

PUC 189 (Revised 12/98)

2001 DEC 26 PM 1:35

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. LEVINE'S SPECIALTY FOODS, INC
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

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.

1557 LOCUST STREET, NEW CUMBERLAND PA 17070
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) 717-274-2188

717-274-2188

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

DOCKETED

DEC 31 2001

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

LE

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)

A- 00118528



25
B.V.P.D.-OK
CAR60-WAIVER
Prop RG

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 PENNSYLVANIA AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON AUGUST 19, 1992. 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.

MICHAEL J. LOVING, PRESIDENT

10. ATTACHMENT CHECKLIST:

100 SHARES

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.

MICHAEL J. LOVINS  12/26/01
(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.

RECORDED AUG 19 1993
[Signature]
Secretary of the Commonwealth
CA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE - CORPORATION BUREAU

Articles of Incorporation
of
Levine's Speciality Foods, Inc.

In order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of the Business Corporation Law of 1988, the undersigned does hereby certify as follows:

I. The name of the corporation is:

Levine's Speciality Foods, Inc.

II. 2.1 The address of the registered office of the corporation in the Commonwealth of Pennsylvania is:

1557 Locust Street
New Cumberland, Pennsylvania 17070

2.2 The registered office of the corporation is located in Cumberland County.

III. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the Business Corporation Law of Pennsylvania.

IV. 4.1 The corporation is authorized to issue capital stock to the extent of the following:

<u>Class</u>	<u>Series</u>	<u>Par Value</u>	<u>No. of Shares</u>
Common	Series A	\$.01	10,000
Common	Series B	\$.01	10,000

ACORD INSURANCE BINDER

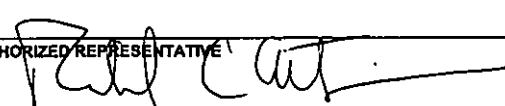
OP ID RA

DATE
12/26/01

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER		PHONE (A/C, No, Ext): 717-761-4010 717-761-4320	COMPANY	BINDER #
Byerly Insurance Agents PO Box 525, 525 N. 12th St. Lemoyne PA 17043			Progressive	2897
Richard C Atkinson			DATE EFFECTIVE	EXPIRATION DATE
			12/26/01	01/25/02
CODE:		SUB CODE:	TIME	TIME
AGENCY CUSTOMER ID: LEVIN-1			AM	X 12:01 AM
INSURED			PM	NOON
Levine Specialty Foods Corp. 1557 Locust Street New Cumberland PA 17070-1568		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 1226MB32		
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)				

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$300,000 BODILY INJURY (Per person) \$10,000 BODILY INJURY (Per accident) \$10,000 PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$35,000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input checked="" type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 500				ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS KIA Financial Services P.O. Box 5475 Springfield OH 45501	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE  Richard C Atkinson		

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that Levin & Specialty Foods, 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.

[Signature]
(SIGNATURE)

(Individual applicant, authorized partner or corporate president or secretary)

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 12/26/01 [Signature]
(Signature)

MICHAEL J. LEVINO
(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance/Filing Unit
PO Box 3265
Harrisburg, PA 17105-3265

- This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

LAVINE'S SPECIALTY FOODS, INC.
1557 LOCUST STREET
NEW CUMBERLAND PA 17070

DATE 1/10/02
RECEIPT # 199280

IN RE: Application fees for LAVINE'S SPECIALTY FOODS, INC.

Docket Number A-00118528..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: IPSI MO 06-442109240

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

UCKETED
JAN 15 2002