

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

~~001082~~

97 AUG -8 AM 11:59

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY
PROTHONOTARY'S OFFICE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	702670
Docket No.	_____
Folder No.	_____

DOCKETED
APPLICATION DOCKET
AUG 18 1997
ENTRY No. <u>72</u>

- Jerome M. Golden, III
(Full and correct name in which you intend to operate)
- ANJ Contractors
(Trade name, if any)

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

Secretary of the Commonwealth on * 10-15-96 (attach date- stamped registration form).

- 313 Forest Avenue * 215/657-1962
(Physical Address) (Telephone No.)
Willow Grove * Montgomery PA 19090
(City) (County) (State) (Zip)

- (Mailing Address; if different)

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

- (Attorney's Name) (Telephone Number)

(Attorney's Address)

*75
Middle
It's expired*

A-114205

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.

ACORD INSURANCE BINDER

DATE (MM/DD/YY)
7-24-97

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 Cas. co.	BINDER # 1 of 1
CODE:	SUB CODE:	DATE EFFECTIVE 6-24-97	TIME 12:01
AGENCY CUSTOMER ID:	INSURED Jerome M. Golden, III dba ANJ Contractors 313 Forest Avenue Willow Grove, PA 19090	EXPIRATION DATE 8-24-97	TIME 12:01 AM
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: XXXXX CLP76601A		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) PUC #A - New Application	

COVERAGES	TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %	
PROPERTY	CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT		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	\$ 100,000			
		UNINSURED MOTORIST	\$ 100,000			
			\$			
AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	ACTUAL CASH VALUE			
			<input checked="" type="checkbox"/> STATED AMOUNT	\$		
			OTHER			
AUTO PHYSICAL DAMAGE	DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/>	AUTO ONLY - EA ACCIDENT	\$		
			OTHER THAN AUTO ONLY:			
			EACH ACCIDENT	\$		
			AGGREGATE	\$		
GARAGE LIABILITY	ANY AUTO		EACH OCCURRENCE	\$		
			AGGREGATE	\$		
EXCESS LIABILITY	UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION	\$		
			STATUTORY LIMITS			
			EACH ACCIDENT	\$		
			DISEASE - POLICY LIMIT	\$		
			DISEASE - EACH EMPLOYEE	\$		

SPECIAL CONDITIONS/OTHER COVERAGES: Motor Cargo \$ 50,000 per vehicle \$ 100,000 per occ. \$ 1,000-ded.

NAME & ADDRESS PA PUC P.O. Box 3265 Harrisburg, PA 17105-3265	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Carol Frank</i>	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Microfilm Number

966B-1161

Filed with the Department of State on

OCT 15 1996

Entity Number

2719416

Gracie Kasper

Secretary of the Commonwealth

DH

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: A.N.J. Contractors

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Subcontractor
Hauling of crushed stone, blacktop, dirt, etc. or hauling from jobsites

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):
313 Forest Ave Willow Grove PA 19090 Montgomery
Number and Street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:
Name Number and Street City State Zip
Jerome M Golden III 313 Forest Ave Willow Grove PA 19090

5. Each entity, other than an individual, interested in such business is (are):
Name Form of Organization Organizing Jurisdiction Principal Office Address Pa. Registered Office, if any
N/A

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

PA DEPT. OF STATE

OCT 15 1996

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed
this 4 day of October, 1996.



(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____



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

IN REPLY PL
REFER TO OU

JEROME M GOLDEN III
ANJ CONTRACTORS
313 FORREST AVENUE .

In re: A-00114205, Application of James M. Golden, III, t/a ANJ Contractors

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of September 13, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before September 29, 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

PSM:lg

cc: applicant

DOCKETED APPLICATION DOCKET SEP 22 1997 ENTRY No. <u>TR</u>
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