

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

1. FOLLMER EXCAVATING, INC.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. _____
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. Le Summer Drive Dillsburg, PA 17019-9544 (117)
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED) 432-
(City, County, and Zip Code) 0606

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 IN PROCESS 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 COPIES)

DOCKETED

**DOCUMENT
FOLDER**

JUL 31 2000

A - 117099

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 PA AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON APRIL 1, 1995. 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.

James M. Follmer James M. Follmer 7-31-00
(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.

SCB:15-1306/2102/2303/2702/2903/7102A (Rev 90)-2

Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

(TESTIMONY WHEREOF, the Incorporator(s) has (have) signed these Articles of Incorporation this 3rd day of March, 1995.

James M. Fallmeier
(Signature)

Judy A. Yallace
(Signature)

LIST OF OFFICERS FOR FOLLMER EXCAVATING, INC.

James M. Follmer, President 510 Shares Owned

Judy A. Follmer, Vice President, Secretary 490 Shares Owned

ACORD INSURANCE BINDER

DATE
06/01/00

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

PRODUCER Murray Insurance Associates Murray/CIB Division 282 Lowther Street, Suite 201 Lemoyne, PA 17043	PHONE A/C, NO, EXT: 717-774-7064	COMPANY HCS - Penn National Secu	BINDER # AX9 0085180
CODE: B++	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CURTUMER ID: 15282	INSURED Follmer Excavating, Inc. 6 Summer Drive Dillsburg, PA 17019	DESCRIPTION OF OPERATION/VEHICLES/PROPERTY (including Location)	
DATE EFFECTIVE TIME 06/04/00 12:01		EXPIRATION DATE TIME 06/04/01 12:01 AM	

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COMS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	Underinsured: 35,000 See Spec. Conditions/Other Coverages			
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: <input checked="" type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES See Veh Schedule See Veh Schedule	<input checked="" type="checkbox"/> ACTUAL CASH VALUE STATED AMOUNT OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO GarageKeepers	\$50,000 Limit w/\$1,000 Ded Comp/Coll	<input type="checkbox"/> AUTO ONLY - EA ACCIDENT <input type="checkbox"/> OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
SPECIAL CONDITIONS/OTHER COVERAGES Follmers Service Center, Inc. (See attached Spec Conditions/Other Covs page.)		FEES TAXES ESTIMATED TOTAL PREMIUM		

NAME & ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Richard M. Boland</i>	

ACORD INSURANCE BINDER

DATE
07/20/00

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

PRODUCER
Murray Insurance Associates
Murray/CIB Division
282 Lowther Street, Suite 201
Lemoyne, PA 17043

PHONE (A/C, No. Ext) 717-774-7064
COMPANY HCS - Penn National Secu
BINDER # CX9 0085180
EFFECTIVE DATE 07/19/00 TIME X AM PM
EXPIRATION DATE 06/04/01 TIME X 12:01 AM NOON

CODE: B++ SUB CODE:

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

AGENCY CUSTOMER ID: 15282
INSURED Follmer Excavating, Inc.
6 Summer Drive
Dillsburg, PA 17019

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)
Loc#1: 6 Summer Drive
Dillsburg, PA 17019

COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> 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/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: <input type="checkbox"/> OTHER THAN COL: <input type="checkbox"/>				ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
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	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	MOTOR TRUCK CARGO COVERAGE Limit #1: 500,000 Deductible #1: \$2,500			
	MOTOR TRUCK CARGO COVERAGE: (See attached Spec Conditions/Other Covs page.)			TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Tim M. Bohlen</i>	

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 CONDITION OTHER COVERAGES (Cont. from page 1.)

\$500,000 Limit of Ins with \$2,500 Deductible.
Includes Loading & Unloading.
All Risk Coverage.



Murray/CIB Division

RUSH

___ ROUTINE URGENT

TO: Gale

COMPANY: _____

DATE: 7-31-00

FROM: Vicki Boblica

RE: Folmer Excavating

NO OF PAGES FAXED: 5 (Including this page)

HARD COPY TO FOLLOW: ___ Yes No

If you do not receive a complete transmission, please call as soon as possible.

MESSAGE: Gale —

*See attached "revised" binders.
Call me if you need anything else.*

Vicki

CONFIDENTIALITY NOTE

The documents accompanying this telecopy transmission contain information from Murray Insurance Associates, Inc., which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this firm immediately. In this regard, if you have received this telecopy in error, please notify us by telephone so that we can arrange a method of return.

HRG/234713

Suite 201 • 282 Lowther Street • P.O. Box 448 • Lemoyne, PA 17043
(717)-774-7064 • (800)692-7245 • Fax: (717)774-0913

Corporate Headquarters/Construction Services Division: 39 N. Duke Street • P.O. Box 1728 • Lancaster, PA 17608-1728
(717)397-9600 • Fax: (717)299-6770 • (800)533-5271 • E-Mail: murray@murrayins.com

RECEIVED TIME JUL. 31. 3:25PM

PRINT TIME JUL. 31. 3:26PM

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

FOLLMER EXCAVATING INC
6 SUMMER DR
DILLSBURG PA 17019-9544

DATE 8/4/00
RECEIPT # 197427

IN RE: Application fees for FOLLMER EXCAVATING INC

Docket Number A-00117099..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PNCB MO 594115
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
AUG 07 2000