

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

WALKIN
5-3-00

1. Thomas K. Siemons, ~~Keystone Towing and Recovery~~
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Keystone Towing and Recovery
TRADE NAME IF ANY
The trade name, if fictitious, has _____ been registered with the
(has or has not)
Secretary of the Commonwealth on January 14, 1992. Attach a date
stamped copy of the registration form.

3. 600 Mountain St., Enola, PA, Cumberland County 17025 (717-732-4064)
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

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.)

ATTORNEY'S ADDRESS

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

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

MAY 3 2000

st

**DOCUMENT
FOLDER**

PA PUC Docket NO. A-116802

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 2 LEASED 0

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.

Thomas K. Steinhilber  5/2/00
(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.

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

207

KEYSTONE TOWING AND RECOVERY

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND 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.

ENTITIES ACTING AS PROFESSIONAL FUNDRAISING CONSULTANTS OR PROFESSIONAL SOLICITORS ON BEHALF OF CHARITIES SOLICITING CONTRIBUTIONS WITHIN THE COMMONWEALTH OF PENNSYLVANIA MUST REGISTER WITH THE DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS, ROOM 308, NORTH OFFICE BUILDING, HARRISBURG, PENNSYLVANIA 17120-0029 (717/783-1720).

ENTITY NUMBER: 2072264

MICROFILM NUMBER: 09205

0396-0397

THOMAS K SIEMONS
600 MOUNTAIN ST
ENOLA, PA 17025

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 2072264

[Handwritten Signature]

ACTING Secretary of the Commonwealth

[Handwritten mark]

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DSCB:54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: Keystone Towing and Recovery

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Towing and Transporting cars + trucks

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

<u>600 Mountain St</u>	<u>Enola</u>	<u>Pa.</u>	<u>17025</u>	<u>Cumberland</u>
Number and Street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

<u>Thomas K Simons</u>	<u>600 Mountain St</u>	<u>Enola</u>	<u>Pa.</u>	<u>17025</u>
Name	Number and Street	City	State	Zip

Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction	Principal Office Address	Pa. Registered Office, if any

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

(Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 14 day of January, 1992.



(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Name of Entity)

(Name of Entity)

BY: _____

BY: _____

TITLE: _____

TITLE: _____



Towing Operators Protector Plan²
Declarations (Page 1 of 4)

Policy No. CPP1164375-03
Renewal of: CPP1164375-02

ISSUED BY THE INSURANCE COMPANY

If this policy is a renewal of another policy written by us, by acceptance of this policy you cancel the prior policy, the cancellation to be effective at the time this policy becomes effective

INDICATED BY AN 'X' located:

- General Accident Insurance Company, 436 Walnut Street, Philadelphia, PA
Potomac Insurance Company of Illinois, 436 Walnut Street, Philadelphia, PA
The Camden Fire Insurance Company, 426 Walnut Street, Philadelphia, PA
[X] Pennsylvania General Insurance Company, 436 Walnut Street, Philadelphia, PA

NAMED INSURED: Thomas Siemons T/A
Keystone Towing & Recovery Service
600 Mountain Road
Enola, PA 17025

POLICY PERIOD: FROM: 02/14/00 TO: Continuous until Canceled
at 12:01 a.m. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

- [X] Individual
[] Partnership
[] Joint Venture
[] Corporation

DESCRIPTION OF COVERED PREMISES:

600 Mountain Road, Enola, PA 17025

\$ 4,995.00 Deposit Premium

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

THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:

- I PROPERTY PROTECTION
II INLAND MARINE PROTECTION
III GARAGE PROTECTION
IV EMPLOYEE DISHONESTY PROTECTION-OPTIONAL
V OTHER

THE COVERAGE PARTS INCLUDE THE FOLLOWING COVERAGES (IF AN 'X' OF A COVERED AUTO SYMBOL IS SHOWN UNDER COVERAGE APPLICABLE AND A LIMIT OF INSURANCE IS INSERTED)

I. PROPERTY PROTECTION

Table with 5 columns: COVERAGE APPLICABLE, DESCRIPTION, LIMITS OF INSURANCE, DEDUCTIBLE, FORMS APPLICABLE. Includes rows for Building Coverage and Business Income.

Handwritten signature/initials

Policy No. CPP1164375-03

NAMED INSURED: Thomas Siemons T/A Keystone Towing & Recovery Service

II. INLAND MARINE PROTECTION

COVERAGE APPLICABLE	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
<input checked="" type="checkbox"/>	TOWING OPERATORS COVERAGE			TOPP COVERAGE FORM
			\$ _____ FLOOD (\$1000 unless otherwise indicated above)	G15096 (01-99) P-0048 (01-87) CM 0091 (6-93) P-0367 (7-96)
			\$ _____ EARTHQUAKE (\$1000 unless otherwise indicated above)	
	COVERED PROPERTY A Business Property other than Buildings wherever located, including but not limited to: - Tools and Equipment including books, boom and radios - Contents including stock, office supplies, furniture and other incidental business property - Tenants Improvements and Betterments See Towing Operator's Coverage Form for complete description.	\$ 38,000 <u>As per schedule on file with the company</u> Excluding Theft Option	\$ 1,000 (\$500 unless otherwise indicated above) applicable to COVERED PROPERTY A for other than Flood and Earthquake	
	COVERED PROPERTY B Property of others while subject to tow, but does not include the "cargo" therein	See below for Combined limit for COVERED PROPERTY B and COVERED PROPERTY C	\$ _____ (\$1000 unless otherwise indicated above) applicable to COVERED PROPERTY B for other than Flood and Earthquake	
	COVERED PROPERTY C Legal Liability for "Cargo" in "Property of others while subject to tow"	See below for Combined limit for COVERED PROPERTY B and COVERED PROPERTY C	\$ _____ (\$1000 unless otherwise indicated above) applicable to COVERED PROPERTY C for other than Flood and Earthquake	
	GROSS VEHICLE WEIGHT (G.V.W.) of "Your Tow Truck"	<u>Combined Limits of Insurance for COVERED PROPERTY B and COVERED PROPERTY C</u>		
	LIGHT / MEDIUM (0-20,000 lbs G.V.W.)	\$ 200,000		
	HEAVY (20,001 - 45,000 lbs G.V.W.)	\$ Not Covered		
	EXTRA HEAVY (Over 45,000 lbs G.V.W.)	\$ Not Covered		

Towing Operators Protector Plan
Declarations (Page 3 of 4)

Policy No. CPP1164375-03

NAMED INSURED: Thomas Siemons T/A Keystone Towing & Recovery Service

II. INLAND MARINE PROTECTION (Continued)

COVERAGE APPLICABLE	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
<input checked="" type="checkbox"/>	ACCOUNTS RECEIVABLE	\$ 10,000	Not Applicable	CM 0066 (6-95)

III. GARAGE PROTECTION

Covered Auto Symbols (Item two)	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
<input checked="" type="checkbox"/> 24, 23, 29	LIABILITY	<p>\$ 1,000,000 Each Accident "Garage Operations" Other than Covered "Autos"</p> <p>\$ 3,000,000 Aggregate "Garage Operations" Other than Covered "Autos"</p> <p>\$ 1,000,000 Each Accident "Garage Operations" Covered "Autos"</p> <p>\$50,000 Fire Legal Liability</p>	<p>\$ (\$1000 Property Damage deductible per "Accident" Unless otherwise indicated above)</p>	<p>A-8192 (07-96) CA 0005 (09-97) CA 0176 (01-87) CA 2501 (12-93) CA 2514 (07-97) IL 0021 (04-98)</p> <p>SCHEDULE OF VEHICLES CA 2520 (9-95) MCS 90 (2-96) CA 0302 (12-93) CA 9944 (12-95) A 8265 (11-95) A 8266 (11-95) CA 2237 (3-95)</p>
<input type="checkbox"/>	PERSONAL INJURY PROTECTION	Limit provided in accordance with applicable no-fault law.		
<input type="checkbox"/>	PROPERTY PROTECTION INS (Michigan Only)	\$ _____		
<input type="checkbox"/> 30	MEDICAL PAYMENTS	\$ Not Covered	Automobile Premises	
<input checked="" type="checkbox"/> 26	UNINSURED MOTORIST	\$ 1,000,000		
<input checked="" type="checkbox"/> 30	GARAGEKEEPERS COMPREHENSIVE COVERAGE DIRECT PRIMARY (Other than Covered "Autos")	<p>\$ 50,000 (each location minus deductible for each covered auto for loss)</p>	<p>\$ 500 (\$1000 unless otherwise indicated above)</p> <p>\$ 2,500 (Maximum Deductible for loss)</p>	
<input checked="" type="checkbox"/> 30	GARAGEKEEPERS COLLISION COVERAGE DIRECT PRIMARY (Other than Covered "Autos")	<p>\$ 50,000 (each location minus deductible for each covered auto for loss)</p>	<p>\$ 500 (\$1000 unless otherwise indicated above)</p>	

Policy No. CPP1164375-03

NAMED INSURED: Thomas Siemons T/A Keystone Towing & Recovery Service

III. GARAGE PROTECTION (Continued)

COVERAGE APPLICABLE	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
AUTOMOBILE PHYSICAL DAMAGE				
<small>Covered Auto Symbols</small>				
27	COMPREHENSIVE COVERAGE	Actual cash value or cost of repair, whichever is less, minus deductible for each covered auto. But no deductible applies to loss caused by fire or lightning.	\$ 1,000 (\$500 MINIMUM DEDUCTIBLE)	
27	COLLISION COVERAGE	Actual cash value or cost of repair, whichever is less, minus deductible for each covered auto	\$ 1,000 (\$500 MINIMUM DEDUCTIBLE)	
<input checked="" type="checkbox"/>	TRUCK DOWN TIME COVERAGE	Applicable Limit of Insurance shown below:		
	<u>Gross Vehicle Weight</u> <small>(G.V.W.) of "Your Tow Truck"</small>	<u>Limits of Insurance</u> <small>for TRUCK DOWN TIME</small>	<u>DEDUCTIBLE</u>	
	LIGHT / MEDIUM <small>(0-20,000 lbs. G.V.W.)</small>	\$ 400 Maximum Per Day	SEVENS (7) DAYS	
	HEAVY <small>(20,001 - 45,000 lbs. G.V.W.)</small>	\$ Not Covered Maximum Per Day	SEVENS (7) DAYS	
	EXTRA HEAVY <small>(Over 45,000 lbs. G.V.W.)</small>	\$ Not Covered Maximum Per Day	SEVENS (7) DAYS	

IV. EMPLOYEE DISHONESTY

COVERAGE APPLICABLE	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
<input type="checkbox"/>	EMPLOYEE DISHONESTY	\$ _____	\$ _____ ((\$500 Minimum Deductible)	

V. OTHER: _____

COVERAGE APPLICABLE	DESCRIPTION	LIMITS OF INSURANCE	DEDUCTIBLE	FORMS APPLICABLE
<input type="checkbox"/>	_____	\$ _____	\$ _____	
<input type="checkbox"/>	_____	\$ _____	\$ _____	

FORMS APPLICABLE TO ALL COVERAGE PARTS, EXCEPT AS REFERENCED IN THE FORM.

This Policy shall not be valid unless countersigned on the Declarations by a duly authorized representative of this Company.

Countersigned: 5-2-00 BY *Thomas Siemons*
DATE AUTHORIZED REPRESENTATIVE
Brown & Brown - Pennsylvania, 850717

LE

NAMED INSURED: Thomas Simons T/A Keystone Towing & Recovery Service										
POLICY NUMBER: CPP1164375-03										
Effective: 02/14/00										
SCHEDULE OF COVERED VEHICLES										
UNIT #	DESCRIPTION	CLASS CODE	COST NEW	LIABILITY	PIP	MED PAY	UM	COMPREHENSIVE DEDUCTIBLE	COLLISION DEDUCTIBLE:	LOSS PAYEE
1	1988 INTERNATIONAL VIN# 1HTLAZPK0JH1540203	23103	20000	X	X		X	500	500	
2	1996 INTERNATIONAL VIN# 1HTSCABM7TH350627	23103	25000	X	X		X	500	500	

0126888010 00 14

ACORD INSURANCE BINDER

DATE
02/11/00

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Brown & Brown Ins. of PA, Inc. 3603 Winding Way Newtown Square, PA 19073	PHONE (A/C. No. Ext.) 610-359-9300	COMPANY Pennsylvania General Ins CPP116437503	BINDER #
DATE EFFECTIVE 02/14/00 12:01		DATE EXPIRATION 06/14/00	
TIME 12:01		TIME 12:00 AM NOON	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

CODE: AGENCY CUSTOMER ID: 916 INSURED Keystone Towing & Recovery Service 600 Mountain Road Enola, PA 17025	SUB CODE: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Veh#1: 1996 International Flatbed Truck 1HTSCABM7TH350627 PA Veh#2: 1988 International Flatbed Truck 1HTLAZPKOJH540203 PA (See Special Conditions Below)
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COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Business Income Accounts Receivable			\$10,000 \$10,000
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE \$		
		FIRE DAMAGE (Any one fire) \$		
		MED EXP (Any one person) \$		
		PERSONAL & ADV INJURY \$		
		GENERAL AGGREGATE \$		
		PRODUCTS - COMP/PROP AGG \$		
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	Underinsured: 1,000,000 See Spec. Conditions/Other Coverages	COMBINED SINGLE LIMIT \$1,000,000		
		BODILY INJURY (Per person) \$		
		BODILY INJURY (Per accident) \$		
		PROPERTY DAMAGE \$		
		MEDICAL PAYMENTS \$		
		PERSONAL INJURY PROT \$		
		UNINSURED MOTORIST \$1,000,000		
AUTO PHYSICAL DAMAGE DEDUCTIBLE: <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		X ACTUAL CASH VALUE		
		STATED AMOUNT \$		
		OTHER		
GARAGE LIABILITY ANY AUTO X Sched/Hired X Non-Owned		AUTO ONLY - EA ACCIDENT \$1,000,000		
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT \$1,000,000		
		AGGREGATE \$3,000,000		
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$		
		AGGREGATE \$		
		SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT \$		
		E.L. DISEASE - EA EMPLOYEE \$		
		E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS/OTHER COVERAGES	Loc#1: 600 Mountain Road, Enola, PA 17025 (See attached Spec Conditions/Other Covs page.)	FEES \$		
		TAXES \$		
		ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS	MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/>
	LOSS PAYEE <input type="checkbox"/>
	LOAN #
	AUTHORIZED REPRESENTATIVE <i>Thomas</i>

FORM NO. 0100000210 11 00

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title Insurance Binder

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

SPECIAL CONDITIONS/OTHER COVERAGES (Continued from page 1.)

** Continued from Automobile Liability Section **

Coverage: First Party Benefits

State: PA

Limit 1: 177,500

Coverage: Pennsylvania Uninsured Motorists

Coverage: Stacked

State: PA

Coverage: Pennsylvania Underinsured Motorists

Coverage: Stacked

State: PA

Coverage: MCS-90 Endorsement

State: PA

Coverage: Hired Auto Physical Damage

State: PA

Limit 1: 25,000

** Continued from Garage Liability Section **

Garagekeepers Other Than Collision:

Limit Loc# 1: 50,000

Ded Per Auto: 500

Max Ded Per Loss: 2,500

Garagekeepers: Comprehensive Coverage Applies

Garagekeepers Collision:

Limit Loc# 1: 50,000

Ded Per Auto: 500

Garagekeepers is written on a Direct Primary Basis

Additional Garage and Dealers Coverages:

Coverage: Broadened Coverage - Garage

State: PA

Coverage: Broad Form Products Coverage

State: PA

** Continued from Auto Physical Damage section **

Vehicle #1: Comp Ded \$500

Coll Ded \$500

Vehicle #2: Comp Ded \$500

Coll Ded \$500

** Continued from Property Section **

Commercial Property Location Specific Coverages

Location: 1

MISCELLANEOUS TOPP COVERAGE

Cov A(a) - Personal Property & Property of Others Limit #1: 1,000

Ded.#1: \$1,000

Cov A(b) - Tools, Communication Equip., other equip not attached to vehicles

SPECIAL CONDITIONS/OTHER COVERAGES (Cont. from page 1.)

Limit #1: 1,000 Ded.#1: \$1,000

Down Time - Units #1 & 2: \$400 per day - 7 day
deductible

Cov A(c) - Towing Equipment attached to vehicles Limit #1: 36,000
Ded.#1: \$1,000

Cov B & C - On-hook & Cargo Limit #1: 200,000 Ded.#1: \$1,000
Ded.#2: \$1,000

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

THOMAS K SIEMONS
T/A KEYSTONE TOWING & RECOVERY
600 MOUNTAIN ST
ENOLA PA 17025

DATE 5/ 3/00
RECEIPT # 197032

IN RE: Application fees for THOMAS K SIEMONS T/A KEYSTONE TOWING & RECOVERY

Docket Number A-00116802..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 1111462506

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
MAY 04 2000

EEF