

Before the Pennsylvania Public Utility Commission

99 MAR 29 AM 9:20

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
SECRETARY'S BUREAU

1. J. F. G. TRUCKING INC
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. _____
TRADE NAME IF ANY
The trade name, if fictitious, S-8-87 been registered with the
(has or has not)
Secretary of the Commonwealth on _____ Attach a date
stamped copy of the registration form.

3. 141 PREAMBLE DR MARLTON NJ 08053 609-797-2384
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. N/A
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. N/A
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.)

ATTORNEY'S ADDRESS

6. APPLICANT DOES HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER ICCME 209822

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)

A-115819

DOCKETED
REGULATORY
APPLICATION DOCKET

APR 27 1999

ENTRY No.

DOCUMENT
FOLDER

2384
RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
APR 30 AM 9:18

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.

<u>John F. GIBBONS</u>	<u>John F. Gibbons</u>	<u>3-25-99</u>
(PRINT NAME)	(SIGNATURE)	(DATE)

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.

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.

Commonwealth of Pennsylvania
Department of State

87321238



CERTIFICATE OF INCORPORATION

Office of the Secretary of the Commonwealth

In Aid to Whom Taxes: Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth
doth hereby certify the issue of a "Certificate of Incorporation" evidencing the incorporation of an entity.

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

THE COMMONWEALTH OF PENNSYLVANIA

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 or 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 _____ day
of _____ May _____ in the year of our
Lord one thousand nine hundred and _____
and of the Commonwealth the two hundred _____

James J. Hoyt
Secretary of the Commonwealth

09 70 794

Filing Fee: None

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
308 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

**CORPORATE
REGISTRY INFORMATION
FOR
DEPARTMENTS OF STATE
AND REVENUE**
(FILE IN TRIPLICATE)

BUREAU USE ONLY (T/C 531)

Department of State Number _____

Box Number _____

Filing Period _____ Inc. Date 3/4/5
MAY 08 1987

Standard Industrial Code _____ Report Code _____

BUSINESS CORPORATION NON-PROFIT CORPORATION MOTOR VEHICLE FOR HIRE

1 Name of Corporation/business: J.F.G. Trucking, Inc. 2 Federal E.I.N. to be applied for: _____

3 Location of Initial Registered Office in Pennsylvania (Street/Route, City, County, State, Zip Code):
1303-65 Bridgeton Pike
Feasterville Bucks PA 19047
(City or Town) (County) (State) (Zip Code)

4 Mailing Address if different than 3 (Indicate where correspondence, tax report forms, etc. are to be sent):

(City or Town) (County) (State) (Zip Code)

5A Foreign corporations: Location of proposed registered office (Street and Number, Post Office, State): _____ 5B Date Business Started in P.A.: _____

6 Principal Officers (President, Vice President, Secretary, Treasurer):

A. Name: John Gibbons Title: President/Secretary/Treasurer Social Security Number: _____

Home Address: 1149 Harbor Drive, Palmyra, NJ

B. Name: _____ Title: _____ Social Security Number: _____

Home Address: _____

C. Name: _____ Title: _____ Social Security Number: _____

Home Address: _____

D. Name: _____ Title: _____ Social Security Number: _____

Home Address: _____

7 Date and State of Incorporation or Organization:
Date: _____ State: Pennsylvania

8 Applicant is Operating as:
 Corporation An Individual Co-Partnership Joint Stock Association Association of Individuals Other

9 Provide the Act of General Assembly or authority under which you are organized or incorporated (full citation of statute or status - attach a separate sheet if more space is required): Business Corporation Law, Act of May 5, 1933, P.L. 364, as amended

10A Is the corporation authorized to issue capital stock? No Yes
If yes, amount authorized? 100 shares common

10B Amount of Capital Paid in and Date: none yet Date: _____

11 Is the Corporation part of a system operating in Pennsylvania? No Yes
If yes, provide parent's box number, name and subsidiary corporation. (Attach a separate sheet listing subsidiary corporation)
Box Number: _____ Name: _____

12 Corporation's fiscal year ends: December 31 13 Standard Industrial Classification Code: 4214

14 Describe principal Pa. business activity to be engaged in, within one year of this application date (attach separate sheet if necessary).
For Motor Vehicles, include routes to be traveled.
Trucking

15 For Foreign Corporations Only - provide text of purpose as stated in articles.

STATEMENT OF CHANGE IN FILING PERIOD (applicable to Corporations only)

The Corporation listed on the reverse side, with its principal office in Pennsylvania, certifies that its fiscal year closes on _____ (attach explanation if needed) and that the Corporation reports to the U.S. Government on the same filing basis. Business was started in Pennsylvania on _____

CERTIFICATION

I/We certify that the information provided on this form has been examined and is, to the best of my/our knowledge true and correct.

Meth Cameron Dickson

(Incorporator of Proposed Domestic Business Corporation)

Meth Cameron Dickson

(Name of Foreign Corporation or Corporate Incorporator)

Attest

(Secretary, Assistant Secretary, Etc.)

By _____
(President, Vice President, Etc.)

(Corporate Seal)

DEPARTMENT OF STATE USE ONLY:

Certificate of Incorporation , Certificate of Domestication , Certificate of Authority , issued by the Department of State

the _____ day of _____, A.D. 19_____

- NOTE:
- The Department of Revenue should be notified of any address changes and should be notified annually of any change in Corporate Officers or of a change in authority to issue capital stock.
 - All PA. Corporate Tax Reports, except those for Motor Vehicle For Hire, must be filed with the Commonwealth on the same fiscal basis as filed with the United States Government Motor Vehicle For Hire, i.e., Gross Receipts Tax Reports, must be filed on a calendar year basis only.
 - This form must be mailed in triplicate to:
Commonwealth of Pennsylvania
Department of State
Corporation Bureau
Harrisburg, PA 17127

In the case of a proposed business corporation, this Registry Statement shall be executed by one of the original corporate members. A corporate incorporator or a foreign business corporation shall be executed under the seal of the corporation by two authorized officers. The Registry Information must be submitted in triplicate, with one statement including a copy of the stated purposes of a foreign corporation. Only one copy need be manually signed. The remaining copies may be either conformed or facsimile copies.

ARTICLES OF INCORPORATION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE - CORPORATION BUREAU
308 NORTH OFFICE BUILDING, HARRISBURG, PA 17120

PLEASE INDICATE (CHECK ONE) TYPE CORPORATION:

- DOMESTIC BUSINESS CORPORATION (checked)
DOMESTIC BUSINESS CORPORATION A CLOSE CORPORATION - COMPLETE BACK
DOMESTIC PROFESSIONAL CORPORATION ENTER BOARD LICENSE NO.

FEE \$75.00

010 NAME OF CORPORATION (MUST CONTAIN A CORPORATE INDICATOR UNLESS EXEMPT UNDER 15 P.S. 2908 B)

J.F.G. Trucking, Inc.

011 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)

1363-65 Bridgeton Pike

012 CITY 033 COUNTY 013 STATE 064 ZIP CODE
Feasterville Bucks PA 19047

050 EXPLAIN THE PURPOSE OR PURPOSES OF THE CORPORATION

The purpose or purposes for which this corporation is incorporated under the Business Corporation Law of Pennsylvania are to engage in and to do any lawful act concerning any or all lawful business for which corporations may be incorporated under said Business Corporation Law.

(ATTACH 8 1/2 x 11 SHEET IF NECESSARY)

The Aggregate Number of Shares, Classes of Shares and Par Value of Shares Which the Corporation Shall have Authority to Issue.

Table with 4 columns: 040 Number and Class of Shares, 041 Stated Par Value Per Share If Any, 042 Total Authorized Capital, 031 Term of Existence.

The Name and Address of Each Incorporator, and the Number and Class of Shares Subscribed to by each Incorporator

Table with 3 columns: 060 Name, 061, 062, 063, 064 Address (Street, City, State, Zip Code), Number & Class of Shares.

IN TESTIMONY WHEREOF, THE INCORPORATOR (S) HAS (HAVE) SIGNED AND SEALED THE ARTICLES OF INCORPORATION THIS 30th DAY OF April 19 87.

Signature of Beth Cameron Luebbers
Beth Cameron Luebbers

- FOR OFFICE USE ONLY -

Administrative tracking form with fields for FILED, CODE, REV BOX, SEQUENTIAL NO., MICROFILM NUMBER, REVIEWED BY, DATE APPROVED, DATE REJECTED, CERTIFY TO, MAILED BY, DATE, AMOUNT, INPUT BY, LOG IN, LOG IN (REFILE), LOG OUT, LOG OUT (REFILE).

Signature of Jane J. [unclear]

Secretary of the Commonwealth
Department of State
Commonwealth of Pennsylvania

1. The following provisions shall regulate the status of the corporation as a close corporation:

(a) (Strike out(i) or (ii) below, whichever is not applicable.)

(i) All of the issued shares of the corporation of all classes, exclusive of treasury shares, shall be held of record by not more than _____ persons.
(NUMBER NOT TO EXCEED 30)

(ii) All of the issued shares of the corporation of all classes, exclusive of treasury shares, shall be held of record by not more than the smaller of twenty-five "shareholders" within the meaning of Subchapter S of the Internal Revenue Code of 1954, as amended, or 30 persons.

(b) All of the issued shares of all classes of the corporation shall be subject to one or more of the restrictions on transfer permitted by section 613.1 of the Business Corporation Law (15 P.S. § 1613.1).

(c) The corporation shall make no offering of any of its shares of any class which would constitute a "public offering" within the meaning of the Securities Act of 1933, as amended.

2. (Optional BCL § 372B) A person (other than an estate) who is not an "individual" or who is a "non-resident alien," in either case within the meaning of the Internal Revenue Code of 1954, as amended ("Code"), shall not be entitled to be a holder of record of shares of the corporation. Only a person whose consent is currently in effect to the election of the corporation to be treated as an electing small business corporation under Subchapter S of the Code and a shareholder who has not affirmatively refused to consent to the election within sixty days after he acquires his stock, shall be entitled to be a holder of record of shares of the corporation.

3. (Optional BCL § 382) The business and affairs of the corporation shall be managed by the shareholders of the corporation rather than by a board of directors.

4. (Optional § 376B) The status of the corporation as a "close corporation" within the meaning of the Business Corporation Law shall not be terminated without the affirmative vote or written consent of (all holders of) (shareholders holding _____ of the) shares of all classes of the corporation.
(FRACTION AT LEAST TWO THIRDS)

5. (Optional BCL § 384B) (Any shareholder) (shareholders holding _____ of the shares) of the corporation may apply for the appointment of a provisional director of the corporation in the manner and upon the circumstances provided by statute.
(FRACTION)

6. (Optional BCL § 386) (Any shareholder) (shareholders holding _____ of the shares) of the corporation shall have the right at will to cause the corporation to be dissolved by proceeding in the manner provided by statute.
(FRACTION)

RECEIVED
JAN 10 1961
DEPT. OF STATE



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

IN REPLY PLEASE
REFER TO OUR FILE

April 9, 1999

JFG TRUCKING INC
141 PREAMBLE DRIVE
MARLTON NJ 08053

ATTN: JOHN GIBBONS

In re: Receipt of property application of J.F.G. TRUCKING, INC.

Dear Mr. Gibbons:

I have received your application to transport property. I am returning the application for the following reasons:

1. A company check is not acceptable; a certified check or money order is required.

Call the number listed below if you have any questions.

Sincerely yours,

Gale E. Travitz
Transportation Application Specialist
Compliance Section
Bureau of Transportation and Safety
(717) 787-5513

GET/gt

Enclosures

check

Providence Washington

BUSINESS AUTO DECLARATIONS

INSURANCE COMPANIES

Bill To: AGENT

Issue Date: 03/30/1998

Branch Name: SEGMENT MARKET'S

ITEM ONE

Account Number:

Renewal Of:

POLICY NUMBER	POLICY PERIOD FROM TO	COVERAGE IS PROVIDED IN THE	AGENCY
SG02105147	03/12/98 03/12/99	PROVIDENCE WASHINGTON INSURANCE	29011680

NAMED INSURED AND MAILING ADDRESS	AGENT
JFG TRUCKING INC. 141 PREAMBLE DR MARLTON N.J. 08053	DTLKS/SWING AGENCY, INC. 521 FELLOWSHIP ROAD, STE. 130 MT. LAUREL, NJ 08054

POLICY PERIOD BEGINS AND ENDS AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business Individual Partnership Corporation Joint Venture Other

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 TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	07	\$ 300,000 CSL	\$ 2,954
PERSONAL INJURY PROTECTION (PIP)	05	SEPARATELY STATED IN EACH P.I.P. END MINUS \$ DEDUCTIBLE	\$ 1
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION (INS. P.P.P.) (Michigan Only)		SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	06	\$ 35,000 CSL	\$ 44
UNDERINSURED MOTORISTS (UIM) (or not included in UM cov.)	06	\$ 35,000 CSL	\$ INCL.
P D H A M S I G N A L	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED AUTO (BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. *)	
	SPECIFIED CAUSES OF LOSS COVERAGE	\$75 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. (H)	
	COLLISION COVERAGE	\$ DEDUCTIBLE FOR EACH COVERED AUTO (I)	\$
	TOWING AND LABOR (Not available in California)	for each disbursement of a private passenger auto	\$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

SEE SCHEDULE ATTACHED

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM	\$ 3,009

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year, Model, Trade Name, Body Type Serial Number (S), Vehicle Identification Number (VIN)	PURCHASED			Territory Town & State Where the Covered Auto will be principally garaged
		Original Cost New	Actual Cost R	NEW (N) USED (U)	
1					
2	SEE SCHEDULE ATTACHED				
3					

Covered Auto No.	Radius of Operation (in Miles)	Business use: s = service t = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Except for towing all physical damage loss is payable to you and the loss payable named below as interests may appear at the time of the loss
					Lib.	Phy. Damage			
1									
2									
3									

Countersigned: * 03/30/98

By *James E. Weick*

Authorized Representative

* Entry optional if shown in Common Policy Declarations.
 † Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.
 ‡ (or equivalent No-fault cov.) "I" See ITEM FOUR for hired or borrowed "autos"

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

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CARGO IN

ACORD 25 CERTIFICATE OF INSURANCE DATE (MMDDYY) 3/19/99

PRODUCER
Marv Swing Agency
1247 N Church Street
Morristown, NJ 08057

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.

609-234-9668
INSURED
JFG Trucking Inc
141 Preamble Dr.
Marlton, NJ 08053

COMPANIES AFFORDING COVERAGE

COMPANY	A York Insurance Company
COMPANY	B
COMPANY	C
COMPANY	D

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD AND DATE AND IN COMPLIANCE WITH THE GENERAL CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT IN 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> DOWNHILL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNERS & CONTRACTORS				GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ PERSONAL & ADV INURY \$ BODILY OCCURANCE \$ MED EXP (Any sub period) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NONOWNED AUTOS	S602105147	3/12/99	3/12/00	COMBINED SINGLE LIMIT \$ 300000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> EXCESS TO FORM <input type="checkbox"/> EXCESS OVER LIMIT				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS <input type="checkbox"/> PARTIAL/EXCLUSIVE OFFICERS ARE				STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER Motortruck Cargo	S602105147	3/19/99	3/12/00	\$10,000 Limit \$1000 Ded.

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/SPECIAL ITEMS

CERTIFICATE HOLDER
JFG Trucking, Inc.
141 Preamble Drive
Marlton, NJ 08053

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE
Joan McDermott 779237000

POLICY NUMBER	POLICY FROM	TO	COVERED BY PROVIDED IN THE
S602105147	03/12/98	03/12/99	PROVIDENCE WASHINGTON INSURANCE COMPANY

BUSINESS AUTO SCHEDULE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		TERRITORY
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Town, State & Zip Where the Covered Auto will be principally garaged
1	93 MACK TRUCK	VGGM116A4PB100939	012 CHERRY HILL, NJ

Covered Auto No.	CLASSIFICATION								PURCHASED			
	Radius of Operation	Business use & - service & - rental & - seasonal	Size GVW, 150W or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Actual cost &	NEW (N) USED (U)
					Lib.	Phy. Dam.	Lib.	Phy. Dam.				
1	LONG	C	30,000	6	1.000				33321			

Covered Auto No.	LIABILITY		AUTO. MED.		UNINSURED/UNDERINSURED MOTORISTS			
	Limit (in thousands)	Premium	Limit	Premium	Limit (in thousands)	Premium	UM	UIM
1	300	2,954	NONE		35	INCL	X	X
Total Premium		2,954				44		

Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. only)		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	
1	SEE FORM (S)	1			See Schedule(s)
Total Premium		1			

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSER OF LOSS	COLLISION		TOWING & LABOR		TOTAL
	Deductible	Premium	Premium	Deductible	Premium	Limit per disablement	Premium	Premium
1								2,999
Total Premium								2,999

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

J F G TRUCKING INC
141 PREAMBLE DR
MARLTON NJ 08053

DATE 4/28/99
RECEIPT # 195584

IN RE: Application fees for J F G TRUCKING INC

Docket Number A-00115819..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: IPSI MO 263419732

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED

APR 30 1999

DOCUMENT

150942 FOLDER

DEPARTMENT OF REVENUE

EEF