

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

131845

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	702926
Docket No.	_____
Folder No.	_____

DOCKETED
APPLICATION DOCKET
FEB 12 1998
ENTRY No. <u>12</u>

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REGISTRAR'S OFFICE

98 FEB -9 AM 11:51

FEB 13 1998

1. JOHN M. EICHENLAUB
(Full and correct name in which you intend to operate)

2. BRAVE CONSTRUCTION
(Trade name, if any)

The trade name, if fictitious, HAS been registered with the Secretary of
(has or has not)

the Commonwealth on FEB 24 1997 (attach copy of date-stamped registration
(Date) form).

3. 5 McAUTHOR LANE EXT. 724-265-5800
(Physical Address) (Telephone No.)

RUSSELTON ALLEGHNEY PA 15076
(City) (County) (State) (Zip)

4. PO Box 149
(Mailing Address; if different)

ALLISON PARK ALLEGHNEY PA 15101
(City) (County) (State) (Zip)

DOCUMENT
FOLDER

A-114660

25
Karee Neal
JWS exp.
12-

5. Applicant Does Not 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 6 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 _____ 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 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.

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

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.

JOHN M. EICHENLAUB John M. Eichenlaub 2-22-98
(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).

(Do not use a binder for Claims-Made Policy, Business Catastrophe or Fidelity and Surety)

TYPE OF INSURANCE: PRIV. PASS. AUTO GARAGE PERSONAL LIABILITY COMMERCIAL LIABILITY WORKERS COMP.
 COMMERCIAL AUTO PERSONAL PROPERTY COMMERCIAL PROPERTY

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

NAME AND ADDRESS OF AGENCY: William J. Slagel, Jr., Inc.
P.O. Box 34
Allison Park, PA. 15101

AGENT'S NO.: AA5213

COMPANY: ERIE INSURANCE EXCHANGE
 ERIE INSURANCE COMPANY
 ERIE INSURANCE PROPERTY & CASUALTY COMPANY

EFFECTIVE (Time) 12:01 a.m. 2 / 1 / 19 98
 EXPIRES (Time) 12:01 a.m. 3 / 1 / 19 98

IF AUTO IN OH/WV: Preferred Standard

A Binder may not be in force for more than 30 days (60 days for VA 1-4 family dwellings).

NAME AND MAILING ADDRESS OF INSURED: Brave Construction
John Eichenlaub D/B/A
P.O. Box 149
Allison Park, PA. 15101

NAME OF POLICY (Family Personal Auto, Broadcover HP, etc.): Inland Marine...Commercial

DESCRIPTION OF OPERATION/VEHICLE(S) - Incl. Year, Make & complete VIN no./PROPERTY: Motor Cargo and Insurance Liability

Agent must mail Home Office copy of this Binder to the Home Office within 24 hours of the effective time above.

PROPERTY	OCCUPANCY AND LOCATION OF PROPERTY	COVERAGE / PERILS / FORMS (Bldg., Personal Property, etc.)	AMT. OF INSURANCE	DED.	COINS. %
		Same & Various	All Risk	\$ 5,000 Per Vehicle (4 Vehicles)	500

If Home Protector/Homeowner, also indicate Liab. and Med. Payments below.

LIABILITY	TYPE OF INSURANCE	COVERAGE / FORMS	LIMITS OF LIABILITY		
			Each Occurrence	Aggregate	
	<input type="checkbox"/> PREMISES/OPERATIONS INCLUDING PERSONAL INJURY <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER (Specify Below) _____ Per Person <input type="checkbox"/> MED. PAY \$ _____ Per Person <input type="checkbox"/> SEPARATE PRODUCTS/COMPLETED OPERATIONS LIMITS		PERSONAL INJURY (BODILY INJURY) \$ _____,000 PROPERTY DAMAGE \$ _____,000 PERSONAL INJURY & PROPERTY DAMAGE COMBINED \$ _____,000	\$ _____,000 \$ _____,000 \$ _____,000	\$ _____,000 \$ _____,000 \$ _____,000

AUTOMOBILE	COVERAGES	LIMITS OF PROTECTION	COVERAGE	LIMITS OF PROTECTION	
				Each Person	Each Accident
	<input type="checkbox"/> LIABILITY (Commercial Auto/Garage: <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned) <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION <input type="checkbox"/> MEDICAL PAYMENTS <input type="checkbox"/> UNINS/UNDERINS. MOTORISTS (BI) (IF APPLICABLE) (PD) <input type="checkbox"/> PERSONAL INJURY PROTECTION <input type="checkbox"/> FIRST PARTY BENEFITS (PA) <input type="checkbox"/> ROAD SERVICE <input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> \$ _____ DEDUCTIBLE <input type="checkbox"/> \$ _____ DEDUCTIBLE <input type="checkbox"/> \$ _____,000 Each Person <input type="checkbox"/> \$ _____,000 Each Person <input type="checkbox"/> \$ _____,000 Each Accident <input type="checkbox"/> \$ _____ Deductible <input type="checkbox"/> Med _____,000; <input type="checkbox"/> Income Loss _____ / _____,000 <input type="checkbox"/> Comb Pkg. <input type="checkbox"/> Funeral _____,500; <input type="checkbox"/> Acc'l Death _____,000; <input type="checkbox"/> Extraordinary Medical	RATE CLASS (A1AS, etc.) _____ BODILY INJURY PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ _____,000	\$ _____,000 \$ _____,000 \$ _____,000

WORKERS COMPENSATION - Specify State(s) _____
 EMPLOYERS LIABILITY - Statutory Limits Other \$ _____

OTHER COVERAGES/COMMENTS:

NAME AND ADDRESS OF: MORTGAGEE OR LEINHOLDER CERTIFICATE HOLDER

IS ABOVE INSURED PRESENTLY A POLICYHOLDER? YES NO

IF YES, Policy No. Q03-2430256 P

Signature of Authorized Agent: _____ Date: 2/01/98

INSTRUCTIONS

Automobile Binder – Give year, make, body type model, vehicle identification number, cost to purchaser, date bought and if new or used. If a truck, also give gross vehicle weight or gross combined weight, usage and cost new.

Garage Binder – Give limits and coverages under Other Coverages/Comments. If specified autos are to be insured, show vehicles under "Description of Operation/Vehicle(s)/Property."

Fire, HomeProtector, Homeowner or Commercial Property Binder – Give number of stories, type of roof, building construction and occupancy, and location (street and number, town, township and county; if it has no street address, tie location to a permanent landmark). If contents, also give type of contents. Also include limits for personal liability.

CGL, Commercial Crime or Burglary or Robbery Binder – Give type of business and location.

Contractors or Fivestar Binder – Give type of business and description of operations.

Plate Glass Binder – Give location of glass in building and address.

ADDITIONAL BINDER CONDITIONS

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

This binder will remain in force as stipulated by the expiration date (subject to a maximum of 30 days) on the reverse side unless:

1. a policy has been issued in the meantime by The ERIE, in lieu of this binder; or
2. the binder has been cancelled by the Insured; or
3. the binder has been cancelled by The ERIE. When The ERIE cancels, notice will be given to the Insured, and if additional interests are covered, to the Mortgagee, Lienholder, or Certificate Holder. (For Maryland owner-occupied residential real property, a 10-day written notice will be sent to the lender and the borrower prior to the cancellation date of this binder.)

Whenever a cancellation occurs, the Insured will be charged a prorata premium (subject to the applicable minimum premium) for the period of time coverage was afforded.

VIRGINIA-POLICIES COVERING 1-4 FAMILY RESIDENCES ONLY

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

This binder will remain in force as stipulated by the expiration date (subject to a maximum of 60 days) on the reverse side unless:

1. a policy has been issued in the meantime by The ERIE, in lieu of this binder; or
2. the binder has been cancelled by the Insured; or
3. the binder has been cancelled by The ERIE. When The ERIE cancels, notice will be given to the Insured, and if additional interests are covered, not less than 10 days written notice will be given to the Mortgagee.

Whenever a cancellation occurs, the Insured will be charged a prorata premium (subject to the applicable minimum premium) for the period of time coverage was afforded.

AGENT: It is your responsibility to ensure the Mortgagee receives a copy of the policy within 45 days of the binder's effective date.

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 2-19-97 day of February, 1997.

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

BRAVE CONSTRUCTION

(Name of Entity)

(Name of Entity)

BY: John M. Eichenlaub
John M. Eichenlaub

BY: _____

TITLE: President

TITLE: _____

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

100

BRAVE CONSTRUCTION

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2740677

MICROFILM NUMBER: 09716

0505-0506

RUSSELL C MILLER ESQ
4767 WILLIAM FLYNN HIGHWAY
ALLISON PARK PA 15101



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

IN REPLY PLEASE
REFER TO OUR FILE

February 18, 1998

JOHN M EICHENLAUB
BRAVE CONSTRUCTION
PO BOX 149
ALLISON PARK PA 15101

In Re: A-00114660 - BRAVE CONSTRUCTION.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 28, 1998.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 16, 1998.

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

