

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
2001 AUG -8 AM 11:31
SECRETARY'S BUREAU

1. DAVID M. PIELL
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. PENN JERSEY COURIER SERVICE
TRADE NAME IF ANY
The trade name, if fictitious, Has been registered with the
(has or ~~has not~~)
Secretary of the Commonwealth on April 27, 2000. Attach a date
stamped copy of the registration form.

3. 2224 Florence Lane
Bensalem, Pa. 19020 215-499-1280
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. P.O. Box 1401
Bensalem, Pa. 19020
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS **DOCKETED**
AUG 29 2001

DOCUMENT
FOLDER

5. _____
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 HOLD INTERSTATE OPERATING
(does or ~~does not~~)
AUTHORITY AT DOCKET NUMBER USDOT 946201

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)

25
BIPD - NO
CARGO - NO
Prof MOD

A-00118201

2001 AUG -9 PM 2:21
SECRETARY'S BUREAU

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.

David M. Piell David M. Piell 7-30-01
(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.

Microfilm Number

200034 - 330

Filed with the Department of State on

APR 27 2000

Entity Number

2938723

Kim Ruggenworth

Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DEC-54-311 (REV 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: Penn Jersey Courier Service

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:

pick up and delivery service

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

2224 Florence Lane Bensalem, Pa. 19020 Bucks
Number and Street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:

David M. Piell 2224 Florence Lane Bensalem, Pa. 19020
Name Number and Street City State Zip

5. Each entity, other than an individual, interested in such business is (are):

NONE

I, the undersigned, hereby certify that I am the owner of the fictitious name and understand that filing under the fictitious name does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

DATE OF THIS NOTICE: 11-06-2000
NUMBER OF THIS NOTICE: CP 575 K
EMPLOYER IDENTIFICATION NUMBER: 23-3058933
FORM: SS-4 (TELE-TIN)
2877742384 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

DAVID PIELL
PENN JERSEY COURIER SERVICE
PO BOX 1401
BENSALEM PA 19020

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 23-3058933. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office, Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

If you haven't already completed Form SS-4, Application for Employer Identification Number, we need you to do it now so your account record will be complete. You can get Form SS-4 at your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676). After you complete the Form SS-4, sign and date it and write your new EIN, 23-3058933, in the upper right hand corner. Please return it to us with the bottom part of this notice by 11-21-2000. We've enclosed an envelope for your convenience.

Thank you for your cooperation.

Keep this part for your records.

CP 575 K (Rev. 1-2000)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 K

2877742384

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 11-06-2000
EMPLOYER IDENTIFICATION NUMBER: 23-3058933
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

DAVID PIELL
PENN JERSEY COURIER SERVICE
PO BOX 1401
BENSALEM PA 19020



U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

APRIL 19, 2001

215/499-1280

DAVID M PIELL
PENN JERSEY COURIER
PO BOX 1401
BENSALEM PA 19020

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

USDOT 946201

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

<http://diy.dot.gov>

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

<http://www.fmcsa.dot.gov>

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

U. S. Department of Transportation
Federal Motor Carrier Safety Administration

228 WALNUT STREET, ROOM 536
HARRISBURG, PENNSYLVANIA 17101
717 / 221-4443

CAPACITY COVERAGE COMPANY
120 Pleasant Avenue, Upper Saddle River, New Jersey, 07458.
Telephone: 201-236-9800
Facsimile: 201-236-0480

EVIDENCE OF COVERAGE

This is to certify that we have obtained in accordance with your request the following insurance:

Certificate/Evidence number: **270**

Insured with: Underwriters at Lloyd's of London

Type: Courier Cargo Insurance

Form: Agreed Wording as attached.

Assured: Penn Jersey Courier
2224 Florence Lane
Bensalem, PA 19020

Period: 12 Months with effect from September 18, 2000 12:01 a.m.
Local Standard Time.

Sum Insured: See Policy Schedule

Situate: This policy covers only while the property is at locations within or while
in transit within and the United States of America, the District of
Columbia, Canada, and Worldwide as applicable.

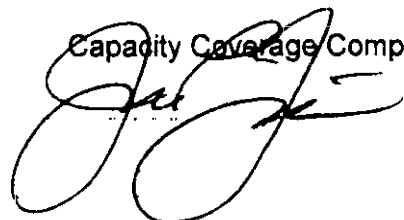
Conditions: Deductible USD \$500 each and every loss

Proposal Dated: September 18, 2000

Notice of Loss Cause Naming: Capacity Coverage Company

Premium: \$750

Dated at: Upper Saddle River, New Jersey
September 21, 2000

Capacity Coverage Company


ACORD CERTIFICATE OF LIABILITY INSURANCE

09/19/2000

PRODUCER (201)236-9800 FAX (201)236-0480
 Capacity Coverage Company
 120 Pleasant Avenue
 Upper Saddle River, NJ 07458

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.

INSURERS AFFORDING COVERAGE

INSURED Penn Jersey Courier
 P.O. Box 1401
 Bensalem, PA 19020

INSURER A: Penn America Insurance Co.
 INSURER B: Lloyds of London
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

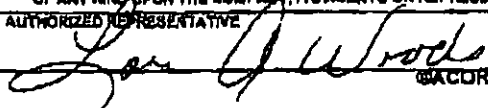
INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PAC6171865	09/18/2000	09/18/2001	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATE-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER Cargo Insurance	270	09/18/2000	09/18/2001	\$25,000 Any One Conveyance

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 Crime Policy also through Penn America effective 9/18/00-01. Employee Dishonesty \$10,000 Limit

CERTIFICATE HOLDER **ADDITIONAL INSURED: INSURER LETTER** **CANCELLATION**

Evidence Of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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.

AUTHORIZED REPRESENTATIVE

 ACORD CORPORATION



DECLARATIONS PAGE

NAIC# 25178

POLICY NUMBER

24 5890-C30-38

Policy Period from MAR 30 2001 to SEP 30 2001

STATE FARM PAYMENT PLAN NUMBER

0388138013

NAMED INSURED

00494 38-2845-221B
PIELL, DAVID
DBA PENN JERSEY COURIER
2224 FLORENCE LN
BENSALEM PA 19020-2265

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.**

AGENT
BOB NOWICKI
HULMEVILLE AND GALLOWAY ROADS
BENSALEM, PA 19020



PHONE: (215)639-6440

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
1992	ISUZU	NPR	BOX	JALB4B1K1N7005939	5050000

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	1992 ISUZU
A	Bodily Injury/Property Damage Liability Limits of Liability-Coverage A-Bodily Injury Each Person, Each Accident \$250,000 \$500,000 Limits of Liability-Coverage A-Property Damage Each Accident \$100,000	\$386.00
C2	Medical Payments Limit of Liability-Coverage C2 Each Person \$10,000	\$22.00
D100	\$100 Deductible Comprehensive	\$39.60
G250	\$250 Deductible Collision	\$20.60
U	Uninsured Motor Vehicle Limits of Liability-Coverage U Each Person, Each Accident \$15,000 \$30,000	\$25.80
W	Underinsured Motor Vehicle Limits of Liability-Coverage W Each Person, Each Accident \$15,000 \$30,000	\$25.20
Y2	Death, Dismemberment, and Loss of Sight	\$2.00
Z3	Loss of Income	\$12.60

Total premium for this policy period \$583.80 This is not a bill.

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9838.7, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

6771DD.3 AMENDMENT OF CANCELLATION AND RENEWAL CONDITIONS.
USE-COMMERICAL.



POLICY NUMBER 396 4603-F28-38I	Policy Period from APR 05 2001 to JUN 28 2001	STATE FARM PAYMENT PLAN NUMBER 0388138013
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NAMED INSURED
 00461 38-2845-221B
 PIELL, DAVID
 DBA PENN JERSEY COURIER
 2224 FLORENCE LN
 BENSALEM PA 19020-2265

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
 SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.**

AGENT
 BOB NOWICKI
 HULMEVILLE AND GALLOWAY ROADS
 BENSALEM, PA 19020



PHONE: (215)639-6440

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
2001	FORD	E350	VAN	1FTSS34L71HA64225	5040000

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	2001 FORD
A	Bodily Injury/Property Damage Liability Limits of Liability-Coverage A-Bodily Injury Each Person, Each Accident \$250,000 \$500,000 Limits of Liability-Coverage A-Property Damage Each Accident \$100,000	\$161.72
C2	Medical Payments Limit of Liability-Coverage C2 Each Person \$10,000	\$7.10
D100	\$100 Deductible Comprehensive	\$38.17
G250	\$250 Deductible Collision	\$62.31
U	Uninsured Motor Vehicle Limits of Liability-Coverage U Each Person, Each Accident \$15,000 \$30,000	\$11.89
W	Underinsured Motor Vehicle Limits of Liability-Coverage W Each Person, Each Accident \$15,000 \$30,000	\$11.62
Q	Extraordinary Medical Payments	\$6.36
Y2	Death, Dismemberment, and Loss of Sight	\$6.65
Z3	Loss of Income	\$4.06

Total premium for this policy period \$304.08 This is not a bill

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9838.7, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number 3964603-38H.

New Policy Form

Your total annual 6-month premium for DEC 00 2000 to JUN 00 2001 is \$350.00

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

PIELL, DAVID M.
PENN JERSEY COURIER SERVICE
PO BOX 1401
BENSALEM PA 19020

DOCUMENT
FOLDER

DATE 9/12/01
RECEIPT # 198854

IN RE: Application fees for PIELL, DAVID M.

Docket Number A-00118201..... \$100.00

DOCKETED

SEP 13 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: IPSI MO 396356126

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

KJR