

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 SAFETY  
TRANSPORTATION  
2001 AUG 10 AM 8:38

WALKER  
8-10-01

### 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. NEIL E. MELLOTT  
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)

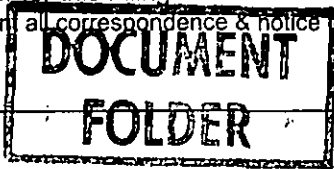
Secretary of the Commonwealth on \_\_\_\_\_ Attach a date  
(Date)  
stamped copy of the registration form.

3. \_\_\_\_\_  
9648 CIRCLE DRIVE CHAMBERSBURG FRANKLIN <sup>717-369-9516</sup>  
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 \_\_\_\_\_

**DOCKETED**  
AUG 9 2001

PUCA Docket No. A-00118136  
4

7. Applicant DOES NOT 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 ONE 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.)

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

**Corporation** Organized under the laws of the state of \_\_\_\_\_  
qualified to do business in Pennsylvania by registering with the Secretary  
of the Commonwealth on \_\_\_\_\_  
(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.

NEIL E. MELLOTT  
(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).



ERIE INSURANCE EXCHANGE  
PIONEER FAMILY AUTO POLICY

AMENDED DECLARATIONS 05 \* \* EFFECTIVE 07/09/01  
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - MULTIPLE CHANGES

AGENT ITEM 2: POLICY PERIOD POLICY NUMBER

BA2300 CUMBERLAND VALLEY INS 10/08/00 TO 10/08/01 Q10 0802213 M

ITEM 1: NAMED INSURED AND ADDRESS ITEM 3: OTHER INTEREST

NEIL E MELLOTT  
9648 CIRCLE DR  
CHAMBERSBURG PA 17201-9533

AGENT - CUMBERLAND VALLEY INS 18537 MAUGANS AVENUE  
AGENT PHONE - (301) 797-6480 HAGERSTOWN MD 21742 2376

ITEM 4. AUTOS COVERED				VIN	ST	TER	SYM	RATING	CLASS	DDP
AUTO	YR	MAKE								
1	95	TOYO	T100PICKUP	JT4UD10D3S0004397	PA	40	A	A1AS-M	MM65	
2	95	FORD	ESCORT LX	1FASP15J1SW101257	PA	40	A	A4S-M	MM65	
4	98	FORD	ESCORT LX	1FAFP10P9WW222248	PA	40	A	A1AS-M	MM65	
5	99	FORD	ESCORT LX	1FAFP10PXXW281892	PA	40	C	A1AS-M	MM65	

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

	#1	#2	#4	#5
*****GOOD DRIVER RATES APPLY*****				
--- THE FULL TORT OPTION APPLIES TO ALL PRIVATE PASSENGER VEHICLES. ---				
LIABILITY PROTECTION-				
BODILY INJURY \$100M/PERSON \$300M/ACC	65	103	65	68
PROPERTY DAMAGE \$100M/ACC	55	91	55	58
FIRST PARTY BENEFITS-				
MEDICAL EXPENSE \$100M	33	54	33	35
INCOME LOSS \$1M/MONTH, \$15M MAXIMUM	6	10	6	6
ACCIDENTAL DEATH \$5M	1	1	1	1
FUNERAL BENEFIT \$2.5M	1	1	1	1
UNINSURED MOTORISTS COVERAGE-				
BOD INJ \$100M/PERSON \$300M/ACC-STACKED	17	17	17	17
UNDERINSURED MOTORISTS COVERAGE-				
BOD INJ \$100M/PERSON \$300M/ACC-STACKED	67	67	67	67
PHYSICAL DAMAGE COVERAGES-				
COMPREHENSIVE - \$50 DED	44	71	50	58
COLLISION - \$500 DED	111	181	129	146
OPTIONAL COVERAGES-				
ROAD SERVICE	4	4	4	4
TOTAL ANNUAL PREMIUM FOR EACH AUTO	404	600	428	461
TOTAL ANNUAL POLICY PREMIUM	\$ 1,893			
ADDITIONAL CHARGE DUE TO THIS CHANGE	\$ 113			

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS  
ALL AUTOS - FAP 04/97, AFPN01 10/98, AFPA03 10/98, UF-6853 12/00\*.  
AUTO 1 - AFPU01 04/99.  
AUTO 2 - AFPU01 04/99.  
AUTO 4 - AFPU01 04/99.  
AUTO 5 - AFPU01 04/99\*.

\*\*\*DRIVER INFORMATION AMENDED  
\*\*\*AUTO 5 ADDED

MULTI POLICY DISCOUNT APPLIES - AMOUNT OF DISCOUNT IS \$ 81  
PASSIVE RESTRAINT DISCOUNT APPLIES - SINGLE AIRBAG AUTO 1  
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 2  
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 4  
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 5  
DISCOUNTS AVAILABLE - SEE ENCLOSED FORM UF-6853

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that NEIL E. MELLOTT  
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 118136  
(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.

Neil E. Mellott  
(SIGNATURE)  
(Individual applicant, authorized partner or corporate president or secretary)

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 8-10-01 Neil E. Mellott  
(Signature)

NEIL E. MELLOTT  
(Print Name)

Please return to: Pennsylvania Public Utility Commission  
Bureau of Transportation and Safety  
Insurance/Filing Unit  
PO Box 3265  
Harrisburg, PA 17105-3265

*per to for*

- This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

MELLOTT, NEIL E.  
9648 CIRCLE DRIVE  
CHAMBERSBURG PA 17201-9533

DATE 8/13/01  
RECEIPT # 198657

IN RE: Application fees for MELLOTT, NEIL E.

Docket Number A-00118136..... \$100.00

**DOCKETED**  
AUG 15 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 7495691730

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

REP