

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF

DOCKETED

SEP 10 2001

2001 SEP 10 PM 2:25

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

1. IVAN ^{NEU} NEU
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. TA Ivan Transportation
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.

705245

717-242-8876

3. 209 5TH AVE, BURNHAM, PA . 17009
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. _____
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

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 896107

7. APPLICANT does HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)



A-118217

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 3 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 PA 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 DEFRAID 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.

<u>JUAN NEZU</u>	<u>Juan Nezu</u>	<u>9-11-01</u>
(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.

United National Insurance Company
Bala Cynwyd, PA

Liability

POLICY NO: UN3700230

**COMMERCIAL AUTO COVERAGE PART
TRUCKERS AUTO DECLARATIONS**

RENEWAL OF: NEW

ITEM ONE -

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip, Code)

NOTICE: THIS POLICY DOES NOT PROVIDE ANY COVERAGE FOR RENTAL VEHICLES.

IVAN TRANSPORTATION
209 FIFTH AVE
BURNHAM PA 17009

Policy Period: From 11/07/2000 To 11/07/2001 at 12:01 A.M. Standard Time at your mailing address shown above.

Form of Business: Individual Partnership Corporation Other _____

IN RETURN FOR THE PAYMENT, 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 change 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 AUTOS Section of the Truckers Auto 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 THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUMS
LIABILITY		46, 47, 50	\$ \$ 1,000,000		\$ 3,386.00
FIRST PARTY BENEFITS		46	\$ SEE CA2237		\$ 17.00
UNINSURED MOTORIST (UM)		46	\$ 35,000		\$ 12.00
UNDERINSURED MOTORISTS		46	\$ 35,000		\$ 12.00
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS	DED FOR EACH COVERED AUTO \$ SEE ITEM 3	\$ 265.00
	SPECIFIED CAUSES OF LOSS COVERAGE			DED FOR EACH COVERED AUTO \$	\$
	COLLISION COVERAGE	46		DED FOR EACH COVERED AUTO \$ SEE ITEM 3	\$ 617.00
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE.					PREMIUM FOR ENDORSEMENTS \$
**SEE UNIC05 (06/96)					ESTIMATED TOTAL PREMIUM \$ 4,309.00

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Auto	DESCRIPTION							PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged	
	Year, Model, Trade name, Body Type; Serial Number(s), Vehicle Identification Number (VIN);							Original Cost New	Actual Cost New (N) Used (U)		
1	1994 PETERBILT TRACTOR 335062									53-BURNHAM, PA	
2	1999 STOUGHTON TRAILER 1DW1A4821X525230							16,000		53-BURNHAM, PA	
Auto	CLASSIFICATION							EXCEPT FOR Towing, all physical loss is payable to you and the loss payee named below as interest may appear at the time of the loss			
	Radius of Operation (In Miles)	Business Use S=Service R=Retail C=Comm	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Symbol	Code					
1	600	C	80,000				50229	TRAILER ONE INC 3296 COLUMBIA RD RICHFIELD, OH 44286			
2	600	C					67229				

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of deductible or limit entry in any column below means that the limits or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto	LIABILITY		UNINSURED MOTORIST		UNDERINSURED MOTORIST		F. P. B.		COMPREHENSIVE		SPEC. CAUSES OF LOSS		COLLISION	
	Limit In Thousands	Premium	Limit In Thousands	Premium	Limit In Thousands	Premium	Limit In Thousands	Premium	Limit Minus Ded Shown Below	Premium	Limit Minus Ded Shown Below	Premium	Limit Minus Ded Shown Below	Premium
1		3172		12		12		14						
2		102						3	1000	265			1000	617
TOTAL PREMIUM		3274	PREMIUM	12	PREMIUM	12	PREMIUM	17	PREMIUM	265	PREMIUM		PREMIUM	617

Countersigned: GREENSBURG, PA
11/27/2000

By *Robert T...*
Authorized Representative

UNIC 10 6/96

MOTOR TRUCK CARGO

Canal Insurance Company

BOX 7 - GREENVILLE, SOUTH CAROLINA 29602

Galgo

MTC062723

PAPER PRODUCTS (215)

Surcharge _____ Class _____ Radius _____

Consecutive Year
NEW SEE LIST FILING RECORD

**M
T
C
0
6
2
7
2
3**

Items

1. **Named Insured** and Address

IVAN TRANSPORTATION
209 5TH AVENUE
BURNHAM, PA 17009

SAUSMAN INSURANCE AGENCY INC
OLD ROUTE 22 WEST
THOMPSONTOWN, PA 17094

2. Policy Period: 12 months

From 06/29/2001 To 06/29/2002

Producer Code 374290

Comm.

12:01 A.M., standard time at the address of the **named insured** as stated herein.

Follow-Up Record

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.

(1) Description of **Scheduled Vehicles**:

AUTO No	Limit of Liability	Year Make Model	Vehicle Identification No.; Serial No.; Motor No.
1	100,000.00	1996 KENWORTH	1XKADR9X7TR725631
2	100,000.00	1995 FREIGHTLINER	1FUYPDSEB7SH825902

(2) Description of **Scheduled Locations**:

LOC No	Limit of Liability	Location Address	City, State, Zip
1	NOT COVERED		
2			
3			

(3) **Unscheduled Vehicles**:

Limit of Liability: \$ NOT COVERED
Reporting Adjustment Period: Monthly Quarterly Annually

(4) **Occurrence Limit:** \$ 200,000.00

(5) **Supplemental Coverage:** Insurance applies to supplemental coverage designated by an X in the box next to it. See Cargo Supplemental Endorsement.:

Refrigeration Breakdown Attended Vehicle X Locked Vehicle Coinsurance X Commodities Theft Limitations

(6) **Deductible:** Cargo: \$ 1,000.00 Refrigeration Breakdown: \$ N/A

(7) **Premium:** Rate: \$ 1,050.00 per vehicle Premium: \$ 2,100.00

Form numbers of endorsements attached to policy at issue: E-104 PA (5-98) CGO500J (2-93) CGO501 (8-96) CGO571 (2-98)

Countersigned: 2555 KINGSTON ROAD, #250
YORK, PA 17402 07/26/2001

By *David R. Bowers*

Authorized Representative

ALL RISKS LIMITED
Producer's Copy

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

NELU, IVAN
IVAN TRANSPORTATION
209 FIFTH AVENUE
BURNHAM PA 17009

DOCUMENT
FOLDER

DATE 9/18/01
RECEIPT # 198893

IN RE: Application fees for NELU, IVAN

Docket Number A-00118217..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 889072757

CHECK AMOUNT: \$100.00

DOCKETED

SEP 19 2001

C. Joseph Meisinger
(for Department of Revenue)