

Before the Pennsylvania Public Utility Commission

055606 APPLICATION 99 MAY 24 AM 9:16

MOTOR COMMON CARRIER OF PROPERTY SECRETARY'S BUREAU

1. Metzger Transport, Inc  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

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. R.R.#2 Box 217 Ligonier, PA 17744 570-323-3237  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code)

4. 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.)

ATTORNEY'S ADDRESS

6. APPLICANT does HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER MC 320370

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)

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY  
1999 MAY 25 AM 9:53

DOCUMENT  
NUMBER

DOCKETED  
APPLICATION DOCKET  
JUN 02 1999  
ENTRY NO. 81

A-115945

25

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED \_\_\_\_\_ LEASED 3.

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:

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

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON July 18<sup>th</sup> 1995. 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:  
Eldon h. Metzger President, Secretary 1,000 Shares issued

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.

Eldon L. Metzger      Eldon L Metzger      5/21/99  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

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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.

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

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METZGER TRANSPORT, INC.

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: 2647356

MICROFILM NUMBER: 09546

1339-1340

JAMES S ARMSTRONG ASSOCIATES  
PO BOX 247  
WILLIAMSPORT, PA 17703-0247

9546-1336

Microfilm Number \_\_\_\_\_

Filed with the Department of State on JUL 18 1995

Entity Number 0647356

*Yvette Kunk*  
Secretary of the Commonwealth *B*

ARTICLES OF INCORPORATION-FOR PROFIT  
OF  
METZGER TRANSPORT, INC.  
Name of Corporation  
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306)                       Management (15 Pa.C.S. § 2702)
- Business-nonstock (15 Pa.C.S. § 2102)                       Professional (15 Pa.C.S. § 2903)
- Business-statutory close (15 Pa.C.S. § 2303)                       Insurance (15 Pa.C.S. § 3101)
- Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Metzger Transport, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  
(a) 49 East Fourth Street, Williamsport PA 17701 Lycoming  
Suite 201  
Number and Street                      City                      State                      Zip                      County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider                      County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is: 100,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:  
Name                      Address  
Eldon L. Metzger                      RR 2 Box 217, Linden PA 17744

6. The specified effective date, if any, is: 7    3    95  
month                      day                      year                      hour, if any

PADEPT.OFSTATE  
JUL 18 1995

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: \_\_\_\_\_

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 17 day of July, 1995.

Eldon I Metzger  
 \_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)



COMMERCIAL AUTO  
COVERAGE FORM DECLARATIONS

Check here if PART 2 is attached  
 Filings

Coverage is provided in Company checked  
 NORTHLAND INSURANCE COMPANY  
 NORTHLAND CASUALTY COMPANY  
 NORTHFIELD INSURANCE COMPANY  
Mendota Heights, MN 55120  
STOCK COMPANIES

<b>ITEM ONE - NAMED INSURED AND ADDRESS</b>		Policy Period	Individual	POLICY NO TN268013
Metzger Transport, Inc. Rd #2, Box 217 Linden, PA 17744 25% Down - 9 Payments		From 03/11/1999 To 03/11/2000 12:01 A.M. Standard Time at Named "Insured's" Garaging address	Partnership Corporation Joint Venture Other	
Garaging address if different:		Business of Named "Insured": Truckmen	AGENCY NO. 308000	BRANCH
		Commodities hauled: Livestock, Soda	LIV #	SCLPCE
			# YRS	

**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 listed in Section 1A of the Coverage Form next to the name of the coverage.

LIABILITY	Covered "Autos"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
67		(1) BODILY INJURY - BI	\$ each person \$ each "accident"	\$
		(2) PROPERTY DAMAGE - PD	\$ each "accident"	\$
		COMBINED (1) AND (2) - CSL	\$ 1,000,000 each "accident"	\$ 3,012.00
ADDITIONAL COVERAGES BY ENDORSEMENT	67	PERSONAL INJURY PROTECTION - PIP (or equivalent No-Fault coverage)	Separately Stated in each PIP endorsement	\$ 52.00
	67	ADDED PIP (or equivalent No-Fault coverage)	Separately Stated in each added PIP endorsement	\$ 28.00
		PROPERTY PROTECTION - PPI (Michigan Only)	Separately Stated in PPI endorsement	\$
		"AUTO" MEDICAL PAYMENTS	\$	\$
	67	UNINSURED MOTORISTS - UM BI <input type="checkbox"/> Incl. Underinsured Motorists - UIM	\$ 35,000 each person \$ 35,000 each "accident"	\$ 7.00
	67	UNDERINSURED MOTORISTS - UIM BI	\$ 35,000 each person \$ 35,000 each "accident"	\$ 13.00
	46a	CARGO	\$ 40,000 per covered auto less the deductible	\$ 302.00
			1000 Ded	\$
PHYSICAL DAMAGE	67	COMPREHENSIVE	Stated Amount, Actual Cash Value or Cost of Repairs, whichever is less minus the deductible.	\$ 605.00
		SPECIFIED PERILS		\$
	67	COLLISION		\$ 2,180.00
		TRAILER INTERCHANGE		\$

ADDITIONAL PREMIUM PER ENDORSEMENTS: \$

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:  
Per Schedule of Forms and Endorsements N-2500 (4/94)

ESTIMATED TOTAL PREMIUM	\$ 6,199.00
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**ITEM THREE - HIRED AUTO LIABILITY INSURANCE** ESTIMATED COST OF HIRE \$

Rate per \$100 Cost of Hire	\$ BI	Minimum Premium	\$ BI	Advance Premium (incl. in ITEM TWO LIABILITY)	\$ BI	Cost of hire means the total cost you incur for the hire of "autos" you don't own. (See covered "auto" symbol 47.)
	\$ PD		\$ PD		\$ PD	
	\$ CSL		\$ CSL		\$ CSL	

**ITEM FOUR - SCHEDULE OF COVERED AUTOS YOU OWN**

Year, Model, Trade Name, Body Type	Identification Number	Loss Payee = LP	Additional insured = AI
1 1997 Peterbilt Tractor	415121		
2 1999 Eby Trailer	005983		
3			
4			

  

LIAB	LIABILITY PREMIUMS							STATED AMOUNT	PHYSICAL DAMAGE PREMIUMS				CARGO	
	OWN/OP UAB	PIP	MED PAY	OWN/OP MED. PP	UM	OTHER	X Comp. S.P.		DED.	COLL	DED.	DED.	RATE	PREM.
1	2,620	69			20		75,000	429	1,000	1,475	1,000	1,000	.76	302
2	392	11					45,400	176	1,000	705	1,000			
3														
4														

Countersigned Date March 13, 1999 By Daniel Woodard  
Sweet Ins. Managers of PA, Inc.

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM PROVISIONS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF. COMPLETE THE ABOVE NUMBERED POLICY.  
includes copyrighted material of Insurance Services Office, with its permission. Copyright, Insurance Services Office, 1990

*To me*

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

METZGER TRANSPORT INC  
RR 2 BOX 217  
LINDEN PA 17744

DATE 6/ 8/99  
RECEIPT # 195714

IN RE: Application fees for METZGER TRANSPORT INC

Docket Number A-00115945..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: CPB PMO 002680  
CHECK AMOUNT: \$100.00

DOCKETED

JUN 15 1999

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

RECEIVED  
SECRETARY'S BUREAU

99 JUN -9 PM 1:02

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SRB