

1999 NOV 23 10:23

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

1. SARKIS J. TULANEY
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. SARKIS J. TULANEY TRUCKING
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. 101 BARBARA LANE TAYLOR, PA. 5705621177
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. P.O. BOX 177, TAYLOR, PA. 18517-0177
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-366215 DOT-823782

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)

DOCKETED
DEC 15 1999

A-116434

★

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 LEASED _____.

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:

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

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 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:

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.

SARKIS J. TULLAKEY Sarkis J. Tully 11-26-99
(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.

CERTIFICATE OF INSURANCE

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	EMPIRE FIRE & MARINE INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	



The HDH Group, Inc.
Transportation Division
99 Erie Street, Suite #2
Edinboro, PA 16412

INSURED

SARKIS TULANEY
101 BARBARA LANE
TAYLOR, PA 18517

*SC SARKTU

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 PROF				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADY 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 type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CL434783	07/08/99	07/08/00	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/PARTNER/EXECUTIVE OFFICER ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	MOTOR CARGO	CL478468	07/08/99	07/08/00	\$100,000 PER VEHICLE \$200,000 PER CATASTROPHE \$ 1,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SARKIS TULANEY
101 BARBARA LANE
TAYLOR, PA 18517

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 ON ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *Sarkis Tulaney*

1-877-774-7477

CAROL KROH AGENT

COMMON POLICY - DECLARATION

Renewal of Number

RE-WRITE 99

EMPIRE FIRE AND MARINE INSURANCE COMPANY
OMAHA, NEBRASKA

Policy No.

CL434783

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code) 8/30

Agent

~~SARKIS TULANEY~~ Sarkis J. Tulaney
101 BARBARA LANE 0181A Sarkis J. Tulaney
TAYLOR PA 18517 Trucking

THE HDH GROUP INC 3814
USX TOWER SUITE 5900
600 GRANT STREET
PITTSBURGH PA
15219-2804

Policy Period: From 07-08-99 to 07-08-00

12:01 A.M. Standard Time at your mailing address shown above. (Unless otherwise endorsed)

Business Description

TRUCKING
COMM: PRODUCE, PAPER

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART	COVERAGE PART DECLARATIONS (FORM NUMBER)	PREMIUM
Commercial Property	_____	\$ _____
Commercial General Liability	_____	\$ _____
Commercial Crime	_____	\$ _____
Commercial Inland Marine	_____	\$ _____
Commercial Auto - Business Auto	_____	\$ _____
Commercial Auto - Garage	_____	\$ _____
Commercial Auto - Truckers	JDL190 (12-93)	\$ 2,825.00
"THIS POLICY DOES NOT COVER COLLISION DAMAGE TO ANY AUTO YOU RENT."		\$ _____
		\$ _____

Premium shown is payable: at inception
 Per Payment Form Attached

TOTAL \$ 2,825.00

Audit Period: Annual, unless otherwise stated

RECEIVED

Form(s) and Endorsement(s) made a part of this policy at time of issue:
BJP190-0-X(12-98), EM0804(12-85), IL0246(4-98), IL0910(AUG 13 1999)

* Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form/Endorsement.

Date of Issue: 08-10-99 HA

Countersigned By _____

Authorized Representative

EM 00 69 (03-93)

Agent Copy

10804-0177-00000000-00

RECEIVED TIME DEC. 15. 4:54PM

PRINT TIME DEC. 15. 4:56PM

processed 12:01 9

GENERAL CHANGE ENDORSEMENT

This endorsement forms a part of the Policy to which attached, effective from its date of issue unless otherwise stated herein.

Policy Number: CL434783 Policy Period Inception: 07-08-99
Issued to: SARKIS J TULANEY D/B/A Expiration: 07-08-00
Effective from: 8-30-99 12:01 A.M. Standard Time

In consideration of no additional premium Provided By:
Empire Fire and Marine 100.00%

It is agreed that as of the effective date hereof, the policy is hereby amended in the following particulars:

THE INSURED'S NAME IS AMENDED TO READ:

SARKIS J. TULANEY D/B/A
SARKIS J. TULANEY
101 BARBARA LANE
TAYLOR, PA 18517

END'T #2
EFF: 08-30-99
EG
All other terms and conditions remain unchanged.

Issued: 9-08-99 TRUCKWRITERS, INC.
At: Atlanta GA 30005

THE HDH GROUP INC 3814
USX TOWER SUITE 5900
600 GRANT STREET
PITTSBURGH PA
15219-2804

Agent Copy

DEF-0011
990908-0002-0001 ORNT-END001 9811

RE-WRITE 99

TRUCKERS DECLARATIONS

include a second part designated "Part 2".

Renewal of Number*

ITEM ONE

This Coverage Part is effective the inception date of the policy unless another date is indicated below. (The following information is required only when this Coverage Part is issued subsequent to preparation of policy.)

Policy No.: CL434783

Effective Date:

Named Insured:

Countersigned by:

Authorized Representative

Additional Premium: (From endorsement date to Policy Expiration)

Endorsement No.:

Form of Business: [X] Individual [] Partnership [] Corporation [] 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 Truckers Coverage Form next to the name of the coverage.

Table with columns: COVERAGES, COVERED AUTOS, LIMIT, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INS., AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, TRAILER INTER-CHANGE, PHYSICAL DAMAGE.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE 1: CA2237 (03-95), CA2192 (11-98), CA0180 (9-97), A964a (6-89), UG131a (8-97), EM0148 (3-88), CA0012 (7/97), CA0022 (2-99)

Table with columns: PREMIUM FOR ENDORSEMENTS, ESTIMATED TOTAL PREMIUM. Values: \$, \$ 2,825.00

ITEM THREE—SCHEDULE OF COVERED AUTOS YOU OWN CA9928(2-99) EM0148(3-88) CA9917(7-97) CA9944(12-93) (for equivalent No-fault cov.)

Table with columns: Covered Auto No., DESCRIPTION, PURCHASED, TERRITORY, CLASSIFICATION. Includes sub-tables for Description and Classification.

*Entry optional if shown in Common Policy Declarations. †Forms and Endorsements applicable to this Coverage Part omitted is shown elsewhere in the policy.

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

COMMON POLICY—DECLARATIONS

Renewal of Number

New 1999

Policy No.

CL478468-001

- EMPIRE FIRE AND MARINE INSURANCE COMPANY**
OMAHA, NEBRASKA
- EMPIRE INDEMNITY INSURANCE COMPANY**
OKLAHOMA CITY, OKLAHOMA

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip code)

8/30

Sarkis J. Tulaney *DBIA Sarkis J.*
~~SARKIS TULANEY~~ *Tulaney Trucking*
 101 BARBARA LANE
 TAYLOR PA 18517-0000

Agent 3814

HDH GROUP INC (THE)
 USX TOWER 600 GRANT ST
 STE 5900
 PITTSBURGH, PA 15219-0000

Policy Period: From 07/08/1999 to 07/08/2000 12:01 A.M. Standard Time at your mailing address shown above. (Unless otherwise endorsed)

Business Description

TRUCKING

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART	COVERAGE PART DECLARATIONS (FORM NUMBER)	PREMIUM
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POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Commercial Property	_____	\$ _____
Commercial General Liability	_____	\$ _____
Commercial Crime	_____	\$ _____
Commercial Inland Marine	<u>EM0074(5-93)</u>	\$ <u>250.00</u>
Commercial Auto—Business Auto	_____	\$ _____
Commercial Auto—Garage	_____	\$ _____
Commercial Auto—Truckers	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Premium shown is payable: at inception TOTAL \$ 250.00
 Per Payment Form Attached

Audit Period: Annual, unless otherwise stated _____

Form(s) and Endorsement(s) made a part of this policy at time of issue*: _____

RECEIVED

BJP190-0-X(12-98),IL0248(4-98),IL0910(1-91)

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations **AUG 13 1999**

Date of Issue: 08/10/1999 USEHALL Countersigned By THE HDH GROUP INC.
 Authorized Representative

EM 00 69 (03-93)

RECEIVED TIME DEC. 15. 4:54PM

PRINT TIME DEC. 15. 4:56PM

8-13-99

The HDH Group, Inc.
Transportation Division
99 Erie Street, Suite #2
Edinboro, PA 16412
Phone: (814) 734-1749
Toll Free: (877) 774-7477
FAX: (814) 734-6402
www.hdhgroup.com

The HDH Group, Inc.

Fax

To: Gail Travitz - PUC

From: CAROL KROH

Fax: 717-787-5961

Pages: 5 + COVER

Phone:

Date: Wednesday, December 15, 1999

Re: Sarkis J. Tulaney

CC:

Email: webmaster@hdhgroup.com

Urgent **For Review** **Please Comment** **Please Reply** **Confidential**

Comments:

See attached dec. pages for liability and motor cargo policies, per your request, along with endorsements amending insured's name. I'll request the Form E & H from the insurance carrier.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SARKIS J TULANEY
T/A SARKIS J TULANEY TRUCKING
PO BOX 177
TAYLOR PA 18517-0177

DATE 12/28/99
RECEIPT # 196502

IN RE: Application fees for SARKIS J TULANEY T/A SARKIS J TULANEY TRUCKING

Docket Number A-00116434..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: FNCB CC 04008476
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
DEC 29 1999

SRB