

Before the Pennsylvania Public Utility Commission

2000 MAR 16 PM 2:43

**APPLICATION  
MOTOR COMMON CARRIER OF PROPERTY**

704315

1. Jay Floyd Hammond  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Jay Hammond Hauling  
TRADE NAME IF ANY  
The trade name, if fictitious, has not been registered with the  
(has or has not)  
Secretary of the Commonwealth on \_\_\_\_\_ Attach a date  
stamped copy of the registration form. Franklin

3. 20575 Hammond Rd. Spring Run PA 17262  
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)  
(City, County, and Zip Code) 717-349-2545

4. \_\_\_\_\_  
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.)

**DOCKETED**

MAR 29 2000

ATTORNEY'S ADDRESS

6. APPLICANT does not HOLD INTERSTATE OPERATING  
(does or does not)  
AUTHORITY AT DOCKET NUMBER NA

7. APPLICANT does not HAVE A CURRENT SAFETY RATING  
(does or does not)

**DOCUMENT  
FOLDER**

ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY  
AGENCY. (ATTACH COPY)

A-116725

25  
BPD - OK  
CARGO - WAIVE  
RG MOD 7/24

EEF

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

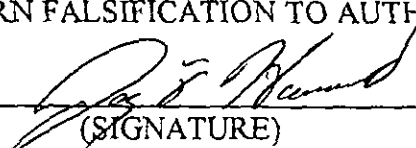
APPLICANT FURTHER CERTIFIES THAT IT UNDERSTANDS THE REQUIREMENTS OF THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, ESPECIALLY AS THEY RELATE TO SAFETY AND INSURANCE AND THAT IT MAY BE SUBJECT TO CIVIL PENALTIES, SUSPENSION OR CANCELLATION OF THE CERTIFICATE FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

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.

<u>Jay F. Hammond</u>	<u></u>	<u>3-13-2000</u>
(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.

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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.

# National Casualty Company

Property/Casualty Division  
6677 N. Gainey Center Drive - Scottsdale, Arizona 85258  
A STOCK COMPANY

CT073386

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

JAY HAMMOND HAULING  
SPRING RUN PA

**AGENT NAME AND ADDRESS:**

ALL RISKS, LTD.  
2555 KINGSTON ROAD #250  
YORK, PA 17402

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

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

Agent No: 37012

**POLICY PERIOD:** Policy covers FROM 01/01/00 TO 01/01/01

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 <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos.)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46, 47, 50	\$ 1,000,000	\$ 9089
PERSONAL INJURY PROTECTION (P.I.P.)††	46	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ N/A DEDUCTIBLE	\$ 110
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) <small>(Non-ign only)</small>		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	46	\$ 35,000	\$ 234
UNDERINSURED MOTORISTS	46	\$ 35,000	\$ INCLUDED
COMPREHENSIVE COVERAGE		\$ 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	\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	\$ 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	\$ 6369
	COLLISION COVERAGE	\$ 1000 DEDUCTIBLE FOR EACH COVERED AUTO	\$ INCLUDED
	TOWING AND LABOR <small>(Not Available in California)</small>	\$ 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 UT-3 (8/82)

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM	\$ 15,802.00

**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	Actual Cost	NEW (N) USED (U)				
1	SEE FORM CA190-X(12/90)							
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
	Precisus 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					Lab.	Phy. Damage		
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.

**EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS**

This is to advise that Jay P. Hammond  
(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.

Jay P. Hammond  
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 3-13-2000

Jay P. Hammond  
(Signature)  
Jay P. Hammond  
(Print Name)

Please return to:

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/01/2000

PRODUCER (717)535-5115 FAX (717)535-5772  
Sausman Insurance Agency  
P O Box 158  
Thompsontown, PA 17054

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 National Casualty Company
- COMPANY B
- COMPANY C
- COMPANY D

Attr: Bob Jeffries Ext:  
INSURED  
Jay Hammond Hauling  
20373 Hammond Road  
Spring Run, PA 17262

### 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.

CC 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 - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CT073386	01/01/2000	01/01/2001	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ 250 PD Ded
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - SA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM 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				W/C STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

### CERTIFICATE HOLDER

### 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

*Bob Jeffries*

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

JAY F HAMMOND  
T/A JAY HAMMOND HAULING  
20575 HAMMOND RD  
SPRING RUN PA 17262

DATE 4/ 4/00  
RECEIPT # 196900

IN RE: Application fees for JAY F HAMMOND T/A JAY HAMMOND HAULING

Docket Number A-00116725..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 84692913322

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)  
BASKETED  
APR 04 2000

DOCUMENT  
FOLDER

EEF