

RECEIVED
PENNSYLVANIA
TRANSPORTATION SAFETY

2000 NOV 16 PM 2:53

Before the Pennsylvania Public Utility Commission

737653

APPLICATION

30 NOV 16 2:09:22

MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
SECRETARY'S BUREAU

1. MICHAEL J WILLIAMS
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. WILLIAMS 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.

3. ROSSITER, INDIANA, 15772 814-845-7823
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. 900 HEMLOCK LAKE ROAD ROSSITER, PA 15772
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 _____ HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER APPLIED FOR

7. APPLICANT DOES NOT HAVE A CURRENT SAFETY RATING
(does or does not)

ISSUED BY THE US DOT, PHUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

DOCUMENT
FOLDER

DEC 13 2000

[Signature]

A-117387

18

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

MICHAEL J WILLIAMS Michael J Williams 11-10-00
(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.

Nov 6, 16:31 :US by: anie Thomas

(:32) Pg 2 of 5

9212

INSURANCE BINDER

ISSUE DATE (MM/DD/YY)
11/06/2000

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

PRODUCER

W.N. TUSCANO AGENCY, INC.
950 HIGHLAND AVENUE
GREENSBURG PA 15601

COMPANY
United National Insurance Co. **BINDER NO.** UN3700223

DATE	EFFECTIVE	TIME	AM	PM	EXPIRATION DATE	TIME	AM	PM	NOON
10/26/2000	12:01	X			11/25/2000	X			

INSURED

MICHAEL J. WILLIAMS

900 HEMLOCK LAKE ROAD

ROSSITER PA 15772

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
1990 PETERBILT TRACTOR VIN# 1XP5DB9X3LN293419
UNDESCRIBED TRAILER VIN#

COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR
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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
VEHICLE 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 <input type="checkbox"/> GARAGE LIABILITY	ADDL. FIRST PARTY BENEFITS: MEDICAL \$10,000 WORK LOSS \$50,000/\$2,500 ACCIDENTAL DEATH \$10,000 FUNERAL EXPENSE \$2,500 NON-STACKED UM & UIM	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$ 35,000 UNDERINSURED \$ 35,000		
PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: 1000 <input type="checkbox"/> OTHER THAN COL: 1000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES OTC - COMPREHENSIVE	ACTUAL CASH VALUE STATED AMOUNT \$ 25,000 OTHER		
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 \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
**Subject to completed & signed application within 10 days.

NAME & ADDRESS

UNIT #: 1
PACCAR FINANCIAL CORP.
655 BUSINESS CENTER DRIVE
HORSHAM PA 19044

MORTGAGEE
 LOSS PAYEE
 ADDITIONAL INSURED
 LOAN #

 AUTHORIZED REPRESENTATIVE
Robert Tuscano

8306

INSURANCE BINDER

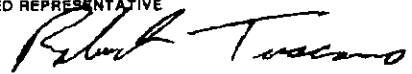
ISSUE DATE (MM/DD/YY)
11/10/2000

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

PRODUCER W. N. TUSCANO AGENCY, INC. 950 HIGHLAND AVENUE GREENSBURG PA 15601	COMPANY National Liability & Fire Ins		BINDER NO. 73MTE672118	
	DATE EFFECTIVE TIME		EXPIRATION TIME	
10/30/2000 12:01 X		11/29/2000 X		12:01AM NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:				
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 1990 PETERBILT TRACTOR VIN# 1XP5DB9X3LN293419				
INSURED MICHAEL J. WILLIAMS 900 HEMLOCK LAKE ROAD ROSSITER PA 15772				

COVERAGES	LIMITS			
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC. <input checked="" type="checkbox"/> MOTOR TRUCK CARGO		20,000	500	100%
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$		
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 <input type="checkbox"/> GARAGE LIABILITY		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"/> COLLISION <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
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		STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
 **Subject to completed & signed application within 10 days.

NAME & ADDRESS (Empty space for name and address)	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

CONDITIONS

This company binds the kind of insurance stipulated on the reverse side. The insurance is subject to 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.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

MICHAEL J WILLIAMS
T/A WILLIAMS TRUCKING
900 HEMLOCK LAKE RD
ROSSITER PA 15772

DATE 12/20/00
RECEIPT # 197879

IN RE: Application fees for MICHAEL J WILLIAMS T/A WILLIAMS TRUCKING

Docket Number A-00117387..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: WU MO 02-857085132

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
DEC 27 2000

**DOCUMENT
FOLDER**