

Before the Pennsylvania Public Utility Commission

2000 DEC -1 PM 1:36

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

1. William C Sutton
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. _____
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. Rd #2 Box 467AA Sayre PA 19840 (570) 888-2711
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. Same as Above
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 _____

APPLICANT does not HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY

DOCUMENT
FOLDER

DOCKETED

RECEIVED
CLERK'S BUREAU

000251 DEC 15 2000
AM 8:53

739263
A - 117381

RECEIVED
CLERK'S BUREAU

00 DEC -1 AM 8:53

2

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 _____ 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.

William Chatten *William Chatten* *11-29-02*

(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.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/21/2000

PRODUCER (570)888-2138 FAX (570)888-4348
Gannon Associates, Inc.
 315 South Main Street
 P.O. Box 226
 Athens, PA 18810

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED **William C. Sutton**
 Mile Lane Rd. R.d. #2
 Sayre, PA 18840

INSURER A: **Harleysville Insurance Co.**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GP2E8621	07/17/2000	07/17/2001	COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$ 100,000
					BODILY INJURY (Per accident)	\$ 100,000
					PROPERTY DAMAGE (Per accident)	\$ 300,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY. AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Motor Truck Cargo	C15E6774	11/17/2000	11/17/2001	Per Disaster	\$5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
PA Public Utility Commission Bureau of Transportation & Safety Insurance / Filing Unit PO Box 3265 Harrisburg, PA 17105-3265		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Jane Ferro <i>Jane Ferro</i>

ACORD COMMERCIAL INSURANCE APPLICATION			DATE 10/06/2000																		
APPLICANT INFORMATION SECTION																					
PRODUCER Gannon Associates, Inc. 28 Main Street P.O. Box 327 Towanda, PA 18848	PHONE (Ac. No. Ext.) FAX (570)265-3197 (570)265-8284	CARRIER NAIC CODE: 14168 Harleysville Insurance Co.	UNDERWRITER																		
CODE: 713214	BUS CODE:	POLICIES OR PROGRAM REQUESTED																			
AGENCY CUSTOMER ID 00022534	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>INDICATE SECTIONS ATTACHED</td> <td>EQUIPMENT FLOATER</td> <td>GARAGE AND DEALERS</td> </tr> <tr> <td>PROPERTY</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>GLASS AND SIGN</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER & MACHINERY</td> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td>TRANSPORTATION MOTOR TRUCK CARGO</td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table>			INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	TRANSPORTATION MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	
INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS																			
PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE																			
GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY																			
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION																			
CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA																			
TRANSPORTATION MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER																				

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION			
QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy)		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME	10/06/2000	10/06/2001	<input checked="" type="checkbox"/> DIRECT BILL	
	AM PM			AGENCY BILL	

APPLICANT INFORMATION		MAILING ADDRESS INCL ZIP# (of First Named Insured)	
NAME (First Named Insured & Other Named Insured) William C Sutton Jr		Bradford RR 2 Box 467AA Sayre, PA 18840	
FEIN OR SOC SEC # (of First Named Insured):			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER 'S' CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION	YEAR BUSINESS STARTED 1994

INSPECTION CONTACT William C Sutton Jr	PHONE (Ac. No. Ext.) (570)888-2711	ACCOUNTING RECORDS CONTACT	PHONE (Ac. No. Ext.)
---	---------------------------------------	----------------------------	----------------------

LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP#	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
00001	00001	RR 2 Box 467AA Sayre Bradford PA 18840	<input checked="" type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 Insured will be purchasing about 5 mobile homes & transporting to his property. They'll be used as rental units.

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE BEING?			<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>				
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 5 YEARS? (NOT APPLICABLE IN MO)			<input checked="" type="checkbox"/>				

REMARKS
 Policy # GP 2E 86 21.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN: SUBSTANTIAL) CIVIL PENALTIES.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE Michael Kelly FERRO
-----------------------	--

PRIOR CARRIER INFORMATION

LINE	CATEGORY	2000-2001															
GENERAL AGGREGATE	CARRIER	NEW															
	POLICY NUMBER																
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE		
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
PROPERTY DAMAGE	PROPERTY DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
PROPERTY LIMIT	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
PROPERTY LIMIT	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
PROPERTY LIMIT	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																

LOSS HISTORY

ENTER ALL CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHECK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						Q/C
						Q/DND

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT OUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.
 (CORD 128 (8/97))

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?	YES NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES NO
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	X	4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	X
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	X	5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?	X
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	X

% OF WORK SUBCONTRACTED: # FULL TIME STAFF: # PART TIME STAFF:

PRODUCTS COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
----------	--------------------	------------	----------------	---------------	--------------	----------------------

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	YES NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES NO
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?	X	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	X
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	X	7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	X
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	X	8. PRODUCTS UNDER LABEL OF OTHERS?	X
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	X	9. VENDORS COVERAGE REQUIRED?	X
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	X

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach AGORD or AGORD-1 to additional interests)

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIGNHOLDER					OTHER
EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	YES NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES NO
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	X	4. RECREATION FACILITIES PROVIDED?	X
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE (D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	X	10. IS THERE A SWIMMING POOL ON THE PREMISES?	X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?	X	11. SPORTING OR SOCIAL EVENTS SPONSORED?	X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	X	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	X	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	X
7. ANY PARKING FACILITIES OWNED/RENTED?	X	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	X
8. IS A FEE CHARGED FOR PARKING?	X	15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	X
REMARKS		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	X
		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	X

ACORD™ INSURANCE BINDER

This supersedes and corrects Binder B00121202316

DATE 12/13/2000

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

PRODUCER Gannon Associates, Inc. 315 South Main Street P.O. Box 226 Athens, PA 18810		PHONE (A/C, No, Ext): (570)888-2138 FAX (570)888-4348	COMPANY Harleysville Insurance Co.	BINDER # B00121302317
CODE: 713214 SUB CODE:		DATE EFFECTIVE TIME: 12/13/2000 12:01 X AM PM EXPIRATION DATE TIME: 01/13/2001 X 12:01 AM NOON		
AGENCY CUSTOMER ID: 00022534 INSURED William C. Sutton Mile Lane Rd. R.d. 2 Box 467AA Sayre, PA 18840		X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: GP2E8621		
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		

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 RETRO DATE FOR CLAIMS MADE:				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				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
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos	Policy # GP2E8621 07/17/2000 - 07/17/2001			AUTO ONLY - EA ACCIDENT \$ 100,000 OTHER THAN AUTO ONLY: EACH ACCIDENT 100,000 AGGREGATE \$ 300,000
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
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES Inland Marine / Motor Truck Cargo - \$5,000 per disaster. Policy # CI5E6774, 10/06/2000 - 07/17/2001				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS PA Public Utility Commission Bureau of Transportation & Safety Insurance / Filing Unit PO Box 3265 Harrisburg PA 17105-3265		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED LOAN # _____ AUTHORIZED REPRESENTATIVE Jane Ferro <i>Jane Ferro</i>
--	--	---	--

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

WILLIAM C SUTTON
RD 2 BOX 467 AA
SAYRE PA 18840

DATE 12/20/00
RECEIPT # 197875

IN RE: Application fees for WILLIAM C SUTTON

Docket Number A-00117381..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 85504819814
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED

DEC 27 2000

DOCUMENT
FOLDER