

Before the Pennsylvania Public Utility Commission

2000 AUG 11 PM 2:55

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. CATHERINE E. L. Fleetwood
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Daytrooper
TRADE NAME IF ANY
The trade name, if fictitious, NAS been registered with the
(has or has not)
Secretary of the Commonwealth on 11/12/1991. Attach a date
stamped copy of the registration form.

3. 209 EDWARDS DR. PEFK. PA 15209 412-821-2028
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 notices of
process mailed directly to you.)

DOCKETED

AUG 16 2000

ATTORNEY'S ADDRESS

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

**DOCUMENT
FOLDER**

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)

A-00117144

BIPD
C-190-110
Prop. B-102
8/14/00

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.

CATHERINE G.L. Fleetwood Catherine G.L. Fleetwood 8-1-07
(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.

DSCB: 54-311 (Rev. 83)
 FICTITIOUS NAME
 REGISTRATION

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

FILING FEE: Corporate/Individual \$95.00
 Corporation \$40.00
 Individual \$25.00
 Check Enclosed
 Charge Account # _____

In compliance with the requirements of Section 311 of Act 1982-295 (54 Pa. C.S. §311), this undersigned entity(ies) desiring to carry on or conduct a business in this Commonwealth under an assumed or fictitious name, style or designation, does (do) hereby certify that:

1. Fictitious Name: DAY TROOPER
 2. Address of the principal place of business: (including street and number) 209 EDWARDS DR P.O. Box 15209 (County) Allegheny
 3. Brief statement of the character or nature of the business: _____

4. Individual or individuals interested in the business: (name and address) Service business - Run Edwards - grocery shopping, cleaning, parking, etc.
 (NAME) (NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)
CATHERINE L. Fleckman 209 EDWARDS DR P.O. Box PA. 15209

5. Entity other than an individual interested in the business:
 (NAME) (FORM OF ENTITY) (ORGANIZING JURISDICTION) (ADDRESS IN JURIS.) (REGISTERED OFFICE (if any))

6. I am familiar with the provisions of Sect on 332 of the Fictitious Names Act and understand that filing under the Act does not create any exclusive or other right to the fictitious name.

7. Agent, if any, authorized to execute amendments, withdrawals, or cancellations.

IN TESTIMONY WHEREOF, the undersigned have caused this registration to be executed this _____ day of _____, 19 _____

Catherine L. Fleckman Individual
 _____ Individual
 _____ Individual
 _____ Corporate Seal
 _____ Name of Corporation
 _____ Secretary of Assistant Secretary
 _____ President or Vice President
 _____ Corporate Seal
 _____ Name of Corporation
 _____ Secretary of Assistant Secretary
 _____ President or Vice President

- FOR OFFICE USE ONLY -

| | | | | | | |
|--|--------------------------|--|---------------|--|----------------|--|
| 0307 FILED NOV 12 1991 <i>Vincent B. Sweet</i> DEPUTY Secretary of the Commonwealth Department of State Commonwealth of Pennsylvania | 002 CODE | 003 REV BOX | SEQUENTIAL NO | 100 MICROFILM NUMBER | | |
| | REVIEWED BY <u>JH</u> | 004 SIC | AMOUNT | 001 CORPORATION NUMBER <u>2061309</u> | | |
| | DATE APPROVED | | \$ | | | |
| | DATE REJECTED | CERTIFY TO <input type="checkbox"/> REV <input type="checkbox"/> OTHER | INPUT BY | LOG IN | LOG IN (FILE) | |
| | MAILED BY DATE | <input type="checkbox"/> L & I <input type="checkbox"/> OTHER | VERIFIED BY | LOG OUT | LOG OUT (FILE) | |



DVUA PITTSBURGH, INC.

One Forestwood Drive, Suite 203, Pittsburgh, PA 15237

Phone: 412-369-2500 Fax: 412-366-1760

B I N D E R

TO: **Newton-Lehman Agency**
Suite 3808 McKnight East Drive
Pittsburgh, PA 15237
Attn.: Deborah

DATE: **July 25, 2000**POLICY #: **TBD**

- 1) **Assured:** Catherine Fleetwood d/b/a Day Trooper
- 2) **Address:** 209 Edwards Drive, Pittsburgh, PA 15209
- 3) **Insurer:** Western World Ins. Co.
- 4) **Limits:** Section I - \$5,000. BPP: \$2,000. Property of Others
 I.M. - \$10,000.
 Section II - \$2MM Gen. Agg. (Incl. Prod/Co Ops), \$1MM Per Occ., \$1MM
 Per/Adv Injury, \$50,000. Fire Legal, \$5,000. Med. Payments
- 5) **Premium:** \$1,250. Min. & Deposit; 25% MEP at inception plus \$100. Inspection Fee
- a. **S.L. Tax %:** 3.5% - \$43.75
 Pa Tax/Stamping Fee
- 6) **Rate (if applicable):**
- 7) **Type of Insurance:** Package
- 8) **Effective Date:** 7-25-00
- 9) **Term of Policy Coverage:** Annual
- 10) **Deductible/Self Insured Retention:** Section I - \$250. per claim.
 I.M. - \$250. per claim
 Section II - \$250. BI/PD per claim incl. loss adj.
 expense

The insurer with whom the insurance has been placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Placed by: DVUA PITTSBURGH INC.
 SHANNON SQUARE ONE SUITE 203
 ONE FORESTWOOD DRIVE
 PITTSBURGH, PA 15237

11) Special Provisions:

Subject to my quote dated 6-27-00.

Subject to the completion and return of a PA SLA form (to follow shortly).

Subject to an original signed (by the insured) app. for policy issuance.

Subject to a favorable inspection, we will order.

This binder is a summary only of coverage which has been arranged. Terms of coverage will be more fully described in the policy or cover note to be issued. Unless the discrepancies in coverage described herein are reported, the policy will be issued as indicated.

This binder will be terminated and superceded upon delivery of formal policies or cover note issued to replace it. This binder expires, unless renewed, in 60 days from inception date of this liability hereunder.

This is a premium bearing binder. The annual premium is due with your DVUA statement, unless otherwise noted.

TYPED BY: cmf

SIGNATURE:

NAME:

Dennis C. Alkson

COVERAGE CONTAINED IN THE TERMS OF THIS BINDER MAY DIFFER FROM COVERAGES REQUESTED BY YOUR AGENCY. PLEASE REVIEW THE TERMS OF THIS BINDER CAREFULLY.

NO FLAT CANCELLATIONS
NON-PAYMENT - REQUEST OF BROKER
OR PREMIUM FINANCE - COMPUTED SHORT RATE

06/23/61

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

REINSTATE

Filed with: PA PUBLIC UTIL. COMM
PO BOX 3265
HARRISBURG, PA 17105-3265

(hereinafter called Commission)

This is to certify that the MOUNTAIN LAUREL ASSURANCE CO
P.O. BOX 94739, CLEVELAND, OHIO 44101

(hereinafter called Company)

has issued to: CATHY FLEETWOOD
DEA: DAY KROOPER

809 EDWARDS DR
PITTSBURGH, PA 15209

a policy or policies of insurance effective from 08/22/60 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is received.

0000 WILSON MILLS RD, MAYFIELD VILLAGE, OH 44143
this 07 day of AUGUST 1960

Insurance Company File No. CA 4180739-0
(Policy Number)

John Marks
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(h) (2) of the Interstate Commerce Act (49 U.S.C. sec. 202(h) (2)).

(PB 3530B
(Ed. 06/62)

FORM F

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The Certification to the policy, by proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 4130739-0

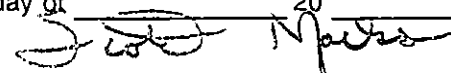
Issued by MOUNTAIN LAUREL ASSURANCE CO

Company, of CLEVELAND, OH

to CATHY FLEETWOOD / DBA: DAY TROOPOER

of PITTSBURGH, PA

Dated at CLEVELAND, OH this 14 day of JUNE 2000

Countersigned by 
Authorized Signature

X - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED

| | | | | | | | |
|----------------------|--|---------------|--|----------------|---|----------------|--|
| ALABAMA | | ILLINOIS | | MONTANA | | RHODE ISLAND | |
| ALASKA | | INDIANA | | NEBRASKA | | SOUTH CAROLINA | |
| ARIZONA | | IOWA | | NEVADA | | SOUTH DAKOTA | |
| ARKANSAS | | KANSAS | | NEW HAMPSHIRE | | TENNESSEE | |
| CALIFORNIA | | KENTUCKY | | NEW JERSEY | | TEXAS | |
| COLORADO | | LOUISIANA | | NEW MEXICO | | UTAH | |
| CONNECTICUT | | MAINE | | NEW YORK | | VERMONT | |
| DELAWARE | | MARYLAND | | NORTH CAROLINA | | VIRGINIA | |
| DISTRICT OF COLUMBIA | | MASSACHUSETTS | | NORTH DAKOTA | | WASHINGTON | |
| FLORIDA | | MICHIGAN | | OHIO | | WEST VIRGINIA | |
| GEORGIA | | MINNESOTA | | OKLAHOMA | | WISCONSIN | |
| HAWAII | | MISSISSIPPI | | OREGON | | WYOMING | |
| IDAHO | | MISSOURI | | PENNSYLVANIA | X | ICC | |

06/13/2000

Cathy Fleetwood
209 Edwards Dr
Pittsburgh, PA 15209

RE: Insurance Binder

To Whom It May Concern:

This letter is intended to confirm the binding of insurance coverage per the following terms and conditions:

Name of Insured: Cathy Fleetwood
Address: 209 Edwards Dr
Pittsburgh, PA 15209

EFFECTIVE DATE OF COVERAGE: 6/13/00 @ 4:55 p.m.
EXPIRATION DATE OF COVERAGE: 7/13/00 (30 Day er for annual policy)
INSURING COMPANY: Progressive Northern Insurance Co.

POLICY NUMBER: 041307390

DESCRIPTION OF COVERAGE:

| | |
|---------------------------------|---|
| AUTO LIABILITY: | \$300,000 Combined Single Limit |
| PROPERTY DAMAGE: | Included In Auto Liability |
| UNINSURED MOTORISTS: | \$300,000 per person \$300,000 per accident - non-stacked |
| UNDERINSURED MOTORISTS: | \$300,000 per person \$300,000 per accident - non-stacked |
| MEDICAL EXPENSES: | \$50,000 w/o Workman's Comp |
| INCOME LOSS: | \$2,500 per week \$50,000 per maximum |
| FUNERAL BENEFITS: | n/a |
| ACCIDENTAL DEATH: | \$10,000 w/o Workman's Comp |
| EXTRAORDINARY MEDICAL: | n/a |
| COMPREHENSIVE DEDUCTIBLE: | \$250 |
| FIRE AND THEFT CAC DEDUCTIBLE: | n/a |
| COLLISION DEDUCTIBLE: | \$250 |
| ON HOOK TOWING COVERAGE: | n/a |
| GARAGEKEEPER'S LEGAL LIABILITY: | n/a |
| NON-TRUCKING LIABILITY: | n/a |

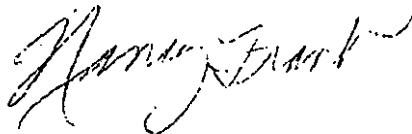
Other terms and conditions:

RE: 2000 Saturn Passenger AU 1G8JW82R6YY621506 - Stated Amt. \$21,000

LOSS PAYEE: M & T Credit Corp 1 Fountain Pl Buffalo NY 14203

You will be receiving your policy shortly. Please feel free to call our Customer Service Department at 1-800-444-1487 should you have any questions regarding your policy.

Sincerely,



50284-6776

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CATHERINE L FLEETWOOD
T/A DAYTROOPER
209 EDWARDS DR
PITTSBURGH PA 15209

DATE 8/23/00
RECEIPT # 197501

IN RE: Application fees for CATHERINE L FLEETWOOD T/A DAYTROOPER

Docket Number A-00117144..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 01798657997

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

725527

DOCKETED

AUG 24 2000

DOCUMENT
FOLDER

RECEIVED
SECRETARY'S BUREAU

00 AUG 24 AM 9:46