

Before the Pennsylvania Public Utility Commission

APPLICATION

MOTOR COMMON or CONTRACT CARRIER OF PERSONS

CHECK ONLY ONE SERVICE TYPE:

- Airport Transfer
- Paratransit
- Call or Demand
- Scheduled Route
- Limousine
- Group and Party
(15 passengers or less)

Rec'd
7/25/00
JK
Resubmitted
8/14/00

1. LIBERTY Ambulance Response, Inc.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. N/A
TRADE NAME IF ANY
The trade name, if fictitious, HAS NOT been registered with the
(has or has not)
Secretary of the Commonwealth on N/A. Attach a date
stamped copy of the registration form.

3. 2640 EAST HUNTINGTON STREET Philadelphia, PA 19125
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) 215-634-5556

4. 51 GIBRALTAR Drive Suite 1F Morris Plains, NJ 07950-1254
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. N/A
ATTORNEY'S NAME AND TELEPHONE NUMBER
(Do not supply an Attorney's name if you want all correspondence and notice of
process mailed directly to you.)

DOCKETED
SEP 18 2000

N/A
ATTORNEY'S ADDRESS

A 00117214

DOCUMENT
FOLDER

6. APPLICANT Does Not HOLD PA PUC AUTHORITY UNDER
(does or does not)
Docket Number N/A, and operates as a N/A carrier.
(common or contract)

6211119
2000 JUL 25 PM 2:16
AFCTY

7. APPLICANT Does Not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER _____

8. CHECK ONE THAT APPLIES TO THIS APPLICATION:

- INDIVIDUAL
- PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF PARTNERS BELOW:

RECEIVED
SECRETARY'S BUREAU
00 JUL 24 AM 9:22

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF PENNSYLVANIA AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON Dec 8, 1999. 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 CORPORATE OFFICERS/TITLES AND DISTRIBUTION OF SHARES.
- STATEMENT OF CORPORATE CHARTER PURPOSE.

Liberty Ambulance Response, Inc. will provide Ambulance & Para-Transit Transport For Disabled Senior Citizens or other Disabled individuals from their Residence to Health Care Facility then returned.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

- FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)
 MAP FOR SCHEDULED ROUTE SERVICE (IF APPLICABLE)
 CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

11. DESCRIBE THE SERVICE PROPOSED BY THIS APPLICATION.
COMMON OR CONTRACT? IN WHAT AREA OF PENNSYLVANIA WILL
THIS PROPOSED SERVICE BE PROVIDED?

(Use the space below or attach additional sheet if space provided is not sufficient).

Para-Transit Transport of Wheel Chair patients From patient's
Residence To Doctors office, From Nursing Home To
Doctors office, or From Nursing Home To A private Function
(As A Birthday party). The Company will Service
Philadelphia, Montgomery & Delaware Counties
~~Northeast Philadelphia & Surrounding Areas~~. Our intent is
To receive calls For our Service From Health Care
Facilities. We wish To obtain contracts, if available,
with these facilities. Our rates will Be \$25.00 each way +
\$4.50 per Mile After The First 10 miles. The Ten mile
Credit will Be Applied only once on A round Trip.

12. CERTIFICATION: Prices will Be Subject To Change.

APPLICANT CERTIFIES THAT IT IS NOT NOW ENGAGED IN
UNAUTHORIZED INTRASTATE TRANSPORTATION 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 DEFRAID EXPENSES INCURRED IN REGULATING MOTOR COMMON CARRIERS OF PASSENGERS; 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.

Scott P. DiLemna Scott P. DiLemna 7/14/00
(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.

9990 718

Microfilm Number _____

Filed with the Department of State on DEC 8 1999

Entity Number 2912131

Kim Fitzgerald
Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT

OF

LIBERTY AMBULANCE RESPONSE, INC.

Business Stock (15Pa.C.S.1306) Professional (15Pa.C.S.2903)
 Business Nonstock (15Pa.C.S.2102) Management (15Pa.C.S.2702)
 Business-Statutory Close (Pa.C.S.2303) Insurance (15Pa.C.S.3101)
 Cooperative (15Pa.C.S.7102)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is:

LIBERTY AMBULANCE RESPONSE, INC.

2. The address of this corporation's initial registered office in this Commonwealth or name of its commercial registered office provider and the county of venue is:

Scott P. Dilemma
2640 E. Huntingdon Street
Philadelphia, Pa 19125
Philadelphia County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is:

1,000 Shares at No Par Value

5. The name and address, including number and street, if any, of each incorporator is:

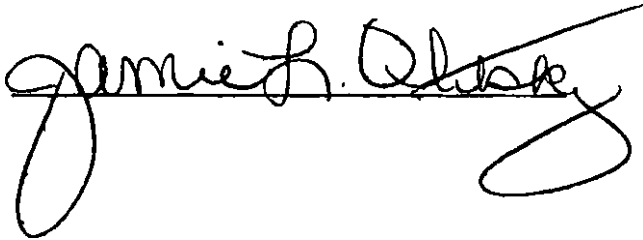
Jamie L. Olitsky
319 Market Street
Harrisburg, PA 17101

6. The specified effective date, if any, is:

PAGE 2
ARTICLES OF INCORPORATION
LIBERTY AMBULANCE RESPONSE, INC.

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
8. Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)
9. Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is:

IN TESTIMONY WHEREOF, the incorporator has signed these Articles of Incorporation on December 8, 1999.

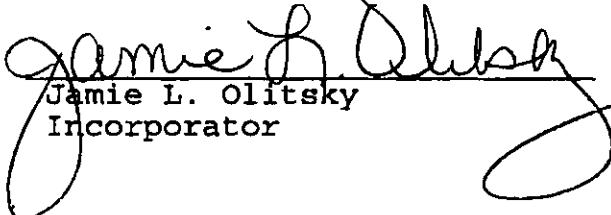
A handwritten signature in black ink, appearing to read "Jamie H. Olsky". The signature is written in a cursive style with a large, looping initial "J" and a long horizontal stroke across the middle.

ACTION OF SOLE INCORPORATOR
LIBERTY AMBULANCE RESPONSE, INC.

The undersigned, without a meeting, being the sole incorporator of the Corporation, does hereby elect the persons listed below to serve as directors of the corporation until the first annual meeting of shareholders and until their successors are elected and qualify:

SCOTT P. DILEMMA - SOLE OFFICER

100 shares - 100 % of all shares owned.


Jamie L. Olitsky
Incorporator

Dated: December 8, 1999

**HEALTH CARE
COMMERCIAL GENERAL LIABILITY PROTECTION
COVERAGE SUMMARY**

The **St Paul**

This Coverage Summary shows the limits of coverage and deductibles that apply to your Commercial General Liability Protection. It also lists those endorsements, if any, that must have certain information shown for them to apply.

Limits Of Coverage		Deductibles	
General total limit.	\$3,000,000	Bodily Injury each event deductible.	
Products and completed work total limit.	\$3,000,000	Personal injury each person deductible.	
Personal Injury each person limit.	\$1,000,000	Advertising injury each person deductible.	
Advertising Injury each person limit.	\$1,000,000	Patients property damage each patient deductible.	\$100
Each event limit.	\$1,000,000	Total deductible.	
<i>Premises damage limit.</i>	\$100,000	Important Note: If a Total deductible is not shown, the total amount you'll be responsible for within the other deductibles is not limited.	
<i>Medical expenses limit.</i>	\$5,000		
<i>Patients property damage limit.</i>	\$1,000		

Type of facility:
AMBULANCE SERVICE

Named Endorsement Table

Important Note: Only endorsements that must have certain information shown for them to apply are named in this table. The required information follows the name of each such endorsement. Other endorsements may apply too. If so, they're listed on the Policy Forms List.

Name of Insured	Policy Number FK06402780	Effective Date 01/12/00
LIBERTY AMBULANCE RESPONSE, INC.	Processing Date 02/24/00	15:02 001

This policy protects against a variety of losses. There are also some restrictions. We've written this policy in plain, easy-to-understand English. We encourage you to read it carefully to determine what is and what is not covered, as well as the rights and duties of those protected.

Policy Number: FK06402780

PHILADELPHIA
SUITE 300
460 NORRISTOWN ROAD
BLUE BELL PA 19422-0710

In return for your premium, we'll provide the protection stated in this policy.

Your policy is composed of General Rules, an explanation of What To Do If You Have A Loss, one or more Coverage Summaries, and one or more Insuring Agreements explaining your coverage. It may also include one or more endorsements. Endorsements are documents that change your policy. The Policy Forms List shows all the forms included when this policy begins.

We, us, our and ours mean **St. Paul Fire and Marine Insurance Company**. We're a capital stock company located in St. Paul, Minnesota.

One of our authorized representatives will also countersign the policy.

The words you, your and yours mean the insured named here, which is a **CORPORATION**
LIBERTY AMBULANCE RESPONSE, INC.
51 GILBRALTER DRIVE
SUITE 1F
MORRIS PLAINS NJ 07950-1254

This policy will begin on 01/12/00
and will continue until 01/12/01
Your former policy number is automatically replaced: NEW

Your premium for the policy period shown is: \$21,488.00
However, please refer to the Premiums section of the General Rules to see how final premiums are determined.

Collision Damage Coverage on rented vehicles is provided if the Auto Coverage Summary attached to this policy indicates that you have Auto Physical Damage Protection for Hired Autos and the Auto Schedule indicates that Collision coverage applies. This coverage is limited by any deductible that applies as well as any of this policy's other rules.

Our authorized representative is:
3706791
CLA INSURANCE AGENCY INC
P.O. BOX 304
NEWTOWN SQUARE PA 19073

Deborah Landis
President.

Edward M. Gerber
Secretary

Authorized Representative Date

Processing Date 02/24/00 15:02 001

POLICY INFORMATION

The **ST Paul**

THIS IS NOT A BILL.

YOUR POLICY IS DIRECTLY BILLED. IF THIS IS A POLICY CHANGE, THE ADDITIONAL OR RETURN PREMIUM WILL BE SHOWN ON FUTURE INSTALLMENT BILLINGS. IF ALL INSTALLMENTS HAVE BEEN BILLED, THE PREMIUM CHANGE WILL BE BILLED OR CREDITED PROMPTLY.

A BILL WILL BE SENT TO:

THE INSURED

Company: ST. PAUL FIRE & MARINE INSURANCE COMPANY

**I
N
S
U** LIBERTY AMBULANCE RESPONSE, INC.
R 51 GILBRALTER DRIVE
E SUITE 1F
D MORRIS PLAINS NJ 07950-1254

Policy Inception/Effective Date: 01/12/00
Policy Number: FK06402780
Agency Number: 3706791

Transaction Type:
POLICY IS NEW
Transaction number: 001
Processing Date: 02/24/00 15:02

A CLA INSURANCE AGENCY INC
G P.O. BOX 304
E NEWTOWN SQUARE PA 19073
**N
T**

Policy Number	Description	Amount	Surtax/ Surcharge
FK06402780	SERIES 2000 POLICY	\$21,488.00	

THE PREMIUM SHOWN DOES NOT INCLUDE A PREMIUM PAYMENT PLAN SERVICE CHARGE. IF YOU SELECTED A PREMIUM PAYMENT PLAN YOUR PAYMENT SCHEDULE/BILL WILL SHOW THIS CHARGE.

THIS POLICY IS ON A NINE PAY PAYMENT PLAN. A PAYMENT SCHEDULE/BILL WILL FOLLOW SHORTLY.

Important Notice - Pennsylvania

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase Liability and First Party Medical Benefit Coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to the basic coverages. The annual premium charges for these minimum mandated coverages are:

Liability:	\$4,132.00
First Party Medical Benefits Coverage:	\$156.00



Department of Treasury
Internal Revenue Service
Philadelphia Service Center



FAX MESSAGE

Date: 12/27/99

To: SCOTT DILEMMA

Phone Number:

Fax Phone Number: 82156346021

From: Tele-Tin, Michelle Trinacria
Address: 11601 Roosevelt Blvd, DP 334
Philadelphia, PA 19154

Phone: 215-516-6999

Fax Phone: 215-516-3990

Subject: Per Your Request, Your employer identification number
is: 23-3023862 LIBERTY AMBULANCE RESPONSE INC

CONFIDENTIAL NOTICE

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone call, and return the communication at the address above via the United States Postal Service. Thank you.



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

IN REPLY PLEASE
REFER TO OUR FILE

August 7, 2000

LIBERTY AMBULANCE RESPONSE INC
51 GIBRALTAR DR
SUITE 1F
MORRIS PLAINS NJ 07950-1254

A-117214
Resubmitted
8/14/00

RE: Application for intrastate operation authority

To Whom It May Concern:

I am returning herewith the submitted application along with the personal money order #900910340 in the amount of \$350.00 representing the filing fee. The application is unacceptable for filing at the present time. You need to be specific in your description the geographic territory you are applying for. You can list individual county/counties or list a central points and with an airline radius of X miles.

I tried to call you on August 7, 2000 and got a message that all the voice mailboxes were full. I also pressed "0" and no operator answered.

Please resubmit the application after you have made the necessary change/addition. If you need assistance in completing the application, please call me. (717) 783-5945

Sincerely,

David Ehrhart
Application Spec.
Bureau of Transportation and Safety

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

LIBERTY AMBULANCE RESPONSE INC
51 GIBRALTER DR STE 1F
MORRIS PLAINS NJ 07950-1254

DATE 9/22/00
RECEIPT # 197613

IN RE: Application fees for LIBERTY AMBULANCE RESPONSE INC

Docket Number A-00117214..... \$350.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: VNB PMO 900910340
CHECK AMOUNT: \$350.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
SEP 25 2000



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

IN REPLY PLEASE
REFER TO OUR FILE

September 27, 2000

LIBERTY AMBULANCE RESPONSE INC
51 GIBRALTAR DR
SUITE 1F
MORRIS PLAINS NJ 07950 1254

In Re: A-00117214 - Application of Liberty Ambulance Response, Inc.

To Whom It May Concern:

The Application cited above has been captioned as attached and will be submitted for review providing no protests are filed on or before October 23, 2000. If protests are filed, you will be advised as to further proceedings.

You are further advised that the above application will be published in the Pennsylvania Bulletin of September 30, 2000.

Very Truly Yours,

David Ehrhart, Application Spec.
Compliance Office – Technical Unit
Bureau of Transportation and Safety

Cc: / Document Folder



DOCKETED
SEP 27 2000

A-00117214 LIBERTY AMBULANCE RESPONSE, INC. (51 Gibraltar Drive, Suite 1F, Morris Plains, NJ 07950-1254), a corporation of the Commonwealth of Pennsylvania - persons, in paratransit service, between points in the counties of Delaware, Montgomery and Philadelphia, limited to the transportation of persons who require assistance for personal mobility to or from the vehicle.

SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS

Published in Pennsylvania Bulletin SEP 30 2000

**BUREAU OF TRANSPORTATION AND SAFETY
COMMON CARRIER
September, 00**

A-00117214

Application of Liberty Ambulance Response, Inc., a corporation of the Commonwealth of Pennsylvania, for the right to begin to transport, as a common carrier, by motor vehicle, persons, in paratransit service, between points in the counties of Delaware, Montgomery and Philadelphia, limited to the transportation of persons who require assistance for personal mobility to or from the vehicle.

DEE:dk

09/20/2000

Application Received: 08/14/00

Application Docketed: 09/18/00

Protests due OCT 23 2000