

2001 AUG 14 AM 9:35

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

020591

1. MARVIN Eugene Davis
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. DAVIS Trucking Inc.
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. 841 East Slippery Rock Road Chicora, Pa 16025
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) (724) 445-2074

MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

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
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

DOCKETED

AUG 29 2001

A- 00 11 8 2 04

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DOCUMENT
FOLDER 4

25
B.P.D. - ~~OR~~
CARGO - ~~WAIVER~~
Prop REG

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TRANSPORTATION
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8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 3 LEASED _____

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

n/a 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 Pennsylvania 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.

MARVIN E. DAVIS *Marvin E. Davis* 7-16-01
(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.

9675-1281

Microfilm Number

Filed with Department of State on OCT 25 1996

Entity Number 2720879

Joette Kank

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FOR PROFIT OF

Davis Trucking, Inc.

Name of Corporation
A TYPE OF CORPORATION INDICATED BELOW

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Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306)
- Business-nonstock (15 Pa.C.S. § 2102)
- Business-statutory close (15 Pa.C.S. § 2303)
- Management (15 Pa.C.S. § 2702)
- Professional (15 Pa.C.S. § 2903)
- Insurance (15 Pa.C.S. § 3101)
- Cooperative (15 Pa.C.S. § 7102)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Davis Trucking, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) <u>841 East Slippery Rock Road</u>	<u>Chicora</u>	<u>Pennsylvania</u>	<u>16025</u>	<u>Butler</u>
Number and Street	City	State	Zip	County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is: 10,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Marvin E. Davis</u>	<u>P.O. Box 291, Chicora, Pennsylvania 16025-0291</u>

6. The specified effective date, if any PA DEPT. OF STATE number, 15 1996

PA DEPT. OF STATE month day year hour, if any

OCT 25 1996

NOV 18 1996

9675-1282

- 7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
- 8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).
- 9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 11th day of October, 19 96.

Merrill E. Davis
 (Signature)

 (Signature)

ROCKWOOD CASUALTY INSURANCE

A STOCK COMPANY

Rockwood, PA 15557

TRUCKING POLICY

POLICY NO. TP 8005

AGENT

EMPLOYERS FEDERAL ID #

FORM OF NAMED INSURED'S BUSINESS: CORPORATION LIMITED LIABILITY COMPANY OR INDIVIDUAL PARTNER-SHIP OTHER

AGENT CODE #2165

NAMED INSURED'S BUSINESS: Coal Trucking

ITEM ONE. NAMED INSURED AND MAILING ADDRESS

Marvin Davis
Davis Trucking, Inc.
841 E. Slippery Rock Road
Chicora, PA 16025

Echnoz, Scalzott & Schutzman
159 Butler Rd.
P.O. Box 955
Kittanning, PA 16201

POLICY PERIOD: Policy covers FROM 09-19-2000 TO 09-19-2001
12:01 A.M. Standard Time at your mailing address shown above.

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BUREAU OF
TRANSPORTATION & SAFETY
JUL 23 AM 11:01
TP 8005
RENEWAL #

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 This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)</small>	LIMIT <small>THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS</small>	PREMIUM
PERSONAL INJURY PROTECTION (Equivalent No-fault coverage)	46	\$ 500,000 CSI	3471.00
PERSONAL INJURY PROTECTION (Equivalent added No-fault coverage)	46	SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ Ded CA2238	72.00
PROPERTY PROTECTION INSURANCE (chigan Only)		SEPARATELY STATED IN THE PPI ENDORSEMENT MINUS \$ Ded FOR EACH ACCIDENT	
MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS	46	\$ 35,000	14.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	46	\$ 31,000	5.00
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSSES CAUSED BY MISCHIEF OR VANDALISM	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED AUTO	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ SAS Ded FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."	2016.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$25 Ded FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE COLLISION COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ SAS Ded FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."	2951.00
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto	

*This policy may be subject to final audit.

ENDORSEMENTS UA142A, CA0012(7-97), CA0180, CA2237, CA2238, IL0017, IL0021, IL0246, IL0910, C0384, TP2, TP3, CA9944, CA2312, CA2192, CA2193, CA0022	PREMIUM FOR ENDORSEMENTS \$	ESTIMATED TOTAL PREMIUM * \$ 8529.00
	PREMIUM PAYABLE AT INCEPTION \$	2139.00

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

T-49 COUNTERSIGNED CH/pat 8-25-2000 BY *Henry J. P...* AUTHORIZED REPRESENTATIVE

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that DAVIS Trucking INC.
(Name of applicant/carrier)
holding PUC authority at Application Docket No. A- _____
(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.

Marvin E. Davis Pres.
Signature of Individual, Partner or Corporate Officer.

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 7-16-01

Marvin E. Davis
(Signature)

MARVIN E. DAVIS
(Print Name)

Please return to:

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

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TRANSPORTATION & SAFETY
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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

DAVIS TRUCKING, INC.
841 EAST SLIPPERY ROCK ROAD
CHICORA PA 16025

DOCUMENT
FOLDER

DATE 9/12/01
RECEIPT # 198850

IN RE: Application fees for DAVIS TRUCKING, INC.

Docket Number A-00118204..... \$100.00

DOCKETED
SEP 13 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: CC 18489

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

KJR