

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY

RECEIVED  
SECRETARY'S BUREAU

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	A-116284
Folder No.	

*Call back  
re: response*

*[Handwritten signature]*

1. Thomas L. Freeman T/A  
(Full and correct name in which you intend to operate)

2. ? Leroy's Towing  
(Trade name, if any)

The trade name, if fictitious, \_\_\_\_\_ been registered  
(has or has not)

Secretary of the Commonwealth on \_\_\_\_\_ (attach  
date-stamped registration form).

3. 978 W. Smith St. 814-664-9052  
(Physical Address) (Telephone No.)

Corry Erie PA. 16407  
(City) (County) (State) (Zip)

4. \_\_\_\_\_  
(Mailing Address; if different)

5. \_\_\_\_\_  
(City) (County) (State) (Zip)  
William E. Barney 814-665-8211  
(Attorney's Name) (Telephone Number)

200 N. Center St. Corry Pa. 16407  
(Attorney's Address)

*27*

6. Applicant Does Not hold ICC authority under Docket  
(does or does not)

No. \_\_\_\_\_

7. Applicant DOES NOT have a current safety rating  
(does or does not)

issued by \_\_\_\_\_.

(attach copy)

8. Approximate number of commercial vehicles to be operated

intrastate: owned 2 leased \_\_\_\_\_

9. 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)

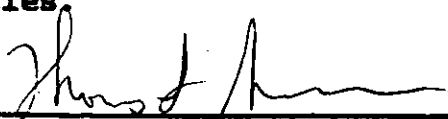
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
 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 numbers of shares held by each stockholder.

# 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.

Thomas L. Freeman            9-16-99  
(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.

10. 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 current safety rating issued by a state or federal agency.
- List of corporate officers and stockholders and distribution of shares.
- Proof of insurance.

11. 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 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 revenue 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.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSH KB  
LEROY01

DATE (MM/DD/YY)  
08/18/99

**PRODUCER**

**IGTC Pennsylvania**  
237 Main Street Suite 820  
Buffalo NY 14203

**Patrick T. Comerford**  
Phone No. 888-222-1678 Fax No. 716-856-6767

**INSURED**

**LeRoy's Towing 2013**  
T/A Thomas L. Freeman  
978 W. Smith St  
Corry PA 16407

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	<b>National Union Fire Company</b>
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 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
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CA 720 30 35	09/15/99	09/15/00	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA 720 30 35	09/15/99	09/15/00	COMBINED SINGLE LIMIT \$ 2,000,000 BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 50,000 PROPERTY DAMAGE \$ 50,000
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> Scheduled, Hired, NO, Used in Garage	CA 720 30 35	09/15/99	09/15/00	AUTO ONLY - EA ACCIDENT \$ 50,000 OTHER THAN AUTO ONLY: \$ 50,000 EACH ACCIDENT \$ 1,000,000 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 OTHER				INC STATUS: <input type="checkbox"/> POLY LIMIT <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	Garagekeepers L.L. On Hook Included	CA 720 30 35	09/15/99	09/15/00	GKLL \$500,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**Proof of Insurance**

**CERTIFICATE HOLDER**

PENNPUC

**Pennsylvania PUC**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZER REPRESENTATIVE

**Patrick T. Comerford**

ACORD CORPORATION 1989

**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

RECEIPT

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

THOMAS L FREEMAN  
T/A LEROYS TOWING  
978 W SMITH ST  
CORY PA 16407

DATE 10/20/99  
RECEIPT # 196235

IN RE: Application fees for THOMAS L FREEMAN T/A LEROY'S TOWING

Docket Number A-00116284..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: FNBOP PMO 333450532  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

**DOCKETED**  
OCT 22 1999

DOCUMENT  
FOLDER

SRD