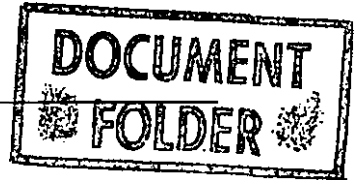


coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500 in value.

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

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. Alpha International Movers, Inc.
Full Name of Applicant (Individual, Partnership or Corporation)

2. _____
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
stamped copy of the registration form.

DOCKETED
NOV 25 2003

3. RR # 4 Box 4165

Saylorsburg, PA. 18353
Physical Address (Street, City, County and Zip Code)
(Required)

570-992-2712
Telephone Number

P.O. Box 1587, Brodheadsville, PA. 18322
Mailing Address if Different from Physical Address

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.)

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
NOV 10 PM 11:11 2003

A-00117495.F-2

50
BIPD-5
CAR60-Farm H
Prop OUT

Attorney's Address

6. Applicant does hold interstate operating authority at docket
(Does or does not)
number A- 117495.
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 3 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 in not sufficient.)

Corporation Organized under the laws of the state of New Jersey
qualified to do business in Pennsylvania by registering with the Secretary of the
Commonwealth on June 19, 2001.
(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.

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.

CARL E. VAN BUSKIRK
(Print Name)

Carl E. Van Buskirk (Signature) NOV. 5 / 03 (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).

PUC 189
Revised 10/00

Alpha International  ers, Inc
November 5, 2003

List of corporate officers,

Carl E. Van Buskirk, President 99% shares
Matthew W. Van Buskirk, Vice President 0 shares
Barbara J. Van Buskirk, Sec/Treas. 1 % share

PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF: A-00117495

Alpha International Movers, Inc.

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this **CERTIFICATE OF PUBLIC CONVENIENCE** evidencing the Commission's approval to operate as a motor carrier.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 19th day of June, 2001 .

James E. McNulty

Secretary



Commercial Automobile

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
NAME AND MAILING ADDRESS OF INSURED ALPHA INTERNATIONAL MOVERS, INC. P.O. BOX 1587 BROADHEADSVILLE PA 18322	POLICY NUMBER 02-CA -6264790-1/000 RENEWAL OF 02-CA-6264790-0 POLICY PERIOD FROM: 09-05-03 TO: 09-05-04 At 12:01 A.M. standard time at the mailing address shown.

THE NAMED INSURED IS : CORPORATION

BUSINESS DESCRIPTION : MOVING & STORAGE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO-SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. 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 symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
1	LIABILITY	\$ 1,000,000 EACH ACCIDENT MINUS \$ 1,000 DED	\$ 1,815
7	BASIC FIRST PARTY BENEFITS	Separately stated in each basic first party benefits endorsement	\$ 60
7	ADDED FIRST PARTY BENEFITS	Medical Expense Benefits Up to \$ 10,000 Work Loss Benefits Up to \$ subject to a maximum of \$ per Month Funeral Expense Benefits Up to \$ Accidental Death Benefits \$	\$ 9
	AUTO MEDICAL PAYMENTS	\$ EACH PERSON	\$
7	UNINSURED MOTORIST - UM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	\$ 1,000,000 EACH ACCIDENT (UNINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY)	\$ 66
7	UNDERINSURED MOTORISTS - UIM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	\$ 1,000,000 EACH ACCIDENT (UNDERINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY)	\$ 159

ORIGINAL

Commercial Automobile

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY INSURANCE-RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE \$	RATE PER EACH \$100 COST	PREMIUM
PA	IF ANY	1.803 MIN	\$ 117

PHYSICAL DAMAGE INSURANCE - PA

COVERAGE	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMP	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ 75,000 WHICHEVER IS LESS, MINUS \$ 100 Ded. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	IF ANY	.516	\$ 26
COLLISION	ACTUAL CASH VALUE COST OF REPAIRS OR \$ 75,000 WHICHEVER IS LESS, MINUS \$ 1000 Ded. FOR EACH COVERED AUTO	IF ANY	.710	\$ 1
TOTAL PREMIUM				MIN \$ 27

ITEM SIX - TRAILER INTERCHANGE INSURANCE

STATE - PA

COVERAGES	LIMIT OF LIABILITY	DAILY RATE	MINIMUM PREMIUM	ESTIMATED PREMIUM
COMPREHENSIVE	\$ 45,000	\$.1403	N/A	\$ 4
COLLISION DED 1,000	\$ 45,000	\$.3419	N/A	\$ 11

ESTIMATED POLICY PREMIUM	\$3,098
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ORIGINAL

Commercial Automobile

RENEWAL DECLARATION

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MINIMUM MOTOR VEHICLE INSURANCE LIMITS

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 basic coverages.

Act 6 of 1990 Requires us to advise you of the minimum limits of coverage available. The coverages indicated below represent the minimum coverages you must maintain. The premiums displayed are the premiums for these minimum coverages.

COVERAGES	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability Insurance	\$ 35,000	\$ 870
Auto Medical Expense Benefits	\$ 5,000	\$ 60
	TOTAL POLICY PREMIUM FOR MINIMUM COVERAGES	\$ 930

This page is for coverage and premium comparisons only and does not constitute additional or actual coverage provided under your policy.

Commercial Property

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
NAME AND MAILING ADDRESS OF INSURED ALPHA INTERNATIONAL MOVERS, INC CARL E VANBUSKIRT PO BOX 1587 BRODHEADSVILLE PA 18322	POLICY NUMBER 02-LX -0548616-1/000 RENEWAL OF 02-LX-0548616-0 POLICY PERIOD FROM: 09-05-03 TO: 09-05-04 At 12:01 A.M. standard time at the mailing address shown.

BUILDING - 1

PREM. NO. 1	BLDG. NO. 1		
4165 GREENVIEW DRIVE	SAYLORSBURG	WAREHOUSE	
COVERAGES PROVIDED			
INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN			
COVERAGE	CAUSE OF LOSS	DED \$	COINSURANCE
BUILDING	SPECIAL-Incl theft	1,000	90%
BUSINESS PERSONAL PROPERTY	SPECIAL-Incl theft	1,000	90%
LIMIT OF INSURANCE \$			
			250,000
			5,000
OPTIONAL COVERAGES			
BUILDING: REPLACEMENT COST		PERSONAL PROPERTY: REPLACEMENT COST	

TERRORISM RISK INSURANCE ACT REJECTION

- MANDATORY FIRE FOLLOWING (ANNUAL) CHARGE IS

INCLUDED

TOTAL PROPERTY PREMIUM	\$1,288
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FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL PROPERTY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

69813 (02-98) CP0090 (07-88) 1L0172 (11-93) 1L0166 (01-99) CP0010 (10-00) CP1030 (10-00)
 1L0940 (01-02) A1U130 (10-90) 67361 (10-90) 67362 (10-90)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Commercial General Liability

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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LIMITS OF INSURANCE		
GENERAL AGGREGATE	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$	2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$	1,000,000
EACH OCCURRENCE	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$	100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$	5,000 ANY ONE PERSON

PROPERTY DAMAGE DEDUCTIBLE: See Manuscript Forms

STATE - 1

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

LOC # 1: 4165 GREENVIEW DRIVE	SAYLORSBURG WAREHOUSE
LOC # 2: 22 PROGRESS STREET	EAST STROUDSBURG MINI-WAREHOUSE

LOC CLASSIFICATION	CODE	PREMIUM BASIS	PMS RATE	PDTS RATE
1 WAREHOUSES PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	99938	PAYROLL	33,600 14.913	INCL
ADDITIONAL INSURED	00000		IF ANY	
WHEATON VAN LINES			PER FORM: CG2026 (11-85)	
MOTOR CARRIER				

Commercial General Liability

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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MANUSCRIPT FORMS:

CG0300 (01-96) : DEDUCTIBLE LIABILITY INSURANCE

Coverage	Amount and Basis of Deductible
Property Damage Liability	\$ 1,000 per OCCURRENCE

CG0435 (02-02) : EMPLOYEE BENEFITS LIABILITY COVERAGE

Limit of Insurance	Deductible	Premium
\$1,000,000 Each Employee	000,000 Each Employee	\$450
\$1,000,000 Aggregate		

Retroactive Date: 09/01/2002

BLANKET ADDITIONAL INSUREDS-SHIPPER

FUNGUS EXCLUSION

EMPLOYEE BENEFITS LIABILITY COVERAGE

RETROACTIVE DATE 09-05-2003

LIMIT OF LIABILITY

\$1,000,000 Each Wrongful Act Limit or series of continuous, repeated, or related "wrongful acts"

\$1,000,000 Annual Aggregate

DEDUCTIBLE

\$1,000 Each Wrongful Act Deductible or series of continuous, repeated, or related "wrongful acts"

NUMBER OF EMPLOYEES

10 Number of Employees of the Named Insured

00-00-0000 Date of record for number of employees of the Named Insured

ESTIMATED ANNUAL PREMIUM

\$24 Estimated Annual Premium

TERRORISM EXCLUSION APPLIES - TERRORISM INSURANCE ACT REJECTED

Original

Commercial General Liability

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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GENERAL LIABILITY PREMIUM	\$1,101
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FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL GENERAL LIABILITY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

CG0300 (01-96)	1L0021 (04-98)	CG0001 (10-01)	CG2147 (07-98)	CG2149 (09-99)	CG0062 (12-02)
CG2026 (11-85)	CG0435 (02-02)	CG2169 (01-02)	CG2167 (04-02)	61712 (9/01)	78689 (8/01)
76163 (6/00)					

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Commercial Inland Marine

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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STATE - 1

SCHEDULED PROPERTY FLOATER		
COVERED PROPERTY		
Described Property		Limit
MOVING EQUIPMENT		\$10,000
FORKLIFTS		\$10,000
PORTABLE ELECTRONIC EQUIPMENT	\$1000	
MISC HAND TOOLS	\$1000	
DEDUCTIBLE		
Deductible Amount	\$1,000	
COINSURANCE		
Coinsurance Percentage	%	
[X] Check if coinsurance provisions are waived		
COVERAGE PREMIUM		\$120

Commercial Inland Marine

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
NAME AND MAILING ADDRESS OF INSURED ALPHA INTERNATIONAL MOVERS, INC CARL E VANBUSKIRT PO BOX 1587 BRODHEADSVILLE PA 18322	POLICY NUMBER 02-LX -0548616-1/000 RENEWAL OF 02-LX-0548616-0 POLICY PERIOD FROM: 09-05-03 TO: 09-05-04 At 12:01 A.M. standard time at the mailing address shown.

<u>LOCATION</u>	<u>1</u>	<u>BUILDING</u>	<u>1</u>			
COVERAGE DESCRIPTION:			DED	LIMIT	PREMIUM	
WAREHOUSE LEGAL		\$250,000	\$1,000	\$250,000	\$656	
SPECIAL PROVISIONS						
\$50000 LIMIT AT TEMPORARY LOCATIONS OF 60 DAYS OR LESS						
UNCOLLECTABLE CHARGES \$2000 PER CUSTOMER/\$20000 PER OCCURRENCE						
INVENTORY COST - \$2500						

Commercial Inland Marine

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY PAUL HANSON INSURANCE 1827 CLAY STREET NAPA CA 94559 AGENCY 0000077211	INSURANCE COMPANY Granite State Insurance Company Member American International Group, Inc Executive Offices: 70 Pine St. New York NY 10270
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<u>LOCATION</u>	<u>BUILDING</u>			
COVERAGE DESCRIPTION:				
CARGO LEGAL	\$100,000/\$200,000	DED	LIMIT	PREMIUM
		\$1,000	\$100,000	\$2,750
SPECIAL PROVISIONS				
\$100000 PER SINGLE CONVEYANCE \$200000 PER OCCURRENCE INCL SIT UNCOLLECTABLE CHARGES \$2000 PER CUSTOMER/\$20000 PER OCCURRENCE				

Commercial Inland Marine

RENEWAL DECLARATION

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<u>LOCATION</u>	2	<u>BUILDING</u>	1			
COVERAGE DESCRIPTION:				DED	LIMIT	PREMIUM
WAREHOUSE LEGAL		\$100,000		\$1,000	\$100,000	\$500

TOTAL STATE-1 PREMIUM	\$4,026
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Commercial Inland Marine

RENEWAL DECLARATION

NAME AND ADDRESS OF AGENCY

PAUL HANSON INSURANCE
1827 CLAY STREET
NAPA CA 94559
AGENCY 0000077211

INSURANCE COMPANY

Granite State Insurance Company
Member American International Group, Inc
Executive Offices: 70 Pine St.
New York NY 10270

NAME AND MAILING ADDRESS OF INSURED

ALPHA INTERNATIONAL MOVERS, INC
CARL E VANBUSKIRT
PO BOX 1587
BRODHEADSVILLE PA 18322

POLICY NUMBER

02-LX -0548616-1/000

RENEWAL OF

02-LX-0548616-0

POLICY PERIOD

FROM: 09-05-03 TO: 09-05-04

At 12:01 A.M. standard time at the mailing address shown.

TERRORISM EXCLUSION APPLIES - TERRORISM INSURANCE ACT REJECTED

TOTAL INLAND MARINE PREMIUM

\$4,026

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL INLAND MARINE COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

IM-7650 IM-7450 IM-7500 (1.0) CL0100 (03-99) IM-100 (06-84) IL0940 (01-02)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

ALPHA INTERNATIONAL MOVERS, INC.
PO BOX 1587
BRODHEADSVILLE PA 18322

DATE 12/ 3/2003
RECEIPT # 201554

IN RE: Application fees for ALPHA INTERNATIONAL MOVERS, INC.

Docket Number A-00117495F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 91688414826
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
DEC 22 2003