

PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961

RECEIVED
TRANSPORTATION SAFETY
2001 DEC 26 PM 4:48

SECRETARIAT
BUREAU

2001 DEC 26 AM 11:48

RECEIVED

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. William Wampler

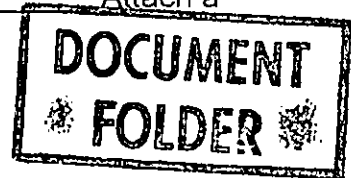
Full Name of Applicant (Individual, Partnership or Corporation)

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. 109 East Main Street

Sykesville PA 15865 814-894-5020

Physical Address (Street, City, County and Zip Code)
(Required)

Telephone Number

DOCKETED

JAN 30 2002

4. _____

Mailing Address if Different from Physical Address

LE

25
20 - Form E
20 - Form A
pop GUT

A-00118130, F. 2

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 number _____ (Does or does not)
7. Applicant does not have a current safety rating issued by the US DOT, PA PUC or other state regulatory agency. (Attach Copy)
(Does or does not)
8. Approximate number of commercial vehicles to be operated in Pennsylvania: Owned 1 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 _____ 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.

William Wampler

(Print Name)

William Wampler

6/29/01

(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).

PUC 189
Revised 10/00

COMMERCIAL AUTO INSURANCE POLICY

POLICY NUMBER CA 0-46-80-132-0

PLEASE READ YOUR POLICY

This declaration Page/Amended Declaration page with the policy jacket identified by the form and edition date included completes the above numbered policy.

Previous policy no. Form 1050 Ed. 1194

*** THIS AMENDED DECLARATION SUPERSEDES PRIOR DECLARATION PAGE EFFECTIVE 05/02/01 ***

DECLARATIONS

WILLIAM WAMPLER PAGE 1 OF 3
109 EAST MAIN ST
SYKESVILLE PA 15865

NAMED INSURED

ENDORSED EFFECTIVE: MAY 2, 2001
POLICY TERM: APR 28, 2001 TO APR 28, 2002

A BOWLEY WILLIAM G INS
G PO BOX 846
N DUBOIS PA 15801
T

This policy inception the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period. This policy shall expire at 12:01 a.m. on the last day of the policy period.

PROGRESSIVE
COMMERCIAL VEHICLE INSURANCE

CA-58007
PROGRESSIVE NORTHERN INS. CO.
INQUIRIES: P.O. BOX 5070, CLEVELAND OHIO 44101

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERAGES AND LIMITS OF LIABILITY

Table with 3 columns: COVERAGES, FULL TERM PREMIUM CHARGES. Rows include SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY (\$1,000,000 EACH OCC \$2292), COLLISION OR UPSET-STD AMT (\$523), UNINSURED MOTORIST UNSTACK (\$35,000 /PERS. \$35,000 /ACC. \$21), UNDERINSURED MTRIST UNSTACK (\$35,000 /PERS. \$35,000 /ACC. \$26), MEDICAL EXPENSE BENEFITS (UP TO \$50,000 \$171).

LOSS PAYEE01 CHANGED DRIVER 01 CHANGED VEHICLE 01 DELETED

FILING FEES \$25.00
TOT. CHARGES DUE TO CHANGE \$.00

TOTAL TERM PREMIUM \$3,241.00
ATTACHMENT IDENTIFIED BY FORM NUMBER

1197 (08-93) 1198 (08-93) 2197 (06-95) 2200 (06-95) 6225 (05-96) 8470 (12-86)
L1602 (08-83) 2196 (02-00) 2586 (12-95) 2192 (06-95) 2194 (02-00)

DRIVERS PAGE 2 , COVERED VEH PAGE 3

PUC-N OTH-N

Any loss under Part III is payable as interest may appear to named insured and above loss payee:
Fin. Resp. Filed: For Whom: Case No:

Prog Premium Budget: CT
R/R 1100% Factor Used: 100.00
F/R 042000 C

C9 ARO 01141 WAMP 10.0 CAICSI1C

Countersigned:

By _____

Authorized Representative

1113 (12-92)

INSURED COPY

CVNE0404001203L111301

COMMERCIAL AUTO INSURANCE POLICY

POLICY NUMBER CA 0-46-80-132-0

PLEASE READ YOUR POLICY

This declarations Page/Amended Declaration page with policy jacket identified by the form and edition date information completes the above numbered policy.

Previous policy no. Form 1050 Ed. 1194

*** THIS AMENDED DECLARATION SUPERSEDES PRIOR DECLARATION PAGE EFFECTIVE 05/02/01 ***

DECLARATIONS
NAMED INSURED

WILLIAM WAMPLER PAGE 2 OF 3
109 EAST MAIN ST
SYKESVILLE PA 15865

ENDORSED EFFECTIVE: MAY 2, 2001
POLICY TERM: APR 28, 2001 TO APR 28, 2002

This policy incepts the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period. This policy shall expire at 12:01 a.m. on the last day of the policy period.

A
G
E
N
T
BOWLEY WILLIAM G INS
PO BOX 846
DUBOIS PA 15801



CA-58007
PROGRESSIVE NORTHERN INS. CO.
INQUIRIES: P.O. BOX 5070, CLEVELAND OHIO 44101

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

DRIVERS

DVR NO	DRIVER NAME	LICENSE #	DOB	VIOL/ACC				SR22 REQ	STA TUS
				A	B	C	D		
01-01	WILLIAM WAMPLER	14805610	02/10/49	0	0	0	0	00	N M

0000AFAW 0005109 006 002 * 000000000000 300100004788



Any loss under Part III is payable as interest may appear to named insured and above loss payee:

Fin. Resp. Filed:

For Whom:

Case No:

Prog Premium Budget: CT

R/R 1100% Factor Used: 100.00

F/R 042000 C

C9 ARO 01141 WAMP 10.0 CAICSIIC

Countersigned:

COMMERCIAL AUTO INSURANCE POLICY

PLEASE READ YOUR POLICY

POLICY NUMBER CA 0-46-80-132-0

This declaration Page/Amended Declaration page with a policy jacket identified by the form and edition date information completes the above numbered policy.

Previous policy no. Form 1050 Ed. 1194

*** THIS AMENDED DECLARATION SUPERSEDES PRIOR DECLARATION PAGE EFFECTIVE 05/02/01 ***

DECLARATIONS

WILLIAM WAMPLER PAGE 3 OF 3
109 EAST MAIN ST
SYKESVILLE PA 15865

NAMED INSURED

ENDORSED EFFECTIVE: MAY 2, 2001
POLICY TERM: APR 28, 2001 TO APR 28, 2002

A BOWLEY WILLIAM G INS
G PO BOX 846
N DUBOIS PA 15801
T

This policy incepts the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period. This policy shall expire at 12:01 a.m. on the last day of the policy period.



CA-58007
PROGRESSIVE NORTHERN INS. CO.
INQUIRIES: P.O. BOX 5070, CLEVELAND OHIO 44101

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERED VEHICLES

VEH NO	DR	TRADE NO	TRADE NAME	BODY TYPE	SERIAL NO	VEH CLS	TER NO	RAD IUS	DSC PCT
1	1	90	INTERNATONAL	DUMP TRUCK	2HTFBX6T7LC040980	H72	49	100	

LIABILITY PREMIUM BY VEHICLE

VEH NO	LIAB	EMB	UM	UIM	FPB
1	\$2,292		\$21	\$26	\$171

PHYSICAL DAMAGE PREMIUM BY VEHICLE

VEH NO	COMP OR TYPE	FT/CAC DED	PREM	COLLISION DED	PREM	ON-HOOK LIMIT	DED	PREM	VEH TOTAL
1	FT/CAC	\$1,000	\$183	\$1,000	\$523				\$3,216

Any loss under Part III is payable as interest may appear to named insured and above loss payee:

Fin. Resp. Filed: C9 ARO 01141 WAMP For Whom: Case No: 10.0 CAICSI1C

Prog Premium Budget: CT
R/R 1100% Factor Used: 100.00
F/R 042000 C

Countersigned:

NEW
RENEWAL OF NUMBER

NATIONAL LIABILITY & FIRE INSURANCE COMPANY
STAMFORD, CONNECTICUT
CARGO COVERAGE DECLARATIONS

POLICY NUMBER: 73MTE674806

ITEM ONE

NAMED INSURED & ADDRESS
WILLIAM WAMPLER
109 EAST MAIN STREET
SYKESVILLE PA 15865

POLICY PERIOD: Policy covers FROM 08/28/2001 11:45 P.M. TO 08/28/2002

12:01 A.M. Standard Time at the Named Insured's Address stated above.

The Named Insured is: Individual; Partnership;
 Corporation; Other

Business of the Named Insured is: TRUCKING FOR HIRE

ITEM TWO

DESCRIPTION of CARGO principally consists of: COAL, DIRT, SAND & AGGS

Radius 100 miles from the address of the Named Insured, stated above.

COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Cargo Coverage Form shows which types of autos are covered autos.) 46A

ITEM THREE SCHEDULE OF COVERAGE

COVERED AUTOS					LIMIT OF INSURANCE	RATE	PREMIUM
Auto No.	Year Model	Trade Name	Type of Body	Serial No.			
1	1990	INTERNATIONAL DUMP TRUCK		SH:2HTFBX6T7LC040980	\$ 20,000	1.200	\$ 400.00
2							
3							
4							
5							
6							
7							
8							

DEDUCTIBLE FOR EACH COVERED 'AUTO' \$ 500

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION **SEE M2904 FORM LIST ATTACHED

MINIMUM EARNED PREMIUM \$ \$250 WHEN CANCELLED BY THE INSURED. TOTAL PREMIUM \$ 400.00

COUNTERSIGNED: GREENSBURG, PA

By Robert Tuscano
Authorized Representative

In Witness Whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Joseph D. White
Secretary

Donald E. Whiston
President

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

WAMPLER, WILLIAM
109 EAST MAIN STREET
SYKESVILLE PA 15865

DATE 2/4/02
RECEIPT # 199370

IN RE: Application fees for WAMPLER, WILLIAM

Docket Number A-00118130F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 026570

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
FEB 07 2002