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Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

019871

1. William F. O'Brien
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. NIA
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 been

RECEIVED
SECRETARY'S OFFICE
01 AUG - 2 AM 51

3. 123 Christy Dr. Aliquippa, PA 15001 724-629-1551
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. NIA
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. NIA
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 _____

7. APPLICANT does not HAVE A CURRENT SAFETY RATING

ISSUED BY THE US DOT, PA BUC OR OTHER STATE REGULATORY
AGENCY (ATTACH COPY)

DOCKETED

SEP 11 2001
[Signature]

A-118227

10

DOCUMENT
FOLDER

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 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:

(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 DEFRAID 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 F. O'Brien William F. O'Brien 7/31/01
(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.

COMMERCIAL AUTO COVERAGE PART TRUCKERS DECLARATIONS

The Declarations include a second part designated "Part 2".

CL434854 1999

Renewal of Number*

ITEM ONE

This Coverage Part is effective the inception date of the policy unless another date is indicated below. (The following information is required only when this Coverage Part is issued subsequent to preparation of policy.)

Policy No.: CL436246-0C1

Effective Date: 12/15/2000

Named Insured: WILLIAM F O'BRIEN

Countersigned by:

Anthony J. Kocis
Authorized Representative

Additional Premium:

(From endorsement date to

Policy Expiration)

Form of Business:

Individual Partnership Corporation Other

Endorsement No.:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE 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

The above coverages and limits are subject to the terms, conditions, coverages, exclusions, and limitations of the applicable policy forms. The actual amount of coverage provided is shown in the schedule of coverages. Each of these coverages is provided on a non-admitted basis. Coverage is provided by the member of the Insurance Company of North America, a member of the American International Group, Inc. (AIG) in the United States and its territories. Coverage is provided by the member of the Insurance Company of North America, a member of the American International Group, Inc. (AIG) in the United States and its territories.

COVERAGES	COVERED AUTOS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 1,000,000 CSL	2,101.00
PERSONAL INJURY PROTECTION (P.I.P.)††	44	SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE	\$ 25.00
ADDED P.I.P. (or equivalent added No. Inv. Cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS (UM)	45	\$ 35,000 BI	\$ 11.00
UNDERINSURED MOTORISTS (When not included in UM Cov.)	45	\$ 35,000	\$ 17.00
TRAILER INTER-CHANGE	COMPREHENSIVE COVERAGE	\$ WHICHEVER IS LESS	\$
	SPECIFIED CAUSES OF LOSS COVERAGE	ACTUAL CASH VALUE, FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
	COLLISION COVERAGE	REPAIR OR \$ WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO	\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR \$ SEE DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$ 374.00
	SPECIFIED CAUSES OF LOSS COVERAGE	\$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
	COLLISION COVERAGE	IS LESS MINUS \$ EM0115 DEDUCTIBLE FOR EACH COVERED AUTO	\$ 1,124.00
	TOWING AND LABOR (Not Available in California)	\$ for each disablement of a private passenger auto	\$

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: A964A(6-89), CA0012(07-97), CA992B(2-99), EM0148(3-88), CA2237(3-95), CA2192(11-98), CA0180(9-97), UG131A(6-97), CA9917(7-97), CA9944(12-93)

	PREMIUM FOR ENDORSEMENTS \$
	ESTIMATED TOTAL PREMIUM \$ 3,652.00

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged	
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Original Cost New	Actual NEW (N) Cost & USED (U)		
1	See attached EM0115					
2						
3						
Covered Auto No.	CLASSIFICATION					Except for Towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business use s=service r=retail c=comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor Phy. Damage Liab.	
1						See attached list of interests
2						
3						

* Entry optional if shown in Common Policy Declarations
† Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STATED AMOUNT INSURANCE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 12/15/2000	Countersigned By: <i>Anthony J. Kocis</i> (Authorized Representative)
Named Insured: WILLIAM F O'BRIEN	

SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):				
Vehicle Number	Coverage	Limit Of Insurance		Premium
2	Comp	\$ 36,000	Less \$ 1,000 Deductible	374.00
2	Coll	\$ 36,000	Less \$ 1,000 Deductible	1,124.00
		\$	Less \$ Deductible	
		\$	Less \$ Deductible	
Total Premium				1,498.00

Note

The amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit Of Insurance And Deductible Provision which follows.

Designation Or Description Of Covered "Autos"		
Vehicle Number	Model Year	Trade Name And Model

(If no entry appears above, information to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

COMMERCIAL AUTO COVERAGE PART TRUCKERS DECLARATIONS (Cont'd)

CA 0013 1293

PART 2

Policy No. CL436246-001

Effective Date: 12/15/2000

12:01 A.M., Standard

Time

ITEM FOUR—SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY COVERAGE—RATING BASIS, COST OF HIRE—AUTOS USED IN YOUR TRUCKING OPERATIONS	ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED PREMIUM
LIABILITY COVERAGE—RATING BASIS, COST OF HIRE—AUTOS NOT USED IN YOUR TRUCKING OPERATIONS			
LIABILITY COVERAGE—RATING BASIS, COST OF HIRE—AUTOS NOT USED IN YOUR TRUCKING OPERATIONS			
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
			\$
			\$
			\$
			\$
			\$
TOTAL PREMIUM			\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE	ESTIMATE ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	\$ WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			\$
SPECIFIED CAUSES OF LOSS	\$ WHICHEVER IS LESS, MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			\$
COLLISION	\$ WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR LOSS CAUSED BY COLLISION			\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) the total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semi-trailers), and if not included therein.
- (b) the total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an employee of the lessee, or any other third part, and,
- (c) the total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE—SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM	TOTAL PREMIUM
Number of Employees		\$	
Number of Partners		\$	\$

ITEM SIX—TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM	TOTAL PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$	
COLLISION		\$	\$	

ITEM SEVEN—SCHEDULE FOR GROSS RECEIPTS BASIS—LIABILITY COVERAGE

Estimated Yearly Gross Receipts	RATES		PREMIUMS	
	Per \$100 of Gross Receipts		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS		
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL PREMIUMS			\$	\$
MINIMUM PREMIUMS			\$	\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker." Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

**Inclusion of date optional.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

COMMON POLICY—DECLARATIONS

Renewal of Number

CL478988 1999

EMPIRE FIRE AND MARINE INSURANCE COMPANY

OMAHA, NEBRASKA

EMPIRE INDEMNITY INSURANCE COMPANY

OKLAHOMA CITY, OKLAHOMA

Policy No.

CL480219-002

Named Insured and Mailing Address

(No. Street, Town or City, County, State, Zip code)

WILLIAM F. O'BRIEN
123 CRISTY DRIVE
ALIQUIPPA PA 15001-0000

Agent 3814

HDH GROUP INC (THE)
USX TOWER 600 GRANT ST
STE 5900
PITTSBURGH, PA 15219-0000

Policy Period: From

12/15/2000

to

12/15/2001

12:01 A.M. Standard Time at your mailing address shown above. (Unless otherwise endorsed)

Business Description

TRUCKER

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART	COVERAGE PART DECLARATIONS (FORM NUMBER)	PREMIUM
Commercial Property	_____	\$ _____
Commercial General Liability	_____	\$ _____
Commercial Crime	_____	\$ _____
Commercial Inland Marine	JDL190(4)-X(11-85)	\$ 750.00
Commercial Auto—Business Auto	_____	\$ _____
Commercial Auto—Garage	_____	\$ _____
Commercial Auto—Truckers	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Premium shown is payable: at inception
 Per Payment Form Attached

TOTAL \$ 750.00

Audit Period: Annual, unless otherwise stated _____

Form(s) and Endorsement(s) made a part of this policy at time of issue*:

BJP190/FM(6-00), IL0246(S-00), IL0910(1-81), IL0172(11-93)

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Date of Issue: 12/20/2000

USERBAK

Countersigned By

Anthony J. Kocis
Authorized Representative

**COMMERCIAL INLAND MARINE
COVERAGE PART—DECLARATIONS**

CL478988 1989
Renewal of Number*

This Coverage Part is effective the inception date of the policy unless another date is indicated below. (The following information is required only when this Coverage Part is issued subsequent to preparation of policy.)

Policy No.: CL480219-002

Effective Date: 12/15/2000

Named Insured: WILLIAM F. O'BRIEN

Countersigned by: Anthony J. Kocis
Authorized Representative

Additional Premium: 750.00
(From endorsement date to Policy Expiration)

Endorsement No.:

BUSINESS DESCRIPTION*			
DESCRIPTION OF PROPERTY	LIMIT OF INSURANCE	RATE	PREMIUM
MOTOR TRUCK CARGO Property of Others Principally consisting of: STAINLESS STEEL, SAND, GRAVEL			
Schedule of Covered Autos UNIT # 1 1989 Intl TRACTOR 2HSFBAGR9KC024783	100,000	Flat	\$ 750.00
All covered property in any One occurrence	200,000		
DEDUCTIBLE Your Deductible is 1000			
Estimated Total Advance Premium (Policy Period)—			\$ 750.00

FORMS AND ENDORSEMENTS
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue†:
EM0309(4-97), EM0397(6-98)

*Entry optional if shown in Common Policy Declarations.

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

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

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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

O'BRIEN, WILLIAM F.
123 CHRISTY DRIVE
ALIQUIPPA PA 15001

DOCUMENT
FOLDER

DATE 9/18/01
RECEIPT # 198880

IN RE: Application fees for O'BRIEN, WILLIAM F.

Docket Number A-00118227..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 7517118749

CHECK AMOUNT: \$100.00

DOCKETED

SEP 19 2001

C. Joseph Meisinger
(for Department of Revenue)