

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

**For PUC Use Only** *7027 ZC*

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

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

**DOCKETED**  
APPLICATION DOCKET

OCT 07 1997

ENTRY No. *TC*

97 SEP 24 AM 11:00  
00843

97 SEP 23 AM 9:10

RECEIVED  
PUC OFFICE

1. MICHAEL GAW TRUCKING  
(Full and correct name in which you intend to operate)

2. Michall L. Gaw  
(Trade name, if any)

The trade name, if fictitious, \_\_\_\_\_ been registered  
(has or has not)

Secretary of the Commonwealth on \_\_\_\_\_ (attach  
date-stamped registration form).

3. RR1 Box 711 717-758-3685  
(Physical Address) (Telephone No.)

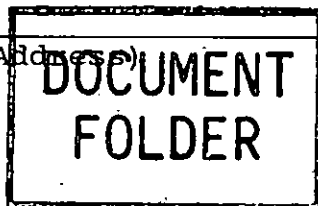
Herndon North'd PA 17830  
(City) (County) (State) (Zip)

4. \_\_\_\_\_  
(Mailing Address; if different)

\_\_\_\_\_  
(City) (County) (State) (Zip)

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

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



*A-114323*

*375 prep used by cargo*

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 1 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.

97 SEP 24 AM 11:00

# 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.

MICHAEL L GAW      Michael L GAW      8/3/97  
(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.

LINCOLN GENERAL INSURANCE COMPANY  
350 WHITEFORD ROAD, YORK, PENNSYLVANIA 17403

PRIMARY AUTO PACKAGE DECLARATIONS

ITEM ONE:  
ISSUED TO:

Michael Gaw Trucking  
R R # 1 Box 711  
Herndon, Penna. 17830

PARTNERSHIP

POLICY PERIOD:

FROM: 09/01/97 TO: 09/01/98

AGENT OR BROKER:  
5468

LEITZEL'S INSURANCE AGENCY  
R.R. 1, BOX 840  
HERNDON PA 17830

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

THIS POLICY DOES NOT PROVIDE COLLISION DAMAGE TO RENTAL VEHICLES

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 in 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 Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (entry of one or more symbols from the COVERED AUTOS Section of Truckers Coverage Form show which autos are covered autos.)	LIMIT	
		THE MOST HE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY INSURANCE	46	\$ 750,000	2,879
PERSONAL INJURY PROTECTION (or equivalent)	46	Separately stated in each endorsement - minus deductible	91
ADDED PERSONAL INJURY PROTECTION (or equivalent)	46	Separately stated in each add'l P I P endorsement	6
AUTO MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS	46	\$ 35,000	7
UNDERINSURED MOTORISTS (does not incl. in UM Cov)	46	\$ 35,000	1
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	46	Actual cash value or cost of repair, whichever is less, minus \$1500 Schld for each covered auto but no ded applies to loss caused by fire or lightning. See ITEM FOUR for hired or borrowed autos.	847
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$1500 Schld for each covered auto. See ITEM FOUR for hired or borrowed autos.	
PHYSICAL DAMAGE COLLISION COVERAGE	46	Actual cash value or cost of repair, whichever is less, minus \$1500 Schld for each covered auto. See ITEM FOUR for hired or borrowed autos.	1,187
PHYSICAL DAMAGE TOWING & LABOR (N/A in PA)		\$ for each disablement of private passenger auto.	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: SEE ENDORSEMENT SCHEDULE		GENERAL LIABILITY COVERAGE	
		PREMIUM FOR ENDORSEMENTS	
		MISCELLANEOUS CHARGES	
		ESTIMATED PREMIUM	9,149

\* Home at time of issue.



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

IN REPLY PLEASE  
REFER TO OUR FILE

October 22, 1997

MICHAEL L GAW  
MICHAEL GAW TRUCKING  
RR #1 BOX 711  
HERNDON PA 17830

DOCKETED APPLICATION DOCKET  OCT 22 1997  ENTRY No. <u>72</u>
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In Re: A-00114323 - Application of Michael L. Gaw.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of October 18, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before November 3, 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

