

RECEIVED

2001 JUL 12 AM 11:06

Before the Pennsylvania Public Utility Commission

PA P.U.C. SECRETARY'S BUREAU

APPLICATION MOTOR COMMON CARRIER OF PROPERTY

2001 JUL 12 PM 4:23

RECEIVED BUREAU OF TRANSPORTATION SAFETY

1. Charles B Schwartz Jr (TRUCKING)
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. SAME AS ABOVE
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.

3. 6417 H.W. THORNE ST 215-543-0629 FAX
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. PHILA PA 19149
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. N/A
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.)

N/A
ATTORNEY'S ADDRESS

6. APPLICANT Does HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER mc-410.0664

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

AUG 20 2001

A-118177

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 2 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 _____ 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 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.

CHARLES B SCHWARTZ JR 7-9-01
(PRINT NAME) (SIGNATURE) (DATE)

Charles B. Schwarz Jr trucking 7-9-01

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.

MOTOR TRUCK CARGO DECLARATIONS

ASSOCIATES INSURANCE GROUP
 ADMINISTRATIVE OFFICE:
 250 CARPENTER FREEWAY
 IRVING, TEXAS 75062-2710
 P.O. BOX 660028, DALLAS, TEXAS 75266-0028

NEW DECLARATION EFFECTIVE 02/01/01

POLICY NUMBER	FROM	POLICY PERIOD	TO	COVERAGE IS PROVIDED IN THE	AGENCY	
ATC2956729-00	12:01 AM	02/01/01	12:01 AM	02/01/02	ASSOCIATES INSURANCE COMPANY	0707901 6
NAMED INSURED AND ADDRESS				PRODUCER'S NAME AND ADDRESS		
CHARLES SCHWARTZ JR TRUCKING 16417 HAWTHORNE ST PHILADELPHIA PA 19149				ASSOCIATES COMMERCIAL CORP. 180 SHEREE BLVD BLDG 1300 EXTON PA 19341		

Policy Period: From 02/01/01 to 02/01/02 at 12:01 AM Standard Time at your mailing address shown above.

The covered cargo consists of:
 GENERAL FREIGHT

RATE: Various
 PREMIUM: \$1,092.00
 MINIMUM PREMIUM: \$.00
 DEPOSIT PREMIUM: \$.00

Coverage forms made part of this policy are:

- MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE FORM - BROAD FORM
- MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE FORM - BROAD FORM REPORTING

Additional forms made part of this policy:

639114 CI175 0186 GU322B 0689 639098 639096

When vehicles are required to be scheduled, each vehicle that is covered must be described below or on a schedule that is a part of this policy. A limit of insurance must be shown for each vehicle. This is the most that we will pay for a loss to cargo carried in or on the vehicle.

SCHEDULED VEHICLES

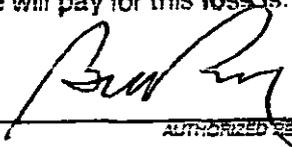
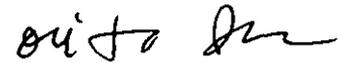
MAKE	YEAR	MODEL	SERIAL NUMBER	LIMIT OF INSURANCE
3. 012	1995	FREIGHTLINER	1FUYPEDB65P744288	\$20,000
4. 013	1995	FREIGHTLINER	1FUYPEDB4SP744297	\$20,000

UNSCHEDULED VEHICLES

Maximum limit for any one unscheduled vehicle: \$0

For two or more covered vehicles involved in a single loss, the most that we will pay for this loss is: \$20,000

COUNTERSIGNED: 02/02/01

BY: 
 AUTHORIZED REPRESENTATIVE




ASSOCIATES INSURANCE COMPANY
CERTIFICATE OF INSURANCE
 250 CARPENTER FREEWAY, IRVING, TEXAS 75062-2710
 P.O. BOX 660028, DALLAS, TEXAS 75266-0028

ISSUE DATE: 1/31/01

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 BELOW.

NAME AND ADDRESS OF INSURED
CHARLES SCHWARTZ JR. TRUCKING
 16417 HAWTHORNE STREET
 PHILADELPHIA, PA 19149

TERM: 12 MONTHS EFFECTIVE: 2/1/01 EXPIRATION: 2/1/02

WHERE A WITH AN "X" IN IT IS SHOWN AND A POLICY NUMBER AND LIMIT OF LIABILITY ARE DISPLAYED, 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 ARE SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OUTLINED IN SUCH POLICIES. WHERE AGGREGATES ARE SHOWN, LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF COVERAGE	POLICY NO.	LIMITS OF LIABILITY	
AUTOMOBILE LIABILITY	ATC2855728	\$1,000,000	COMBINED SINGLE LIMIT
<input checked="" type="checkbox"/> Owned Automobiles		BODILY INJURY	PROPERTY DAMAGE
<input type="checkbox"/> Hired Automobiles		\$ each person	\$ each accident
<input type="checkbox"/> Non-Owned Automobiles		\$ each accident	
GENERAL LIABILITY (Other than automobile)		\$	COMBINED SINGLE LIMIT
		BODILY INJURY	PROPERTY DAMAGE
<input type="checkbox"/> Comprehensive General		\$ each person	\$ each accident
<input type="checkbox"/> Premises - Operations		\$ each accident	
<input type="checkbox"/> Contractual		\$ aggregate	
AUTOMOBILE PHYSICAL DAMAGE		Stated Amount	\$
P.P. Commercial		Actual Cash Value	\$
<input type="checkbox"/> Specified Perils		\$	Deductible
<input type="checkbox"/> Collision		\$	Deductible
<input type="checkbox"/> Comprehensive		\$	Deductible
CARGO LEGAL LIABILITY-\$20,000	ATC2855728	\$1,000	Deductible
SPECIAL ITEMS 1995 Freightliner 744297		1995 Freightliner 744288	

CERTIFICATE HOLDER

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.

Marion L. Bryan
Switz, Jr.
 AUTHORIZED REPRESENTATIVE

AUL-110 (10/96)

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SCHWARTZ, CHARLES, JR.
SCHWARTZ, CHARLES, JR., TRUCKING
6417 HAWTHORNE STREET
PHILADELPHIA PA 19149

DATE 8/23/01
RECEIPT # 198817

IN RE: Application fees for SCHWARTZ, CHARLES, JR.

DOCKETED

AUG 30 2001

Docket Number A-00118177..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 9781137101

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

PA P.U.C. SECRETARY'S BUREAU

2001 AUG 29 PM 3:20

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