

McNERNEY, PAGE, VANDERLIN & HALL

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433 Market Street
P.O. Box 7
WILLIAMSPORT, PA 17703
717-326-6555
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Halls Station Office
R.D. #6, Box 260-1
MUNCY, PA 17756-9356
717-546-5111
FAX 717-546-7561

Joseph M. McNERney
1939-1967
Allen P. Page, Jr.
1949-1975

REPLY TO:
HALLS STATION

July 28, 1998

Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

Dear Sir/Madam:

Enclosed herewith is the following documents:

Application of David A. Stryker for authority to transport property for compensation, proof of insurance together with the filing fee.

Thank you for your attention. If you have any questions concerning this matter, please do not hesitate to contact me.

Very truly yours,

McNERNEY, PAGE, VANDERLIN & HALL



Brett Feese

100140

BF/klb

Enclosures

RECEIVED
SECRETARY'S BUREAU

98 JUL 29 11 9:09

11

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

16013

<p>For PUC Use Only</p> <p>Docket No. <u>A-115178</u></p> <p>Folder No. _____</p>
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RECEIVED
SECRETARY'S BUREAU

98 JUL 30 11 9:09

1. David A. Stryker
(Full and correct name in which you intend to operate)

2. D.A. Stryker Trucking and Excavating
(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. 500 Firetower Road (717) 435-5188
(Physical Address) (Telephone No.)

Muncy, Lycoming County, Pennsylvania, 17756
(City) (County) (State) (Zip)

4. Same as above.
(Mailing Address; if different)

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

5. Brett Feese, Esquire (717) 546-5111
(Attorney's Name) (Telephone Number)

R.R. #6, Box 260-1, Muncy, PA 17756
(Attorney's Address)

<p>DOCKETED</p> <p>APPLICATION DOCKET</p> <p>AUG 05 1998</p> <p>ENTRY No. <u>12</u></p>
--

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 4 leased 0

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

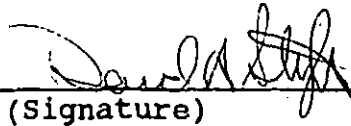
- a. Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant 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.

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.

David A. Stryker



7-20-98

(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.

EXEMPT FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that David A. Stryker
(Name of Carrier)
holding P.U.C. authority at Application Docket No. A- 115178
is exempt from P.U.C. Cargo Insurance regulations for the following reasons:

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amosite, and similar construction materials.
- The value of any one load being transported will not be more than \$500.

David A. Stryker
(Signature of Individual, Partner or Corporate Officer)

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and the facts set forth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S. Sec 4904 relating to unsworn falsification to authorities.

Dated 7-20-9F

David A. Stryker
(Signature)

David A. Stryker
(Print Name)

PLEASE RETURN TO:

PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
FINANCIAL RESPONSIBILITY SECTION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

gan to [signature]

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
7/20/98

PRODUCER
Ronald R. Enders & Sons, Inc.
301 Allegheny Street
PO Box 5108
Jersey Shore, PA 17740

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
David A. Stryker T/A
D A Stryker Trucking & Excavating
500 Firetower Road
Muncy, PA 17756

INSURER A: Harleysville Mutual Insurance Co
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA 1B 27 90	07/19/98	07/19/99	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Ronald R. Enders

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

DAVID A STRYKER
T/A D A STRYKER TRUCKING & EXCAVATING
500 FIRETOWER RD
MUNCY PA 17756

DATE 8/18/98
RECEIPT # 194783

IN RE: Application fees for DAVID A STRYKER T/A D A STRYKER TRUCKING &
EXCAVATING

Docket Number A-00115178..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: mb&tccc 95798

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
AUG 20 1998

004847

EEF

RECEIVED
SECRETARY'S BUREAU
98 AUG 20 11:11