

2000 MAY -9 AM 11:07

Before the Pennsylvania Public Utility Commission

309925

00 MAY -5 AM 8:10

APPLICATION

MOTOR COMMON CARRIER OF PROPERTY

husband + wife

RECEIVED
SECRETARY'S BUREAU

*add your name
Syz
P.S*

up to E+H

1. Chadwick R. Wise + Diana L. Wise
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Chad Wise Trucking
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.

32896 State Hwy. 77

3. Centerville Crawford 16404 (814)967-4503
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
JUN 14 2000

A-116888

DOCUMENT
FOLDER

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

CHADWICK R WISE Chadwick R Wise 5-2-00
(PRINT NAME) (SIGNATURE) (DATE)

X Diana L Wise Diana L Wise 6-1-00

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.



ERIE
INSURANCE
GROUP
1435 E. 14th Street
 Erie, PA 16501

INSURANCE BINDER

(Do not use a binder for Claims-Made Policy, Business Catastrophe or Fidelity and Surety)

TYPE OF INSURANCE: PRIV. PASS. AUTO. GARAGE PERSONAL LIABILITY COMMERCIAL LIABILITY WORKERS COMP. COMMERCIAL AUTO. PERSONAL PROPERTY COMMERCIAL PROPERTY

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

NAME AND ADDRESS OF AGENCY: MOORE INSURANCE AGENCY, 318 N MONROE ST, TITUSVILLE PA 16354
 AGENT'S NO. AA3311
 COMPANY: ERIE INSURANCE EXCHANGE ERIE INSURANCE COMPANY ERIE INSURANCE PROPERTY & CASUALTY COMPANY FLAGSHIP CITY INSURANCE COMPANY
 If Auto In OH or WV: Preferred Standard

EFFECTIVE (TIME): 12:01 M 4 20 2000
 EXPIRES (TIME): M 4 20 2000
 A Binder may not be in force for more than 30 days (30 days for VA 1-4 family dwellings)

NAME AND MAILING ADDRESS OF INSURED: CHADWICK WISE & DIANA WISE, 32996 STATE HWY 77, CENTERVILLE PA 16404

Agent must mail a copy of this Binder to the Home Office within 24 hours of the effective time above.

DESCRIPTION OF OPERATION/VEHICLE(S): 96 INTL PAYSTAR VIN ZHTTGASTXTC052659, 00 INTL VIN 1HTFTAST1YC025804

NAME OF POLICY (Family Personal Auto, Broadcover HP, etc.): COMM. AUTO

| PROPERTY | OCCUPANCY AND LOCATION OF PROPERTY | COVERAGE / PERILS / FORMS (Bldg., Personal Property, etc.) | AMOUNT OF INSURANCE | DED. | COINS. |
|----------|------------------------------------|--|---------------------|------|--------|
| | | | \$ | | |

| LIABILITY | TYPE OF INSURANCE | COVERAGE / FORMS | COVERAGE | LIMITS OF LIABILITY | |
|--------------------------|---|------------------|--|---------------------|-----------|
| | | | | Each Occurrence | Aggregate |
| <input type="checkbox"/> | PREMISES/OPERATIONS INCLUDING PERSONAL INJURY | | BODILY INJURY | \$.000 | \$.000 |
| <input type="checkbox"/> | PRODUCTS/COMPLETED OPERATIONS | | PROPERTY DAMAGE | \$.000 | \$.000 |
| <input type="checkbox"/> | CONTRACTUAL | | BODILY INJURY & PROPERTY DAMAGE COMBINED | \$.000 | \$.000 |
| <input type="checkbox"/> | OTHER (Specify Below) | | | | |
| <input type="checkbox"/> | MED PAY \$ _____ PEP PERSON | | | | |
| <input type="checkbox"/> | SEPARATE PRODUCTS/COMPLETED OPERATIONS LIMITS | | | | |

| AUTOMOBILE | COVERAGES | LIMITS OF PROTECTION | COVERAGE | LIMITS OF PROTECTION | |
|-------------------------------------|---|----------------------|-----------------------------|----------------------|---------------|
| | | | | Each Person | Each Accident |
| <input type="checkbox"/> | LIABILITY (Commercial Auto/Garage: <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned) | | BODILY INJURY | \$.000 | \$.000 |
| <input type="checkbox"/> | COMPREHENSIVE \$ 500.00 DEDUCTIBLE | | PROPERTY DAMAGE | \$.000 | \$.000 |
| <input type="checkbox"/> | COLLISION \$ 1000.00 DEDUCTIBLE | | COMBINED SINGLE LIMIT (CSL) | \$ 1,000,000 | \$ 1,000,000 |
| <input type="checkbox"/> | MEDICAL PAYMENTS (MED. EXP. VA) \$ _____ Each Person | | COMBINED SINGLE LIMIT (CSL) | \$.000 | \$.000 |
| <input type="checkbox"/> | STATUTORY UNINS. MOT. (NY Only) \$ 10,000 Each Person \$ 20,000 Each Accident | | COMBINED SINGLE LIMIT (CSL) | \$.000 | \$.000 |
| <input type="checkbox"/> | SUM (SUPPL. UNINS. MOTORISTS-NY) \$.000 Each Person \$.000 Each Accident | | COMBINED SINGLE LIMIT (CSL) | \$ 1,000,000 | \$ 1,000,000 |
| <input type="checkbox"/> | UNINS. UNDERINS. MOTORISTS - (50) \$ _____ Each Person \$ _____ Each Accident (IF APPLICABLE) - (PO) \$ _____ Each Accident Deductible | | | | |
| <input checked="" type="checkbox"/> | STACKED <input type="checkbox"/> UNSTACKED (PA Only) | | | | |
| <input checked="" type="checkbox"/> | FIRST PARTY BENEFITS (PA Only) <input checked="" type="checkbox"/> Med. 10,000. <input type="checkbox"/> Loss _____ 000 <input type="checkbox"/> Convt. Pfy <input checked="" type="checkbox"/> Funeral 25,000. <input checked="" type="checkbox"/> Acc'l Death _____ 000 | | | | |
| <input type="checkbox"/> | PERSONAL INJURY PROTECTION \$ _____ | | | | |
| <input type="checkbox"/> | ADDITIONAL FIP (NY Only) \$ _____ | | | | |
| <input type="checkbox"/> | OBEL (NY ONLY) \$ 25,000. | | | | |
| <input type="checkbox"/> | ROAD SERVICE <input type="checkbox"/> OTHER (Specify: _____) | | | | |

W WORKERS COMPENSATION - Society State(s): _____
 C EMPLOYERS LIABILITY - Statutory Limits Other: \$ _____

OTHER COVERAGES/ COMMENTS:

INLAND MARINE COVERAGE MOTOR TRUCK CARGO FOR \$6,000 FOR EACH VEHICLE. POLICY NUMBER 040-2030078

NAME AND ADDRESS OF: MORTGAGEE OR LIENHOLDER CERTIFICATE HOLDER
 IS ABOVE INSURED PRESENTLY A POLICYHOLDER? YES NO
 IF YES, POLICY NO. 005-1206021
 Signature of Authorized Agent: *Kate M. Murphy*

Handwritten signature/initials



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

May 31, 2000

CHADWICK R WISE
T/A CHAD WISE TRUCKING
32896 STATE HIGHWAY 77
CRAWFORD PA 16404

In re: Return property application and check of Chadwick R. Wise, t/a Chad Wise Trucking at A-00116888.

Dear Mr. and Mrs. Wise:

As per our conversation of the above date, I am returning your application and check. We discussed that you would add your name to the application at line one and sign the application at page 3. Since you are husband and wife, you do not need to file a partnership agreement.

Also you were going to call your insurance agent and request Forms E & H be submitted.

If you have any questions, please do not hesitate to call me at the number listed below.

Sincerely yours,

Gale E. Travitz
Transportation Application Specialist
Compliance Section
Bureau of Transportation and Safety
(717) 787-5513

GET/gt

Enclosures



Chad Wise Trucking

32896 State Hwy 77
Centerville, PA. 16804

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

Phone 814-967-4503

2000 JUN -7 AM 9:53

June 05, 2000

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA. 17105-3265

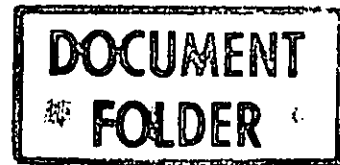
Attention: Gale E. Travitz

Dear Gale..

Enclosed is our corrected and completed application for PUC. I called our insurance company on June 1, 2000 and they are sending the Forms E & H to your office. Please call if you don't get them right away and I will call them again.

Sincerely,

Diane L Wise
Diane L Wise



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CHADWICK R & DIANA L WISE
T/A CHAD WISE TRUCKING
32896 STATE HWY 77
CENTERVILLE PA 16404

DATE 6/21/00
RECEIPT # 197244

IN RE: Application fees for CHADWICK R & DIANA L WISE T/A CHAD WISE TRUCKING

Docket Number A-00116888..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: NCBOP OC 071305693
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
JUN 22 2000
DOCUMENT
FOLDER