

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

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

2001 MAY 11 AM 9:36

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. T. Berry Auto Transport 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
(Date)
stamped copy of the registration form.

3. 16042 Blueberry Ln Bucks
Pipersville PA 18947 215-766-7889
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

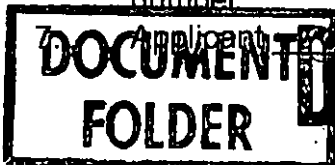
4. _____
Mailing Address if Different from Physical Address

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

7. Applicant does not have a current safety rating issued by the US



JUN 20 2001

4

A-117954

(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 5 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 Pennsylvania
qualified to do business in Pennsylvania by registering with the Secretary
of the Commonwealth on Aug 21, 1998
(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.

THOMAS BERRY, Pres, U.P. Sec.

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.

THOMAS BERRY
(Print Name)

[Signature]
(Signature)

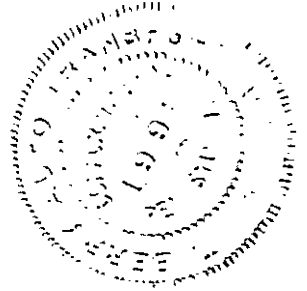
5/05/01
(Date)

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

T. Berry Auto Transport Inc.
6642 Blueberry Lane
Pipersville, PA 18947
215-766-7889

President: Thomas Berry
Vice Pres: " "
Secretary: " "



RICHARD C. OSTERHOUT
ATTORNEY AT LAW
1744 BRIDGETOWN PIKE
FEASTERVILLE, PENNSYLVANIA 19053-2302
TELEPHONE (215) 355-2440
FACSIMILE (215) 355-9004

August 21, 1998

Mr. Edward Grattini
329 E. Oak Avenue
Moorestown, NJ 08057

Re: T. Berry Auto Transport, Inc.

Dear Mr. Grattini:

Transmitted herewith please find copy of Articles of Incorporation, as returned by the Department of State, verifying the filing date of July 22, 1998, and copy of the Docketing Statement which accompanied the same. It is my understanding that you will be taking care of the S Corporation filings.

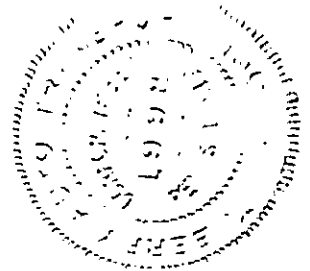
Very truly yours,



Richard C. Osterhout

RCO/do
Enclosures

cc: Mr. Thomas E. Berry ✓



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 88
TERR-1

3/19/01

PRODUCER
Keytas-Cooperman Ins. Agency
P.O. Box 2434
Cherry Hill NJ 08034

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 DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY A	CLARENDON NATIONAL
COMPANY B	Travelers Property & Casualty
COMPANY C	Lloyds of London
COMPANY D	

Phone No. 856-985-9172 Fax No. 856-596-2218

INSURED
T. HERRY AUTO TRANSPORT
6642 BLUEBERRY LANE
PIPERSVILLE PA 18947

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD 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 <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RENTED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 END T	ATM0724-01	03/01/01	03/01/02	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				INC STATE-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
B	CARGO	660605X5636	03/01/01	03/01/02	F/TRAILER \$ 00,000
C	PHYSICAL DAMAGE	01H8BCFTC017	03/01/01	03/01/02	COMP/COLL \$,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

FOR INFO

FOR INFORMATIONAL PURPOSE ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAME TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CORPORATION 1988

ACORD 20-9 (1/88)

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

BERRY, T., AUTO TRANSPORT, INC.
6642 BLUEBERRY LANE
PIPERSVILLE PA 18947

DATE 7/26/01
RECEIPT # 198575

IN RE: Application fees for BERRY, T., AUTO TRANSPORT, INC.

Docket Number A-00117954..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: OC 300304999

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED

JUL 31 2001

DOCUMENT
FOLDER

SRB