXXXXXXX	XXX		XXX		XXX		
Add'l Coverage(s)—Premium, Limit, Deductible:				*Not applicable to Towing and Labor				**Limit stated in ITEM TWO.				

CA 160 (1)-X (Ed. 12-90)

† Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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ORIGINAL



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

IN REPLY PLEASE
REFER TO OUR FILE

October 27, 1997

MINTZ TRUCKING INC
840 ALTER STREET
HAZLETON PA 18201

In re: A-00114332 Application of Mintz Trucking, Inc.

Dear Sir or Madam:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of October 25, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before November 10, 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
Compliance Office
Bureau of Transportation & Safety

GET/gt

