

MARK L. TEWES

44 Hemphill Street
Pittsburgh, PA. 15214

TELEPHONE (412) 322-8555

February 22, 1999

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

**IN RE: MOTOR COMMON CARRIER PROPERTY APPLICATION
PLUM CONTRACTING, INC.**

Dear Sir or Madame:

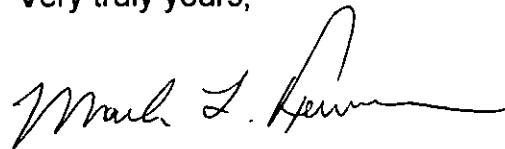
Enclosed are the original and one copy of an application for Motor Common Carrier Property Authority for the above named applicant.

Enclosed are the following:

1. Application Form
2. A certified check for \$100.00 from the applicant to cover the filing fee.

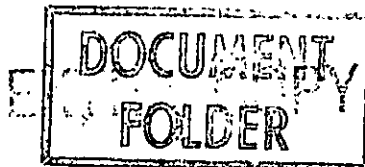
An extra copy of this letter is attached, together with a stamped envelope.
Kindly acknowledge receipt thereon.

Very truly yours,



Mark L. Tewes
(Applicant's Representative)

MLT/jap
Enclosures
cc: Applicant



BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
99 FEB 24 PM 1:30

For PUC Use Only	
Docket No.	<u>115673</u>
Folder No.	_____

1. PLUM CONTRACTING, INC.
(Full and correct name in which you intend to operate)

2. (NONE)
(Trade name, if any)

The trade name, if fictitious, _____ been registered with the Secretary of
(has or has not)
the Commonwealth on _____ (attach copy of date-stamped registration
(Date)
form).

3. 457 DAVIDSON ROAD (412) 793-3870
(Physical Address) (Telephone No.)
PITTSBURGH (ALLEGHENY) PA. 15239
(City) (County) (State) (Zip)

4. (SAME)
(Mailing Address; if different)

*hwy
city*

DOCKETED
APPLICATION DOCKET
MAR 04 1999
ENTR No. _____
(City) (County) (State) (Zip)

DOCUMENT
FOLDER

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 9 leased 2

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 PA and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 8/14/80 (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.

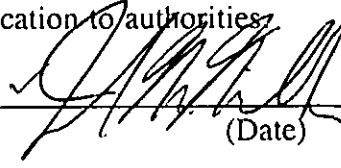
10. Certification

- 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. MILLS (SEC./TREAS)  2/17/99
(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).

Attachment to Question #9

CORPORATE OFFICERS/STOCKHOLDERS

Kitty K. Ekhandt - President
457 Davidson Road
Pittsburgh, PA. 15239
520 Shares Common - (52% of Shares)

John M. Mills - Secretary/Treasurer
457 Davidson Road
Pittsburgh, PA. 15239
160 Shares Common - (16% of Shares)

Gary A. Mills
457 Davidson Road
Pittsburgh, PA. 15239
160 Shares Common - (16% of Shares)

James L. Mills
457 Davidson Road
Pittsburgh, PA. 15239
160 Shares Common - (16% of Shares)

80-47 864
Commonwealth of Pennsylvania
Department of State



CERTIFICATE OF INCORPORATION

Office of the Secretary of the Commonwealth
To All to Whom These Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth is authorized and required to issue a "Certificate of Incorporation" evidencing the incorporation of an entity.

Whereas, The stipulations and conditions of the Law have been fully complied with by

PLUM CONTRACTING, INC. (A CLOSE CORPORATION)

Therefore, Know Ye, That subject to the Constitution of this Commonwealth, and under the authority of the Laws thereof, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, declare and certify the creation, erection and incorporation of the above in deed and in law by the name chosen hereinbefore specified.

Such corporation shall have and enjoy and shall be subject to all the powers, duties, requirements, and restrictions, specified and enjoined in and by the applicable laws of this Commonwealth.

Given under my Hand and the Great Seal of the Commonwealth,
at the City of Harrisburg, this 14th day
of August In the year of our
Lord one thousand nine hundred and eighty
and of the Commonwealth the two hundred fifth



William R. Davis

Secretary of the Commonwealth

GA Commercial Umbrella Declarations

GENERAL ACCIDENT INSURANCE

436 Walnut Street Philadelphia, PA 19105-1109

This policy is issued by the company designated below by the letter X:

General Accident Insurance Company of America 1 Potomac Insurance Company of Illinois 2 The Camden Fire Insurance Association 3

Policy number **CUB 0094470-04**

Renewal of number **CUB 0094470-03**

Item 1
Named Insured and address (no., street, town, county, state, zip code)
**Plum Contracting, Inc.
457 Davidson Road
Pittsburgh, PA 15239**

Form of business
 Individual Partnership Joint venture
 Organization (other than Partnership or Joint venture)
Branch Office or General Agent
Pittsburgh

Agent name
Seubert & Associates, Inc.

Business description
Item 2 **Drainage Contractor**

Agent code
713546

This policy period
Is from **9-1-98** to **9-1-99** 12:01 a.m. Standard Time
at your mailing address

In return for the payment of the Premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Item 3 Limits of insurance and S.I.R.

General aggregate limit (other than products-completed operations or Automobile Hazard) **\$ 10,000,000** Each occurrence limit **\$ 10,000,000**
Products-completed operations aggregate limit **\$ 10,000,000** Self Insured Retention **\$ 10,000**

Item 4
This is an occurrence or claims made _____ policy. If this is a claims made policy, this insurance does not apply to "bodily injury" or "property damage," subject to the claims made provisions of this policy, which occurs before the Retroactive Date shown here:

(Enter Date or "None" if no Retroactive Date applies)

Item 5
Location of all premises you own, rent or occupy: (enter "same" if same as above)
Same

PLEASE READ THIS POLICY AND CONTACT SEUBERT & ASSOCIATES, INC. 612/734-4000 IMMEDIATELY WITH ANY QUESTIONS.

Item 6 Policy number, period, Insurer	Applicable Limits
Employers Liability WC 0198881-04 9-1-98 to 9-1-99 Potomac Ins. Co. of Illinois	Bodily injury by Accident \$ <u>100,000</u> each accident Bodily Injury by Disease \$ <u>100,000</u> each employee Bodily Injury by Disease \$ <u>500,000</u> policy limit
Commercial General Liability CPL 0875888-04 9-1-98 to 9-1-99 Potomac Ins. Co.	General aggregate limits (other than products-completed operations) \$ <u>2,000,000</u> Products-completed operations aggregate limit \$ <u>2,000,000</u> Personal & advertising injury limit \$ <u>1,000,000</u> Each occurrence limit \$ <u>1,000,000</u> Fire damage limit, any one fire \$ <u>100,000</u>

Automobile Liability BA 0144098-04 9-1-98 to 9-1-99
Potomac Ins. Co. Combined Single Limit per accident \$ 1,000,000
Other \$ _____

Item 7 - Premium payable at inception
Advance Premium \$ 7,431 Minimum Premium \$ 7,431 Policywriting Minimum \$ N/A
Rating Basis: **Flat Charge** Class Code No. _____

Audit Period Annual unless otherwise indicated Semi-Annual Quarter Month

Coverage Form **L3100 (9/94)** and Endorsements attached to this Policy. Insert numbers and edition dates.

This Declarations Page, together with the Coverage Form and Endorsements, if any issued to form a part thereof, completes the numbered Policy.
10/8/98 cmd Pittsburgh, PA

Date and place of issue

RECEIVED TIMEMAR. 9. 11:46AM

PRINT TIMEMAR. 9. 11:52AM

Potomac Insurance Company

**COMMERCIAL PROPERTY
COVERAGE PART DECLARATIONS**

EFFECTIVE DATE: 09/01/1998
12:01 A.M., Standard Time
 Supplemental Declarations is attached.

POLICY NO. CPP 0875888-05

BUSINESS DESCRIPTION

Contractor

DESCRIPTION OF PREMISES

PREM. NO.	BLDG. NO.	LOCATION, CONSTRUCTION AND OCCUPANCY
1	1	457 Davidson Rd., Plum, Allegheny Co., PA 15239 (Frame), Trailer Office & Garage
1	2	457 Davidson Rd., Plum, Allegheny Co., PA 15239 (Non-Combustible), Storage

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINSURANCE+
1	All	Building & Personal Property	\$56,000	Special Form	100%
1	1	Personal Property	\$26,000	Special Form	90%
1	1	Extra Expense	\$50,000	Special Form	40%-80%-100%

OPTIONAL COVERAGES - APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW. +IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT.

PREM. NO.	BLDG. NO.	EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X)		
					BUILDING	PERSONAL PROPERTY	INCLUDING "STOCK"
1	All	09/01/1999	Building & Personal Property	\$56,000	X	X	
1	1					X	

PREM. NO.	BLDG. NO.	INFLATION GUARD (Percentage)		+MONTHLY LIMIT OF INDEMNITY (Fraction)	+MAXIMUM PERIOD OF INDEMNITY (X)	+EXTENDED PERIOD OF INDEMNITY (Days)
		BUILDING	PERSONAL PROPERTY			

MORTGAGE HOLDER(S) ++APPLIES TO BUSINESS INCOME ONLY

PREM. NO.	BLDG. NO.	MORTGAGE HOLDER NAME AND MAILING ADDRESS

DEDUCTIBLE

\$250. EXCEPTIONS:

FORMS AND ENDORSEMENTS

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:
See Schedule of Forms and Endorsements, 079, attached.

PREMIUM

Premium for this Coverage Part \$641.00

ORIGINAL

Potomac Insurance
 Company

**COMMERCIAL GENERAL LIABILITY
 COVERAGE PART DECLARATIONS**

Policy No. CPP 0875688-05

Effective Date: 09/01/1998

12:01 A.M., Standard Time

LIMITS OF INSURANCE	
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit	\$ 100,000 Any One Fire
Medical Expense Limit	\$ 5,000 Any One Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of Business: Corporation

Business Description: Contractor

Location of All Premises You Own, Rent or Occupy:
 1457 Davidson Rd., Plum, Allegheny Co., PA 15239

PREMIUM						
Location/Classification	Code No.	Premium Basis ^o (per 1000 or unit)	Rate		Advance Premium	
			Premises/ Operations	Products/ Completed Operations	Premises/ Operations	Products/ Completed Operations
The Premium Basis and Rates are for an annual period while the Advance Premium applies to the entire term of the policy.						
LOC 1 Irrigation or Drainage System Construction TERR-003	96702	1,500,000 Payroll	10,896	2,227	\$16,344.00	\$3,341.00
Total					\$16,344.00	\$3,341.00
Total Advance Premium					\$19,685.00	

10,896
 2,227
 13,123

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
 See Schedule of Forms and Endorsements, 079, attached.

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS**

Potomac Insurance
Company

POLICY NO. CPP 0875888-05

EFFECTIVE DATE: 09/01/1998

Named Insured and Mailing Address (No., Street, Town, or City, State, Zip Code)

Plum Contracting, Inc.
457 Davidson Road
Pittsburgh, PA 15239

POLICY PERIOD: From 09/01/1998 to 09/01/1999 at 12:01 A.M., Standard Time at your mailing address shown above.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

Business Description	
Contractor	
PREMIUM	
Premium for this Coverage Part \$	5,516.00
FORMS AND ENDORSEMENTS	
Forms and Endorsements applying to this coverage part and made part of this policy at time of issue: See Schedule of Forms and Endorsements, 079, attached.	

713546

SEUBERT & ASSOCIATES INC
1010 OHIO RIVER BLVD
PO BOX 41120
PITTSBURGH, PA 15202

ORIGINAL

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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**General Accident
Insurance**

436 Walnut Street
Philadelphia, PA 19106-1109

**CPP 0875888-05
Common Policy
Declarations**

Policy No. CPP 0875888-05

Issued by: Potomac Insurance Company

Name of Insured and Mailing Address (No., Street, Township, County, Town or City, State, Zip Code)

Plum Contracting, Inc.
457 Davidson Road
Pittsburgh, PA 15239

CPP 0875888-03
Renewal of Number

Policy Period: From 09/01/1998 to 09/01/1999 at 12:01 A.M., Standard Time at your mailing address shown above.

Form of Business: Corporation

Business Description: Contractor

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.		PREMIUM
Commercial Property Coverage Part		641.00
Commercial General Liability Coverage Part		\$19,685.00
Commercial Inland Marine Coverage Part		\$5,516.00
Stopgap Coverage Endorsement		\$200.00

PLEASE READ THIS POLICY AND CONTACT SEUBERT & ASSOCIATES, INC. IMMEDIATELY WITH ANY QUESTIONS

Audit Period: Annual

TOTAL \$26,042.00

Premium shown is payable:

at Inception;

1st Anniversary;

2nd Anniversary

Countersigned: 10/09/1998

By

Authorized Representative

713546

SEUBERT & ASSOCIATES INC
1010 OHIO RIVER BLVD
PO BOX 41120
PITTSBURGH, PA 15202

ORIGINAL

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

IL 00 10 (11-85)

Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1985, 1986.

Branch Office: PITTSBURGH BRANCH OFFICE

RECEIVED TIMEMAR. 9. 11:46AM

PRINT TIMEMAR. 9. 11:52AM

General Accident & Health Insurance
PLUM CONTRACTING
36 WALNUT STREET
PHILADELPHIA PA 19106-3786

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

Policy number	Insurance is provided by	Prior policy
WC 0198801-04	POTOMAC INSURANCE COMPANY OF ILLINOIS NCCI CO. MD. 21407	WC0198801

Item 1. The Insured and mailing address:	Agent
PLUM CONTRACTING INC 457 DAVIDSON ROAD PITTSBURGH PA 15239	SEUMERT & ASSOCIATES INC 1010 OHIO RIVER BLVD PO BOX 41120 PITTSBURGH PA 15202
FEIN 251385710 CORPORATION	PAID PA# 2592421 Agent code 0713546

- OTHER WORKPLACES NOT SHOWN ABOVE: NONE
- ITEM 2. POLICY PERIOD IS FROM 09/01/98 TO 09/01/99 12.01 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS
- ITEM 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE:
- B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:
 - BODILY INJURY BY ACCIDENT \$100,000 EACH ACCIDENT
 - BODILY INJURY BY DISEASE \$500,000 POLICY LIMIT
 - BODILY INJURY BY DISEASE \$100,000 EACH EMPLOYEE
 - C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE: ALL STATES EXCEPT STATES DESIGNATED IN ITEM 3A, AND NEVADA, NORTH DAKOTA, OHIO, WASHINGTON, WEST VIRGINIA, WYOMING, ALASKA
 - D. THIS POLICY INCLUDES THE ENDORSEMENTS LISTED ON THE EXTENSION OF INFORMATION PAGE

ITEM 4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES, AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ST LOC CODE NO	CLASSIFICATIONS	PREMIUM BASIS	RATE	EST
		TOT EST	PER \$100	ANNUAL
		ANNUAL REMUN	REMAN	PREMIUM
SEE EXTENSION OF INFORMATION PAGE				
MINIMUM PREMIUM	\$971	TOTAL ESTIMATED PREMIUM		\$49,405
		DEPOSIT PREMIUM		\$12,351

PREMIUM ADJUSTMENT PERIOD MONTHLY

ISSUE DATE 09/28/98 PITTSBURGH

COUNTERSIGNED BY _____ DATE _____

AUTHORIZED REPRESENTATIVE _____



LICENSED PRACTITIONER BEFORE THE INTERSTATE COMMERCE COMMISSION

TARIFF PUBLICATION: * I.C.C. * PA. P.U.C. * CANADIAN

MARK L. TEWES

44 Hemphill Street
Pittsburgh, PA, 15214

TELEPHONE (412) 322-8555

ATTENTION: GALE TRAVITZ

6 PAGES TO FOLLOW NOT INCLUDING THIS ONE.

- PLUM CONTRACTING, INC.

- INSURANCE PAPERWORK

MARK TEWES
(412) 322-8555

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

PLUM CONTRACTING INC
457 DAVIDSON RD
PITTSBURGH PA 15239

DATE 3/ 9/99
RECEIPT # 195374

IN RE: Application fees for PLUM CONTRACTING INC

Docket Number A-00115673..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: S&TB PMO 180 002630

CHECK AMOUNT: \$100.00

DOCKETED

MAR 10 1999

C. Joseph Meisinger
(for Department of Revenue)

01515

DOCUMENT
FOLDER

RECEIVED
SECRETARY'S BUREAU

99 MAR 10 AM 9:41