

Fine & Mangasarian Consulting
Certified Public Accountants

August 28, 2003

Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RECEIVED
03 SEP - 2 AM 10: 26
PA.P.U.C.
SECRETARY'S BUREAU

Re: Veltri Inc
1961 Hartel Street
Levittown, PA 19057
Regarding PUC Application

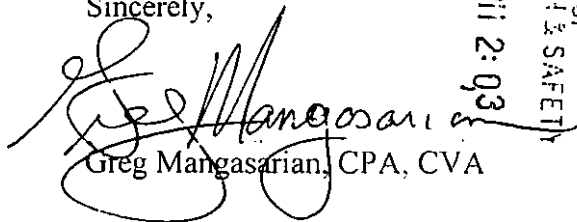
To whom it may concern:

Enclosed is the Application for Motor Common Carrier Property. Attached are the following items:

- Cashiers Check for \$100.00 payable to the Commonwealth of Pennsylvania
- Application for Motor Common Carrier Property.
- Satisfactory Rating letter from US Department of Transportation.
- Articles of Incorporation
- List of Officer's for Veltri Inc
- Copy of Liability and Property Insurance
- Copy of Cargo Insurance

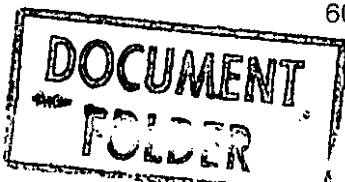
If you have any questions regarding this information please feel free to give me a call.

Sincerely,


Greg Mangasarian, CPA, CVA

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP - 2 PM 2: 03

Encs
Cc: Veltri Inc





Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961

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SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. Veltri Inc
Full Name of Applicant (Individual, Partnership or Corporation)

2. N/A
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
(Date)
stamped copy of the registration form.

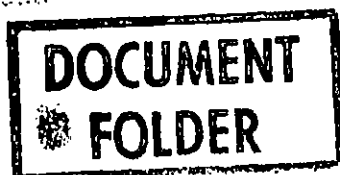
3. 1961 Hartel Street
Levittown, PA 19057 (215)946-6400
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. N/A
Mailing Address if Different from Physical Address

5. _____
Attorney's Name & Telephone Number for this Filing
(Do not supply Attorney's name if you want all correspondence & notice of process mailed directly to you.)

Attorney's Address

6. Applicant Does Not hold interstate operating authority at docket
(Does or does not)
number _____



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BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP - 2 AM 12:03

7. Applicant Does have a current safety rating issued by the US
(Does or does not)
DOT, PA PUC or other state regulatory agency. (Attach Copy)

8. Approximate number of commercial vehicles to be operated in Pennsylvania:
Owned 54 Leased 10

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 Pennsylvania
qualified to do business in Pennsylvania by registering with the Secretary
of the Commonwealth on April 11, 1985
(Date)

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.

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.

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PA PUC
SECRETARY'S BUREAU

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.

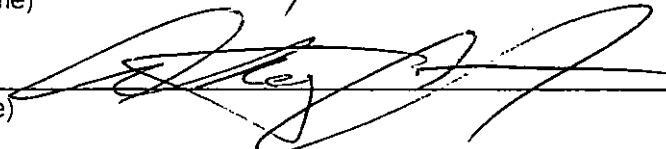
You must sign the following application.

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.

(Print Name) ANTHONY J. VELTRI

(Signature) 

(Date) 8/18/03

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).



U.S. Department of
Transportation
Federal Motor
Carrier Safety
Administration

VELTRI INC
1961 HARTEL ST
LEVITTOWN PA 19057

400 Seventh St., S.W.
Washington, D.C. 20590

March 21, 2003

In reply refer to:
Your USDOT No.: 398991
Review No.: 262764/CR

Dear Motor Carrier:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on March 17, 2003. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact your local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
228 WALNUT STREET, ROOM 560
HARRISBURG, PA 17101
Telephone No.: 717-221-4443

Charles A. Horan, III
Director, Office of Enforcement and
Compliance

Applicant's Account No. _____

85311255

Filed this _____ day

APR 11 1985

A. D. 19

DSCB-BCL-204 (Rev. 8-72)

Commonwealth of Pennsylvania
Department of State

Filing Fee: \$75
AIB-7

Articles of
Incorporation--
Domestic Business Corporation

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU

G. William R. Davis

Secretary of the Commonwealth

864984

In compliance with the requirements of section 294 of the Business Corporation Law, act of May 5, 1933 (P. L. 364) (15 P. S. §1204) the undersigned, desiring to be incorporated as a business corporation, hereby certifies (certify) that:

1. The name of the corporation is:

Veltri Inc.

2. The location and post office address of the initial registered office of the corporation in this Commonwealth is:

13 Paul Street

(NUMBER)

(STREET)

Washington

(CITY)

Pennsylvania

15301

(ZIP CODE)

(e3)

3. The corporation is incorporated under the Business Corporation Law of the Commonwealth of Pennsylvania for the following purpose or purposes:

To provide carrier service for delivery of mail for the United States Postal Service and to do all related services and other things necessary and reasonable for the conduct of said business and to do any lawful act for which corporations may be incorporated under the Business Corporation Law.

4. The term for which the corporation is to exist is: perpetual

5. The aggregate number of shares which the corporation shall have authority to issue is:

500 Shares at \$50.00 per share

Applicant's Account No. _____

DSCB:BCL-806 (Rev. 8-72)

Filing Fee: \$40
AB-2

8702 872

Articles of
Amendment—
Domestic Business Corporation

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU

864 984

Filed this 18 d

Dec, A.D.

Commonwealth of Pennsylvania
Department of State

8

Secretary of the Commonwealth

In compliance with the requirements of section 806 of the Business Corporation Law, act of May 5, 1933 (P. L. 364) (15 P. S. §1806), the undersigned corporation, desiring to amend its Articles, does hereby certify that:

1. The name of the corporation is:

VELTRI, INC.

2. The location of its registered office in this Commonwealth is (the Department of State is hereby authorized to correct the following statement to conform to the records of the Department):

13 Paul Street
(NUMBER)

(STREET)

Washington
(CITY)

Pennsylvania

15301

(ZIP CODE)

3. The statute by or under which it was incorporated is:

Section 294 of the Business Corporation Law, act of May 5, 1933
(P.L. 364) (15 P.S. §1204)

4. The date of its incorporation is: April 11, 1985

5. (Check, and if appropriate, complete one of the following):

The meeting of the shareholders of the corporation at which the amendment was adopted was held at the time and place and pursuant to the kind and period of notice herein stated.

Time: The 1st day of December, 1986.

Place: 13 Paul Street, Washington, Pennsylvania, 15301

Kind and period of notice A ten (10) day written notice to the stockholders.

The amendment was adopted by a consent in writing, setting forth the action so taken, signed by all of the shareholders entitled to vote thereon and filed with the Secretary of the corporation.

6. At the time of the action of shareholders:

(a) The total number of shares outstanding was:

120 shares (not issued - 500 Shares Authorized)

(b) The number of shares entitled to vote was:

380 Shares

7. In the action taken by the shareholders:

(a) The number of shares voted in favor of the amendment was:

380 Shares

(b) The number of shares voted against the amendment was:

None

8. The amendment adopted by the shareholders, set forth in full, is as follows:

The stock in the corporation is hereby reclassified by changing the shares from \$50.00 par value to shares without nominal or par value.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer and its corporate seal, duly attested by another such officer, to be hereunto affixed this day of December, 1986.

VELTRI INC.

(NAME OF CORPORATION)

By:

Pietro Veltri

(SIGNATURE)

Pietro Veltri, President

(TITLE: PRESIDENT, VICE PRESIDENT, ETC.)

Attest:

Julietta T. Veltri

(SIGNATURE)

Julietta T. Veltri, Secretary

(TITLE: SECRETARY, ASSISTANT SECRETARY, ETC.)

(CORPORATE SEAL)

INSTRUCTIONS FOR COMPLETION OF FORM:

- A. Any necessary copies of Form DSCB:17.2 (Consent to Appropriation of Name) or Form DSCB:17.3 (Consent to Use of Similar Name) shall accompany Articles of Amendment effecting a change of name.
- B. Any necessary governmental approvals shall accompany this form.
- C. Where action is taken by partial written consent pursuant to the Articles, the second alternate of Paragraph 5 should be modified accordingly.
- D. If the shares of any class were entitled to vote as a class, the number of shares of each class so entitled and the number of shares of all other classes entitled to vote should be set forth in Paragraph 6(b).
- E. If the shares of any class were entitled to vote as a class, the number of shares of such class and the number of shares of all other classes voted for and against such amendment respectively should be set forth in Paragraphs 7(a) and 7(b).
- F. BCL 5807 (15 P. S. 51807) requires that the corporation shall advertise its intent to file or the filing of Articles of Amendment. Proofs of publication of such advertising should be delivered to the Department, but should be filed with the minutes of the corporation.

RECEIVED
DEC 18 AM 8:15
DEPT. OF STATE

Veltri Inc
1961 Hartel Street
Levittown, PA 19057
215-946-6400

Officers of Veltri Inc

Sole officer, Director and Shareholder:
Anthony Veltri, President 100% Ownership

Ridge Insurance Company
Box 519, Simsbury, CT 06070-0519

Policy No.
J00453

Truckers Coverage Part
Schedule of Covered Autos You Own

Page 1

This Schedule Completes "Item 3" of the Truckers Coverage Part

Absence of a limit or deductible entry means that the limit or deductible entry shown in the corresponding "Item Two" of the declarations limit column applies instead.

Insured's Auto Number	Scheduled Auto Number	Coverages	Premium
1	2000 MACK Trk Tractor VIN: 1M1AA08YOYW021564 Garaged: DELAWARE CO PA Territory: 45 GVW/GCW: 70000 Class: 50444 Cost: 69900 Age: 4 Radius: Local	Liability \$1,000,000 PIP Added PIP UMBI \$100,000 UIMBI \$100,000 Comprehensive-ACV \$1000 Collision -ACV \$1000 Total auto 1	\$ 2509.0 \$ 12.0 \$ 6.0 \$ 10.0 \$ 23.0 \$ 219.0 \$ 1059.0 \$ 3838.0
Credits applied:			
2	1994 FORD Trk Tractor VIN: 1FTYS95L9RVA1814 Garaged: DELAWARE CO PA Territory: 45 GVW/GCW: 46000 Class: 50444 Cost: 84332 Age: 6 Radius: Local	Liability \$1,000,000 PIP Added PIP UMBI \$100,000 UIMBI \$100,000 Comprehensive-ACV \$1000 Collision -ACV \$1000 Total auto 2	\$ 2509.0 \$ 12.0 \$ 6.0 \$ 10.0 \$ 23.0 \$ 142.0 \$ 688.0 \$ 3390.0
Credits applied:			
3	1986 THEURER Semi Trlr VIN: 1TA114529G3405332 Garaged: DELAWARE CO PA Territory: 45 GVW/GCW: 0 Class: 67444 Cost: 21000 Age: 6 Radius: Local	Liability \$1,000,000 PIP Added PIP Comprehensive-ACV \$500 Collision -ACV \$500 Total auto 3	\$ 172.0 \$ 12.0 \$ 6.0 \$ 31.0 \$ 70.0 \$ 291.0
Credits applied:			

These declarations with the policy provisions, forms and endorsements if any, completes the Truckers Policy.

CBA 0368773
PAGE 1 OF 10

AGENT COPY
COMMERCIAL AUTOMOBILE POLICY

general casualty

ACCOUNT NO. 3624102505
NEW DECLARATION

REWRITE OF:
TRO 00453

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY
CBA 0368773	04/16/2003 04/16/2004	GENERAL CASUALTY CD OF WI	0370415 01
NAMED INSURED AND ADDRESS		AGENT	
VELTRI INC AND VELTRI LEASING LLC ATIMA 1961 HARTEL ROAD LEVITTOWN PA 19057		ANDREW F RODGERS 651 HOLIDAY DR FOSTER PLZ V PITTSBURGH PA 003 15220	

POLICY PERIOD- 12:01 AM STANDARD TIME AT THE NAMED INSUREDS ADDRESS STATED ABOVE
FORM OF NAMED INSUREDS BUSINESS- CORPORATION

ITEM TWO- SCHEDULE OF COVERAGES AND COVERED AUTOS

EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE AUTOS SHOWN AS COVERED AUTOS.
AUTOS ARE SHOWN AS COVERED AUTOS FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE
OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE BUSINESS AUTO
COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE.

COVERAGES	COVERED AUTOS	LIMIT- THE MOST WE WILL PAY FOR	PREMIUM
LIABILITY	07 08 09	ANY ONE ACCIDENT OR LOSS	\$151,590
FIRST PARTY BENEFITS	07	SEE ATTACHED FORM	\$2,162
UNINSURED MOTORISTS	07	SEPARATELY STATED IN EACH FPB ENDORSMENT	\$1,144
UNDERINSURED MTRST	07	SEE ATTACHED FORM	\$2,712
PHYSICAL DAMAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS- DEDUCTIBLE SHOWN	
COMPREHENSIVE	07 08	SEE ITEM 3 FOR DEDUCTIBLE FOR EACH COVERED AUTO FOR ALL LOSS	\$11,082
COLLISION	07 08	EXCEPT FIRE OR LIGHTNING SEE ITEM 3 FOR DEDUCTIBLE FOR EACH COVERED AUTO	\$67,333

FORMS AND ENDORSEMENTS CONTAINED IN THE POLICY AT ITS INCEPTION-

CA 9944 1293	G 40-1 0585	CA 2320 0797	CA 2001 0299	G 40-2 0585
CA 0001 0797	IL 0246 0702	IL 0017 1198	BA 7900 0400	IL 0021 0702
CA 0180 0997	IL 0910 0702	CA 0022 0299	CA 7923 0801	IL 7009 0203
CA 2192 0802	CA 2193 0802	CA 2237 0395	CA 2238 0395	

ESTIMATED TOTAL PREMIUM \$236,023.00

ISSUE DATE 06/05/2003

AUTHORIZED REPRESENTATIVE

THESE DECLARATIONS TOGETHER WITH THE BUSINESS AUTO POLICY PROVISIONS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

BA 1201 04-91



One Tower Square, Hartford, Connecticut 06183

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS**

**POLICY NO.: QT-660-7844A888-TIL-03
ISSUE DATE: 07-25-03**

DECLARATIONS PERIOD: From 06-25-03 to 06-25-04 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE:

TRUCKERS CARGO LIABILITY COVERAGE

Broad X Special

Limit of Insurance

**Property In or On Any One Truck,
Trailer, Semi-Trailer or Combination
Of These Pulled By One Power Unit**

\$ 25,000

Property Unloaded At Your Terminal

<u>Premises Loc. No.</u>	<u>Building No.</u>
------------------------------	-------------------------

0 - LDC/BLD

\$ NO COVERAGE

All Covered Property In Any One Occurrence

\$ 25,000

Deductible: \$ 1,000
\$

Reports and Premium:

- | | |
|------------------------------|----------|
| a. Deposit Premium | \$ N/A |
| b. Minimum Premium | \$ 5,000 |
| c. Reporting Period | N/A |
| d. Premium Adjustment Period | N/A |
| e. Premium Base | N/A |
| f. Rates (per \$100) | \$ N/A |
| g. Estimated Annual Premium | \$ N/A |

NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

CM T0 01 07 86

Page 1 of 1

Order # CM T9 99 04 90

One Tower Square, Hartford, Connecticut 06183



COMMERCIAL INLAND MARINE
COMMON POLICY DECLARATIONS
ISSUE DATE: 07/25/03

POLICY NUMBER: QT-660-7844A888-TIL-03

1. NAMED INSURED AND MAILING ADDRESS:
VELTRI, INC.
1961 HARTEL ROAD
LEVITTOWN, PA 19057

2. POLICY PERIOD: From 06/25/03 to 06/25/04 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

SEE IL TO 03

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
COMMERCIAL INLAND MARINE COV PART DECLARATIONS CM TO 01 07 86 TIL

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

7. PREMIUM SUMMARY:
Provisional Premium \$ 5,000
Due at Inception \$ 5,000
Due at Each \$

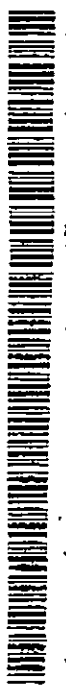
NAME AND ADDRESS OF AGENT OR BROKER:
RODGERS INSURANCE AGY (TW535)
FOSTER PLAZA V
651 HOLIDAY DRIVE
PITTSBURGH, PA 152202740

COUNTERSIGNED BY:

Authorized Representative
DATE: _____

IL TO 02 11 89 PAGE 1 OF 1

OFFICE: READING



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

VELTRI, INC
1961 HARTEL STREET
LEVITTOWN PA 19057

DATE 10/15/2003
RECEIPT # 201391

IN RE: Application fees for VELTRI, INC

Docket Number A-00117302^{F.2}..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: CC 03006994
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
OCT 23 2003

RJP