

Cherewka & Radcliff, LLP
624 North Front Street
Wormleysburg, Pennsylvania 17043
(717) 232-4701
(717) 901-3770
Fax (717) 232-4774

July 15, 1999

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: David E. Hilty
PUC Application

Dear Secretary McNulty:

I enclose for filing an original and two copies of an application for transportation of property for the above referenced client. Also enclosed is my check in the amount of \$100 to cover the filing fee.

I am forwarding a copy of this application to the applicant.

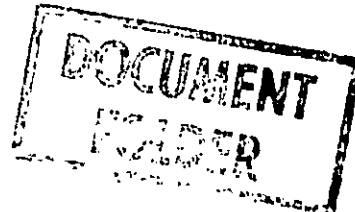
Very Truly Yours,


David H. Radcliff

Enclosures

cc: David E. Hilty
R.D. #4, Box 4289
Spring Grove, PA 17362

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
1999 JUL 16 PM 12:04



BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. <u>116064</u>

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
1999 JUL 16 PM 12:04

1. DAVID E. HILTY
(Full and correct name in which you intend to operate)

2. _____
(Trade name, if any)

The trade name, if fictitious, _____
(has or has not) been registered with the Secretary of
ENTRY No. _____

the Commonwealth on _____ (attach copy of date-stamped registration
(Date) form).

DOCKETED
APPLICATION DOCKET
JUL 22 1999

3. R.D. #4, Box 4289A
(Physical Address)

Spring Grove York PA 17362
(City) (County) (State) (Zip)

(717) 225-7242
(Telephone No.)

DOCUMENT
FOLDER

Attorney for Applicant:

4. David H. Radcliff Cherewka & Radcliff, LLP
(Mailing Address; if different)

624 North Front Street
Wormleysburg Cumberland PA 17043
(City) (County) (State) (Zip)

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 1 leased _____

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 _____ 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 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. See Attachment 9a

10. Certification

- a. Applicant certifies that it is not now engaged in any transportation of property for compensation 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.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

7/15/99

PRODUCER
 BRRODALE INSURANCE AGENCY INC.
 1270 FAIRFIELD RD SUITE 11
 GETTYSBURG PA 17325

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.

COMPANIES AFFORDING COVERAGE

- COMPANY A HARLEYSVILLE INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
 DAVID B HILTY
 RD #4
 BOX 4289A
 SPRING GROVE PA 17362

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO 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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TP 03 62 63	5/17/99	5/17/00	COMBINED SINGLE LIMIT \$ 1,000,000 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"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER MOTOR TRUCK CARGO LEGAL LIABILITY	CI071599	7/15/99	5/17/00	PROPERTY \$ 5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

TRUCKING OPERATION HAULING CEMENT BLOCKS WITH 1988 KENWORTH TRUCK
 VIN 1NKDL20X3JJ506031 & 1988 TRAILER VIN SW16722PA

CERTIFICATE HOLDER

PUC
 COMMONWEALTH OF PA
 HARRISBURG PA

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



ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

7/15/99

PRODUCER
BERGDALB INSURANCE AGENCY INC.
1270 FAIRFIELD RD SUITE 11
GETTYSBURG PA 17325

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.

COMPANIES AFFORDING COVERAGE

- COMPANY A HARLEYSVILLE INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
DAVID B HILTY
RD #4
BOX 4289A
SPRING GROVE PA 17362

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTH	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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
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"/> NON-OWNED AUTOS	TP 03 62 63	5/17/99	5/17/00	COMBINED SINGLE LIMIT \$ 1,000,000 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"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER MOTOR TRUCK CARGO LEGAL LIABILITY	CI071599	7/15/99	5/17/00	PROPERTY \$ 5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

TRUCKING OPERATION HAULING CEMENT BLOCKS WITH 1988 KENWORTH TRUCK
VIN 1NKDL20X3JJ506031 & 1988 TRAILER VIN SW16722PA

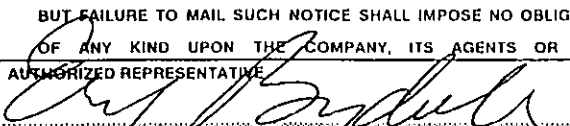
CERTIFICATE HOLDER

BETCO BLOCK & PRODUCERS, INC
200 PRESCOTT ROAD
LRBANON, PA 17042

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



PA

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER COMPANY

14168

POLICY NUMBER

HARLEYSVILLE MUT. INS. CO.

EFFECTIVE DATE

EXPIRATION DATE

TP 03 62 63

5-17-99

11-17-99

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1988

KENWORTH TRK. W/CRANE

1NKDL20X3JJ506031

AGENCY/COMPANY ISSUING CARD

BERGDALE INS. AGY., INC.

71-0690

INSURED

DAVID E. HILTY

RD #4, BOX 4289A

SPRING GROVE, PA 17362

qu

PA

INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER COMPANY

14168

POLICY NUMBER

HARLEYSVILLE MUT. INS. CO.

EFFECTIVE DATE

EXPIRATION DATE

TP 03 62 63

5-17-99

11-17-99

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1988

TRAILER

SW16722PA

AGENCY/COMPANY ISSUING CARD

BERGDALE INS. AGY., INC.

71-0690

INSURED

DAVID E. HILTY

RD #4, BOX 4289A

SPRING GROVE, PA 17362

ACORD INSURANCE BINDER

DATE (MM/DD/YY)
7/15/99

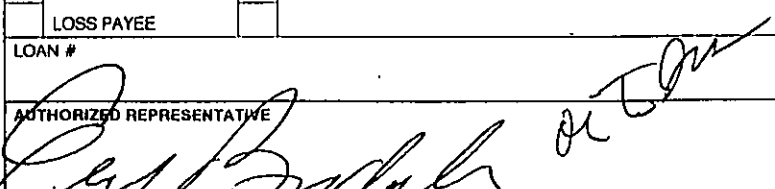
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER BERGDAL INSURANCE AGENCY INC. 1270 FAIRFIELD RD SUITE 11 GETTYSBURG PA 17325		PHONE (A/C, No, Ext): 717 334-8195	COMPANY HARLEYSVILLE MUTUAL INS BINDER # 1253																	
CODE: 710690 AGENCY CUSTOMER ID: HILTDA001 INSURED DAVID B HILTY RD #4 BOX 4289A SPRING GROVE PA 17362	SUB CODE:	<table border="1"> <tr> <th colspan="2">EFFECTIVE</th> <th colspan="2">TIME</th> <th colspan="2">EXPIRATION</th> </tr> <tr> <th>DATE</th> <th></th> <th></th> <th></th> <th>DATE</th> <th>TIME</th> </tr> <tr> <td>7/15/99</td> <td></td> <td>12:01</td> <td> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </td> <td>8/15/99</td> <td> <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON </td> </tr> </table>	EFFECTIVE		TIME		EXPIRATION		DATE				DATE	TIME	7/15/99		12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/15/99	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
EFFECTIVE		TIME		EXPIRATION																
DATE				DATE	TIME															
7/15/99		12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/15/99	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON															
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) TRUCKING OPERATION HAULING CBMENT BLOCKS WITH 1988 KENWORTH TRUCK, VIN 1NKDL20X3JJ506031 & 1988 TRAILER VIN SW16722PA																		

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	MOTOR TRUCK (CARGO) LEGAL LIABILITY	5,000	250	
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE: None	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE: None	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$		

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
LOAN #	
AUTHORIZED REPRESENTATIVE 	

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CHEREWKA & RADCLIFF LLP
ATTN DAVID H RADCLIFF ESQ
624 N FRONT ST
WORMLEYSBURG, PA 17043

DATE 7/27/99
RECEIPT # 195906

Application fees for DAVID E HILTY

Docket Number A-00116064..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 1502
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
JUL 28 1999

DOCUMENT
FOLDER

067509

RECEIVED
SECRETARY'S BUREAU
99 JUL 28 AM 9:59

SRB