

1998 NOV 15 PM 2:19

Before the Pennsylvania Public Utility Commission

086595

NOV 15 10:23

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

704094

1. R. David PATTERSON
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Taylor Excavation & Landscaping
TRADE NAME IF ANY
The trade name, if fictitious, has been registered with the
(has or has not)
Secretary of the Commonwealth on Mar 20, 1998. Attach a date
stamped copy of the registration form.

DOCKETED
DEC 26 1998

3. RR #2 Box 2603 Watkins St 520-715-4032
PHYSICAL ADDRESS TELEPHONE NUMBER (AREA CODE)
(City, County, and Zip Code)

TL

4. Factoryville Pa Wyoming Co 18419.
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.)

N/A
ATTORNEY'S ADDRESS

6. APPLICANT does not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER N/A

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)

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filed.

DOCUMENT
FOLDER

A-116 415 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.

R. David Patterson.  11-12-99
(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.

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

134

TAYLOR EXCAVATION & (AND) LANDSCAPING

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: 2808025

MICROFILM NUMBER: 09823

0253-0253

R DAVID PATTERSON
RR 2 BOX 2603
FACTORYVILLE PA 18419

9827 253

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

FILING FEE: Corporate/Individual - \$85.00
 Corporation \$40.00
 Individual \$20.00 *\$2.00*
 Check Enclosed
 Charge Account # _____

In compliance with the requirements of Section 311 of Act 1982-295 (54 Pa. C.S. §311), this undersigned entity(ies) desiring to carry on or conduct a business in this Commonwealth under an assumed or fictitious name, style or designation, does (do) hereby certify that:

1. Fictitious Name: EXCAVATION
TAYLOR EXCAVATION + (AND) Landscaping
 2. Address of the principal place of business: (including street and number) _____ (County)
RR # 2 Box 2603, Watkins St, Factoryville Pa 18419, Union
 3. Brief statement of the character or nature of the business:

Excavation + (AND) Landscaping
 4. Individual or individuals interested in the business: (name and address)
 (NAME) (NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)
R. David Patterson RR # 2 Box 2603 Watkins St. Factoryville, Pa 18419.

5. Entity other than an individual interested in the business:
 (NAME) (FORM OF ENTITY) ORGANIZING ADDRESS IN JURIS REGISTERED OFFICE
 JURISDICTION (if any)
N/A

6. I am familiar with the provisions of Section 332 of the Fictitious Names Act and understand that filing under the Act does not create any exclusive or other right to the fictitious name. R. David Patterson
 7. Agent, if any, authorized to execute amendments, withdrawals, or cancellations.

IN TESTIMONY WHEREOF, the undersigned have caused this registration to be executed this _____ day of _____, 19____

Individual	Individual
Individual	Individual
Corporate Seal	Name of Corporation
Secretary of Assistant Secretary	President or Vice President
Corporate Seal	Name of Corporation
Secretary of Assistant Secretary	President or Vice President

- FOR OFFICE USE ONLY -

030 FILED	002 CODE	003 REV BOX	SEQUENTIAL NO.	100 MICROFILM NUMBER
MAR 26 1998	REVIEWED BY	004 SIC	AMOUNT	001 CORPORATION NUMBER
	DATE APPROVED		\$	<u>280805</u>
	DATE REJECTED	CERTIFY TO	INPUT BY	LOG IN
		PA DEPT. OF STATE		LOG IN (REFILE)
	MAR 26 1998	PA DEPT. OF STATE	VERIFIED BY	LOG OUT
		PA DEPT. OF STATE		LOG OUT (REFILE)
		PA DEPT. OF STATE		

Secretary of the Commonwealth
 Department of State
 Commonwealth of Pennsylvania

RECORDED
BY: [unclear]
TRANSPORTAL
1999 NOV 15 AM 10:02

TO: Pennsylvania Public Utility Commission
FROM: David G. Maddock
Maddock Insurance Agency
DATE: November 12, 1999
RE: R. David Patterson

This proof of Insurance is for :

R. David Patterson
RR 2, Box 2603, Watkins Street
Factoryville, PA 18419

In reference to his application for a PUC Application. Please call with any questions
(570)586-3790.

Thank you,


David G. Maddock



BLANKET PROTECTOR BUSINESS
AUTO COVERAGE FORM - DECLARATIONS

ISSUED BY: NATIONWIDE MUTUAL INSURANCE COMPANY

ITEM ONE

Policy Number: RENEWAL
58 BA 336-505-3002 W

Named Insured
Mailing Address R DAVID PATTERSON
DBA TAYLOR LANDSCAPING
RR2 BOX 2603 - Watkins St.
FACTORYVILLE PA 18419

POLICY PERIOD: From APRIL 6, 1999 to APRIL 6, 2000 at
12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: SOLE PROPRIETORSHIP

DESCRIPTION OF BUSINESS: CONTRACTOR

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

In the event of cancellation by you, we shall receive and retain not less than \$ 100 as the minimum premium.

POLICYHOLDER MESSAGES

Coverages selected for your Business Auto Policy are displayed on Page 2 of the Declarations.

IF THE DECLARATIONS ATTACHED TO THIS POLICY SHOW COLLISION COVERAGE APPLIES TO HIRED
AUTO; THERE IS ALSO COLLISION COVERAGE FOR DAMAGE TO A RENTED AUTO. COVERAGE IS
SUBJECT TO CONDITIONS AND LIMITATIONS LISTED IN THE POLICY AND ITS ATTACHED
ENDORSEMENTS.

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Date of Issue: 03-02-99 Issuing Office: P.O. BOX 2655 HARRISBURG, PA 17105
Countersignature Date: 03-02-99 Agency At: CLARKS GREEN PA 18411
Agent: DAVID G MADDOCK

0014589-37

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 AUTO 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	7,8,9	AS SHOWN ON THE AUTO SCHEDULE	\$ 541
PERSONAL INJURY PROTECTION (or equivalent No-Fault coverage)	7	SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS THE Ded. AS SHOWN ON THE AUTO SCHEDULE	\$ 14
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-Fault coverage)	7	SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT OR AS SHOWN ON THE AUTO SCHEDULE	\$ 23
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS THE Ded. (AS SHOWN ON THE AUTO SCHEDULE) FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		AS SHOWN ON THE AUTO SCHEDULE	\$
UNINSURED MOTORISTS	7	AS SHOWN ON THE AUTO SCHEDULE	\$ 6
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	NOT APPLICABLE IN NEW YORK 7	AS SHOWN ON THE AUTO SCHEDULE	\$ 17
			\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS THE Ded. (AS SHOWN ON THE AUTO SCHEDULE) FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR (of the Supplementary Declarations) For Hired Or Borrowed "Autos."	\$ 46
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR (of the Supplementary Declarations) For Hired Or Borrowed "Autos."	\$
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS THE Ded. (AS SHOWN ON THE AUTO SCHEDULE) FOR EACH COVERED AUTO. See ITEM FOUR (of the Supplementary Declarations) For Hired Or Borrowed "Auto."	\$ 124
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ For Each Disablement Of A Private Passenger Auto	\$
* THIS POLICY MAY BE SUBJECT TO FINAL AUDIT			
			PREMIUM FOR ENDORSEMENTS \$ 25.00
			SURCHARGES, TAXES, ETC. \$
			*ESTIMATED TOTAL PREMIUM \$ 796.00

FORMS APPLICABLE TO BUSINESS AUTO COVERAGE FORM:

AU FO 9017	IL 00 17	1198	IL 00 03	0498	IL 00 21	0498	
CAS 3687 A	0194	CA 01 80	0997	IL 02 46	0498	IL 09 10	0181
CA 99 17	0797	CA 00 01	0797	CA 21 92	1198	CA 21 93	1198
CA 99 23	1293	CA 22 37	0395	CA 22 38	0395		

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN (See Attached Auto Schedule)

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE — RATING BASIS, COST OF HIRE			
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
PENNSYLVANIA	\$ IF ANY		\$ 89

Cost of hire means the total amount you incur for the hire of autos you don't own (not including autos you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	1	\$ 92
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL			\$ 181

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 1999
 TRANSPORTATION

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only in the Nationwide Mutual Insurance Company or the
Nationwide Mutual Fire Insurance Company in All States Except Those Specifically Provided For)

Because this policy is issued by a mutual insurance company, you are a member of the company while this or any other policy is in force. While a member you are entitled to one vote only - either in person or by proxy - at meetings of the company. You are entitled to any dividends which are declared by the Board of Directors and are applicable to coverages in your policy.


The annual meeting of members of the company issuing your policy (the company is indicated on the Declarations page) will be held at the Nationwide Plaza in Columbus, Ohio, on the first Thursday of

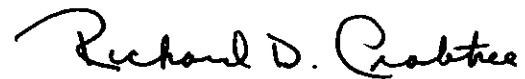
April. The time of the meeting for the Nationwide Mutual Fire Insurance Company is 9:30 A.M. and the time of the meeting for the Nationwide Mutual Insurance Company is 10:00 A.M. We will mail notice of any change in meeting dates, time or place to you at your address last known to us at least ten days prior to the rescheduled meeting date.

This policy is non-assessable, meaning that you are not subject to any assessment beyond the premiums we require for each policy term.

IN WITNESS WHEREOF: Nationwide Mutual Insurance Company, Nationwide Mutual Fire Insurance Company or Nationwide Property and Casualty Insurance Company, whichever is the issuing company as designated on the Declarations, has caused this policy to be signed by its President and Secretary at Columbus, Ohio, and countersigned by a duly authorized representative of the company.

ATTEST:


Secretary


President

POLICY NUMBER: 58 BA335505-3002

CHANGE EFFECTIVE DATE: 11/08/99
POLICY EFFECTIVE DATE: 04/06/99
POLICY EXPIRATION DATE: 04/06/00

PATTERSON, R DAVID
RR2 BOX 2503 - Watkins St.
FACTORYVILLE, PA 18419

VEHICLE CHANGES:

CHANGE THE FOLLOWING VEHICLE:

VEHICLE # 001 88 GMC TRUCK VIN #1GDHV34N8JJ502662

COVERAGE CHANGES:

CHANGE LIABILITY	500.000
CHANGE UMC	500.000
CHANGE UIMC	500.000

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OFFICE OF
PROPERTY & SAFETY
1999 NOV 15 AM 10:02

DEAR POLICYHOLDER,

THIS IS A COPY OF THE COMPANY RECORD OF YOUR RECENT REQUEST TO CHANGE YOUR INSURANCE. IT PROVIDES YOU WITH TEMPORARY EVIDENCE THAT THE MATTER IS BEING HANDLED. THE ENDORSEMENT CHANGING YOUR POLICY AND ANY PREMIUM ADJUSTMENT WILL BE SENT TO YOU JUST AS SOON AS POSSIBLE.

Patricia M. Howell
AGENT: DAVID G MADDOCK

DATE COMPLETED 11/08/99



AUTO SCHEDULE

The insurance afforded is only with respect to such and so many of the following coverages as are indicated by specific premium charges.

Name ID	Fire Dist.	County	Terr.
PAT	0000	035	021

VEHICLE ENTRY NUMBER	001		002	
YEAR/MAKE/MODEL	88 GMC TRUCK		97 PEQU TRAILER	
VEHICLE IDENTIFICATION NUMBER	1GDHV34N8JJ502662		4JASL1623VG000111	
ORIGINAL COST NEW	\$ 15,000		\$ 3,000	
TERRITORY CODE/TERMINAL ZONE	021	000	021	000
LIAB. CLASS CODE/PHYS. D. CLASS CODE	01184	01184	68184	68184
STATED AMOUNT VALUE				
GARAGING ADDRESS	PENNSYLVANIA		PENNSYLVANIA	
	Limits		Premium	
LIABILITY COVERAGES				
COMBINED SINGLE LIMIT	\$ 300,000	\$ 290	\$ 300,000	\$ 70
SPLIT LIMIT — BI EACH PERSON BI EACH ACCIDENT PD EACH ACCIDENT				
UNINSURED MOTORISTS COVERAGE				
COMBINED SINGLE LIMIT	\$ 300,000	\$ 6	REJECTED	
SPLIT LIMIT — BI EACH PERSON BI EACH ACCIDENT PD EACH ACCIDENT				
UNDERINSURED MOTORISTS COVERAGE				
COMBINED SINGLE LIMIT	\$ 300,000	\$ 17	REJECTED	
SPLIT LIMIT — BI EACH PERSON BI EACH ACCIDENT PD EACH ACCIDENT				
NO-FAULT COVERAGE				
BASIC - SEE ENDORSEMENT		\$ 12		\$ 2
ADDED - SEE ENDORSEMENT		\$ 10		\$ 13
NO-FAULT COVERAGE (PPI) SEE ENDORSEMENT FOR LIMIT				

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

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This is to advise that R. David Patterson
(Name of applicant/carrier)
holding PUC authority at Application Docket No. A- n/a
(If available)

is exempt from Cargo Insurance Regulations for the following reasons
(Check all that apply):

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500.00 in value.

R. D. Patterson
Signature of Individual, Partner or Corporate Officer.

Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S SEC. 409 relating to unsworn falsification to authorities.

Date 11-12-99

R. D. Patterson
(Signature)

R. David Patterson
(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

R DAVID PATTERSON
T/A TAYLOR EXCAVATION & LANDSCAPING
RR 2 BOX 2603
FACTORYVILLE PA 18419

DATE 12/15/99
RECEIPT # 196459

IN RE: Application fees for R DAVID PATTERSON T/A TAYLOR EXCAVATION & LANDSCAPING

Docket Number A-00116415..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PAB PMO 033507
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
DEC 16 1999

EEF