



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.

Eugene Fleming      Eugene Fleming      2/7/00  
(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.

CT064024  
Renewal of Number

COMMERCIAL AUTO COVERAGE PART  
**TRUCKERS DECLARATIONS**  
**National Casualty Company**

Property/Casualty Division  
8877 N. Gainey Center Drive - Scottsdale, Arizona 85258  
A STOCK COMPANY

CT070135

**ITEM ONE - NAMED INSURED AND ADDRESS:**

EUGENE FLEMING  
RD 2, BOX 116F  
MILLERTON PA 16936

**AGENT NAME AND ADDRESS:**

ALL RISKS, LTD.  
1699 E. MARKET STREET  
YORK, PA 17403

The Declarations  
include a second  
part designated  
"Part 2".

FORM OF NAMED INSURED'S BUSINESS:  
 CORPORATION;  PARTNERSHIP;  
 INDIVIDUAL or  OTHER

NAMED INSURED'S BUSINESS:  
SAND STONE AND DIRT

Agent No: 37012

POLICY PERIOD: Policy covers FROM 03/22/99 TO 03/22/00

12:01 A.M. Standard Time at your mailing address shown above.

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.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 1,000,000.	\$ 1194.00
PERSONAL INJURY PROTECTION (P.I.P.)††	46	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ N/A DEDUCTIBLE	\$ 39.00
ADDED P.I.P. (or equivalent added No-fault cov.)	46	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ 83.00
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	46	\$ 35,000.	\$ 40.00
UNDERINSURED MOTORISTS (when not included in UM Cov.)	46	\$ 35,000.	\$ INCLUDED
TRAILER	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR OR	\$ WHICHEVER IS LESS
	SPECIFIED CAUSES OF LOSS COVERAGE		\$ WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM
	COLLISION COVERAGE		\$ WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO
PASSENGER	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	\$ 1000. DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.
	SPECIFIED CAUSES OF LOSS COVERAGE		\$ 25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM
	COLLISION COVERAGE		\$ 1000. DEDUCTIBLE FOR EACH COVERED AUTO
	TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †:

SEE FORM SCHEDULE ATTACHED

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM	\$ 2436.00

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

†† (or equivalent No-fault cov.)

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY: Town & State Where the Covered Auto will be principally garaged	
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Original Cost	New	Actual Cost &	NEW (N) USED (U)			
1	1991 FORD TRI-AXLE DUMP TRUCK S#1FDYY90X1MVA20338					30,000		MILLERTON PA 055	
2									
3									
Covered Auto No.	CLASSIFICATION							Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss	
	Radius of Operation (In Miles)	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
1	100	C	73,280		2.25		.80	40129	FIRST CITIZENS BANK
2									
3									

Countersigned:

By  ALL RISKS, LTD.  
Authorized Representative

† Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

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

CT-D-1a (2-91)

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REC'D APR 05 1999 2360

**EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS**

This is to advise that Eugene Fleming  
(Name of applicant/carrier)  
holding PUC authority at Application Docket No. 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.

Eugene Fleming

Signature of Individual, Partner or Corporate Officer.

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**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 2/7/00

Eugene Fleming  
(Signature)

Eugene Fleming  
(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:

EUGENE FLEMING  
RD 2 BOX 116F  
MILLERTON PA 16936

DATE 2/29/00  
RECEIPT # 196709

IN RE: Application fees for EUGENE FLEMING

Docket Number A-00116600..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 84205061537  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCKETED  
MAR 01 2000

DOCUMENT  
FOLDER

EEF