

Before the Pennsylvania Public Utility Commission

APPLICATION  
MOTOR COMMON CARRIER OF PROPERTY

703656

1. S. Andronis Trucking Stephen M. Andronis  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

045159

2. \_\_\_\_\_  
TRADE NAME IF ANY  
The trade name, if fictitious, \_\_\_\_\_ been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_ Attach a date  
stamped copy of the registration form.

3. Troy Bradford, 16947 570-297-3568  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code)

4. RR3 Box 96 Troy PA 16947  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. \_\_\_\_\_  
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of  
process mailed directly to you.)

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY  
99 MAR 31 AM 8:58  
MAR 30 AM 7:46  
RECEIVED  
SECRETARY'S BUREAU

ATTORNEY'S ADDRESS

DOCKETED  
APPLICATION DOCKET

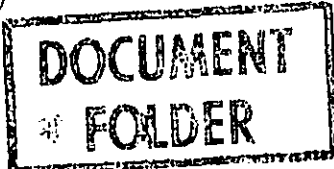
APR 02 1999

6. APPLICANT does not HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER \_\_\_\_\_

ENTRY No. T2

7. APPLICANT does not HAVE A CURRENT SAFETY RATING  
(does or does not )  
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY  
AGENCY. (ATTACH COPY)

25  
Prop RG  
needs E  
camp Waver



A-115762

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 7 LEASED 1

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL PARTNERS BELOW:

\_\_\_\_\_

(Attach a separate sheet if space provided is not sufficient.)

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 A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)

COPY OF CURRENT SAFETY RATING (IF AVAILABLE)

PROOF OF INSURANCE (See item 5 on instruction sheet).

CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK.

**11. CERTIFICATION:**

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 SAID TRANSPORTATION UNLESS AND UNTIL AUTHORIZATION IS RECEIVED FROM THE PENNSYLVANIA PUBLIC UTILITY COMMISSION.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THE REQUIREMENTS OF THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, ESPECIALLY AS THEY RELATE TO SAFETY AND INSURANCE AND THAT IT MAY BE SUBJECT TO CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THAT IT IS SUBJECT TO AN ANNUAL ASSESSMENT BASED UPON ITS REPORTED GROSS PENNSYLVANIA INTRASTATE REVENUES; SAID ASSESSMENT TO HELP DEFRAY EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF PROPERTY; AND ACKNOWLEDGES THAT FAILURE TO REPORT REVENUE AND PAY ITS ANNUAL ASSESSMENT MAY RESULT IN CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE.

**VERIFICATION OF APPLICATION**

I/WE HEREBY STATE THAT THE STATEMENTS MADE IN THIS APPLICATION IS/ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

THE UNDERSIGNED UNDERSTANDS THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S. SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Stephen Andrulonis      *Step Andr*      3-29-99  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

J. Andrulonis Trucking      3-29-99

THE VERIFICATION OF THE APPLICATION MUST BE COMPLETED BY THE APPLICANT APPEARING ON LINE 1 OF THE APPLICATION BY THE NAMED INDIVIDUAL, ALL PARTNERS IF A PARTNERSHIP OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

MINIMUM LIMITS OF INSURANCE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED  
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

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Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

**EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS**

This is to advise that S. Andronis Trucking  
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- \_\_\_\_\_  
(If available)

is exempt from Cargo Insurance Regulations for the following reasons  
(Check all that apply):



All transportation will be provided in dump trucks.



All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.



The value of any one load being transported will not be more than \$500.00 in value.

Step D Andronis S. Andronis Trucking  
Signature of Individual, Partner or Corporate Officer.

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**Verification of Statement**

The undersign 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 setforth 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. 409 relating to unsworn falsification to authorities.

Date 3-29-99

Step D Andronis

(Signature)

Stephen Andronis S. Andronis Trucking

(Print Name)

Please return to:

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

# INSURANCE BINDER

DATE (MM/DD/YY)  
3/29/99

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

| <b>PRODUCER</b><br>INTERSTATE INSURANCE MANAGEMENT, INC.<br>2307 MENCHER BOULEVARD<br>JOHNSTOWN, PA 15905                           | <b>PHONE:</b> (814) 265-7878<br><b>COMPANY</b><br>EMPIRE FIRE & MARINE<br><b>BINDER #</b><br>CL638163   |   |           |   |      |            |      |         |       |   |         |   |  |
|---|---|---|-----------|---|------|------------|------|---------|-------|---|---------|---|--|
| <b>CODE:</b><br>AGENCY CUSTOMER ID:<br>INSURED<br>STEPHEN ANDRULONIS DBA<br>S. ANDRULONIS TRUCKING<br>R.R.3 BOX 88<br>TROY PA 18947 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>DATE</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td>3/30/99</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM<br/><input type="checkbox"/> PM</td> <td>3/30/00</td> <td><input checked="" type="checkbox"/> 12:01 AM<br/><input type="checkbox"/> NOON</td> <td></td> </tr> </table> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:<br>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)<br>1994 MACK TRI-AXLE DUMP TRUCK #1M2AD62C1RW002154 | DATE  | EFFECTIVE | TIME  | DATE | EXPIRATION | TIME | 3/30/99 | 12:01 | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | 3/30/00 | <input checked="" type="checkbox"/> 12:01 AM<br><input type="checkbox"/> NOON |  |
| DATE  | EFFECTIVE   | TIME  | DATE      | EXPIRATION  | TIME |            |      |         |       |   |         |   |  |
| 3/30/99   | 12:01   | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | 3/30/00   | <input checked="" type="checkbox"/> 12:01 AM<br><input type="checkbox"/> NOON |      |            |      |         |       |   |         |   |  |
| <b>SUB CODE:</b>  | THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:<br>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)<br>1994 MACK TRI-AXLE DUMP TRUCK #1M2AD62C1RW002154  |   |           |   |      |            |      |         |       |   |         |   |  |

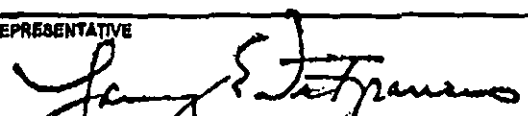
**COVERAGES** **LIMITS**

| TYPE OF INSURANCE   | COVERAGE/FORMS   | DEDUCTIBLE | COINS % | AMOUNT   |
|---|--|------------|---------|--|
| <b>PROPERTY CAUSES OF LOSS</b><br><input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC<br><input type="checkbox"/><br><input type="checkbox"/>   |  |            |         |  |
| <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT<br><input type="checkbox"/><br><input type="checkbox"/> | RETRO DATE FOR CLAIMS MADE:  |            |         | GENERAL AGGREGATE \$<br>PRODUCTS-COMP/OP AGG \$<br>PERSONAL & ADV INJURY \$<br>EACH OCCURRENCE \$<br>FIRE DAMAGE (Any one fire) \$<br>MED EXP (Any one person) \$  |
| <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/>               | PRIMARY LIABILITY  |            |         | COMBINED SINGLE LIMIT \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$<br>MEDICAL PAYMENTS \$<br>PERSONAL INJURY PROT \$ 5,000<br>UNINSURED MOTORIST \$ 35,000 |
| <b>AUTO PHYSICAL DAMAGE</b><br><input checked="" type="checkbox"/> COLLISION: \$ 1,000<br><input checked="" type="checkbox"/> OTHER THAN COL: \$ 1,000  | <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES |            |         | <input type="checkbox"/> ACTUAL CASH VALUE<br><input checked="" type="checkbox"/> STATED AMOUNT \$ 50,000<br><input type="checkbox"/> OTHER  |
| <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/><br><input type="checkbox"/>  |  |            |         | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$  |

|  |                             |   |  |
|--|-----------------------------|---|--|
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: | EACH OCCURRENCE \$<br>AGGREGATE \$<br>SELF-INSURED RETENTION \$ | <input type="checkbox"/> STATUTORY LIMITS<br>EACH ACCIDENT \$<br>DISEASE - EACH EMPLOYEE \$<br>DISEASE - POLICY LIMIT \$ |
| <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>  |                             | FEES \$<br>TAXES \$<br>ESTIMATED TOTAL PREMIUM \$               |  |

**NAME & ADDRESS**

MILESTONE MATERIALS INC.  
 AND ALL PARENTS AND AFFILIATES  
 PO BOX 159  
 MONTOURSVILLE PA 17764

MORTGAGEE  ADDITIONAL INSURED  
 LOSS PAYEE   
 LOAN #  
 AUTHORIZED REPRESENTATIVE  


PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

STEPHEN M ANDRULONIS  
T/A S ANDRULONIS TRUCKING  
RR 3 BOX 96  
TROY PA 16947

DATE 4/ 8/99  
RECEIPT # 195491

IN RE: Application fees for STEPHEN M ANDRULONIS T/A S ANDRULONIS TRUCKING

Docket Number A-00115762..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 69592406207

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

99 APR -9 PM 2:12  
RECEIVED  
SECRETARY'S BUREAU

DOCUMENT  
FOLDER

047432

REGISTERED  
APR 12 1999