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TRANSPORTATION SAFETY
2001 FEB 20 AM 9:29

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. DAR-LS INC.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Pocono Tree & Landscape Service
TRADE NAME IF ANY
The trade name, if fictitious, has been registered with the
(has or has not)
Secretary of the Commonwealth on June 1, 1994. Attach a date
stamped copy of the registration form.

000039

3. 639 Willow Ave., Honesdale, Pa. 18431 Wayne Co. 570 253-3207
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 FILE
(Do not supply an Attorney's name if you want all correspondence and notice of process mailed directly to you.)

RECEIVED
SECRETARY'S BUREAU
01 FEB 16 AM 8:55

ATTORNEY'S ADDRESS

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

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)

DOCUMENT
FOLDER

DOCKETED

FEB 27 2001

JA

A-117581

24

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 6 LEASED 0

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:

1111

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF Pennsylvania AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON April 11, 1994. 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.

Darlene L. Szezorak *Darlene L. Szezorak Pres.* 2/14/01
(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.

Microfile Number 94-693

JUN 01 1994

Filed with the Department of State on _____

Entity Number 25834911

ACTING Robert M. J. [Signature]
Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME
(2003:54-311 (Rev 85))

In compliance with the requirements of 54 Pa. C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa. C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: POCONO TREE & LANDSCAPE

2. The address, including street and number, if any, of the principal place of business is: (P.O. Box alone is not acceptable)

<u>Box 639, Willow Avenue</u>	<u>Honesdale</u>	<u>Pennsylvania</u>	<u>Wayne</u>
Number and Street	City	State	County

3. A brief statement of the character or nature of the business is: TREE SERVICE AND LANDSCAPING

4. The name and address, including street and number, if any, of individual(s) interested in the business is (are):

Name	Street and Number	City	State	Zip

5. With respect to each entity, other than an individual, interested in such business is (are):

Name	Form of Entity	Organizing Jurisdiction	Juris. Address	PA Registered Office, if any
<u>DAR-LS, INC.</u>	<u>Corporation</u>	<u>Pennsylvania</u>	<u>Box 639 Willow Avenue</u>	<u>Honesdale, PA 18431</u>

6. The applicant is familiar with the provisions of 54 Pa. C.S. § 302 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional) The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

PA DEPT. OF STATE
JUN 01 1994

PA DEPT. OF STATE
JUN 15 1994

IN TESTIMONY WHEREOF, ⁰⁴³⁹⁻⁷⁰⁰ the undersigned have caused this registration to be executed this ^{25th} day of May, 1994.

(Individual Signature)

(Individual Signature)

(Individual Signature)

(Individual Signature)

DAR-LS, INC.

(Name of Entity)

(Name of Entity)

BY: Debra L. Pezrak

BY: _____

TITLE: President

TITLE: _____

POCONO TREE and landscape service

639 WILLOW AVE. HONSDALE, PA. 18431

PHONE/FAX 570 253-3207

List of Officers;

President ----- Darlene L. Szezorak

Treasurer ----- Darlene L. Szezorak

Secretary ----- Darlene L. Szezorak

Distribution of shares;

Darlene L. Szezorak ----- 100%

Gary E. Szezorak

DARLENE L. Szezorak

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that Pocono Tree & Landscape Service
(Name of applicant/carrier)
holding PUC authority at Application Docket No. A- 117581
(If available)

is exempt from Cargo Insurance Regulations for the following reasons
(Check all that apply):



All transportation will be provided in dump trucks.



All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.



The value of any one load being transported will not be more than \$500.00 in value.

Darlene L. Szezorak Pres.
Signature of Individual, Partner or Corporate Officer.

Verification of Statement

The undersign deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 C.S SEC. 409 relating to unsworn falsification to authorities.

Date 2/14/01

Darlene L. Szezorak
(Signature)

Darlene L. Szezorak
(Print Name)

Please return to:

Pennsylvania Public Utility Commission.
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

TJ DM

AGENT

02/17/2000



BUSINESS AUTOMOBILE CONTINUATION CERTIFICATE

WEST AMERICAN INSURANCE COMPANY

THE OHIO CASUALTY GROUP of Insurance Companies 136 North Third Street, Hamilton, Ohio 45025

POLICY NUMBER
BAW 50674608

ST. TERR. AGENT
37 02 7301

POLICY PERIOD
BEGINS 12:01 A.M. EXPIRES 12:01 A.M.
04/01/2000 04/01/2001

AGENT'S
TELEPHONE NO.
(610) 989-9540

INSURED:

D A R -L S, INC
T/A POCONO TREE & LANDSCAPE
SERVICE
639 WILLOW AVENUE
HONESDALE PA 18431

AGENT:

RISNYCHOK-DWYER INC
P O BOX 348
SOUTHEASTERN PA 19399-0348

BUSINESS AUTOMOBILE POLICY DECLARATIONS

YOUR COVERED AUTOS) SUMMARY

AUTO YR	MAKE	SERIAL NUMBER	TERR.	ST.	CLASS	ZIP	TOWN	SYM/COST	LIEN
1	1980 FORD DUMP	24000 F37ZCH6406	55	37	3	-234790	18431	010000	
2	1984 CHEVROLET P/U	24000 ZCCG K4M8E1M516	37	3		-014980	18431	010000	
3	1984 FORD DUMP	00000 1P0P04W03582	37	3		-334790	18431	019000	
4	1984 KENWORTH TRACTOR	1XKKB20X5BJ353834	55	37	3	-334990	18431	005000	
5	1976 TIBROOK DUMP TRL	7631303131	55	37	3	-684990	18431	009000	
6	1987 FORD RANGER	1FTCR11T1HUB20296	55	37	9	-014990	18431	007000	
7	1987 CHEV WAGON	1G1BN81Y8M9127964	58	37	1	-739800	18431	000000	
8	1982 FORD DUMP	2FDJF37G9CCA61265	55	37	3	-234790	18431	000000	
9	1977 INT'L PICKUP	D0522GMA90186	55	37	3	-014990	18431	003500	
10	1978 FORD PICKUP	X28HKCE3428	55	37	3	-014980	18431	009000	

SUMMARY OF POLICY COVERAGES, LIMITS OF LIABILITY AND PREMIUMS

Liability Insurance - \$500,000 each accident	3,299.00
Covered Auto Symbol(s) 01	
Uninsured Motorists Bodily Injury	
\$35,000 each accident	102.00
Covered Auto Symbol(s) 02	
Underinsured Motorists Bodily Injury	
\$35,000 each accident	193.00
Covered Auto Symbol(s) 02	
Personal Injury Protection or Equivalent No-fault Coverage	102.00
Covered Auto Symbol(s) 05	
Added Personal Injury Protection or Equivalent	
Added No-fault Coverage	150.00
Medical Expense Benefit up to \$10,000	
Work Loss Benefit up to \$5,000 Subject to a Maximum of \$1,000 Per Month	
Funeral Expense Benefit up to \$1,500	
Accidental Death Benefit of \$5,000	
Covered Auto Symbol(s) 05	
Physical Damage	
Comprehensive	159.00
Covered Auto Symbol(s) 07	
Collision	471.00
Covered Auto Symbol(s) 07	

POLICY TOTAL PREMIUM . \$ 4,476.00

Handwritten signature/initials



003108 80874608 (M1)

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DAR LS INC
TA POCONO TREE & LANDSCAPE
639 WILLOW AVE
HONESDALE PA 18431

DATE 3/ 5/01
RECEIPT # 198165

IN RE: Application fees for DAR-LS INC T/A POCONO TREE & LANDSCAPE

Docket Number A-00117581..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TDB CC 40849
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

REGISTERED
MAR 06 2001