

2001 DEC 26 PM 12:54

Harrisburg, PA 17105-3265  
(717) 787-3834 or FAX (717) 787-5961

570-247-7177

### Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. Reed MARYOTT  
Full Name of Applicant (Individual, Partnership or Corporation)

2. \_\_\_\_\_  
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  
(Date)  
stamped copy of the registration form.

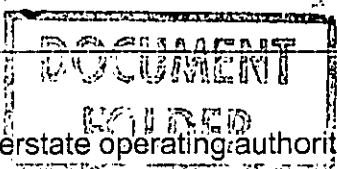
3. RR1 BOX 264 Brookford

WISTER PA 18850 570-247-2042  
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. \_\_\_\_\_  
Mailing Address if Different from Physical Address

5. \_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing  
(Do not supply Attorney's name if you want all correspondence & notice of process mailed directly to you.)

Attorney's Address \_\_\_\_\_



6. Applicant Does NOT hold interstate operating authority at docket  
(Does or does not) number \_\_\_\_\_

7. Applicant Does NOT have a current safety rating issued by the US  
(Does or does not) DOT, PA PU6, or other state regulatory agency. (Attach Copy)

**DOCKETED**  
FEB 15 2002

A-118649

8. Approximate number of commercial vehicles to be operated in Pennsylvania:  
Owned \_\_\_ / \_\_\_ 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.)

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(Attach a separate sheet if space provided is not sufficient.)

**Corporation** Organized under the laws of the state of \_\_\_\_\_  
qualified to do business in Pennsylvania by registering with the Secretary of  
the Commonwealth on \_\_\_\_\_  
(Date)

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 corporate 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.

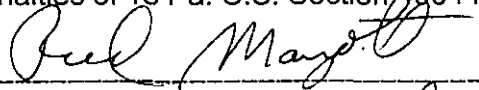
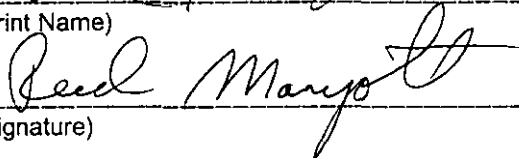
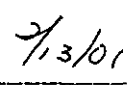
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

**You must sign the following application.**

### **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.

 REED MARYOTT  
-----  
(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).

PUC 189  
Revised 10/00

CTC

FAX TRANSMITTAL  
Commercial Transportation Consultants, L L C  
RR #1, Box 171  
Rome, PA 18837-9801  
570-247-7177 Fax: 570-247-2474  
bernadette@1ctc.com  
www.1ctc.com

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY  
2002 FEB 19 AM 10: 24

Date: February 13, 2002

Bernadette Schein

To: Gale Travitz  
PA PUC



Fax #: 717-787-3114

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Re: App for Reed Maryott

Attached is the application signed by Reed Maryott. Original signature will follow in mail.

If you have any questions, please call.

Thank you,

*Bernadette Schein*

Transportation Department Manager

NEW  
RENEWAL OF NUMBER

**NATIONAL INDEMNITY COMPANY**  
OMAHA, NEBRASKA  
**TRUCKERS COVERAGE DECLARATIONS**

The Declarations  
include a second part  
designated "Part 2".

70 TRN 14 93 96

Sub-Agent's Code: **565**  
**GANNON ASSOCIATES, INC.**  
28 MAIN STREET  
PO BOX 327  
TOKANDA, PA 18848

ITEM ONE NAMED INSURED & ADDRESS

REED MARYOTT  
RR1, BOX 264  
ULSTER, PA 18850

FORM OF NAMED INSURED'S BUSINESS: **INDIVIDUAL**  
NAMED INSURED'S BUSINESS: **Hauling Sand & Gravel**

POLICY PERIOD: Policy covers FROM 07/19/2001 02:55 P.M. TO 07/19/2002 12:01 A.M. Standard Time at the Named Insured's Address stated above.

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 Truckers Coverage Form next to the name of the coverage.

| COVERAGES   | COVERED AUTOS<br>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos) | THE LIMIT OF INSURANCE<br>WE WILL PAY FOR ANY ONE<br>ACCIDENT OR LOSS                                | PREMIUM                          |
|---|---|--|----------------------------------|
| LIABILITY   | 46  | \$ 1,000,000 CSL   | \$ 1,738                         |
| PERSONAL INJURY PROTECTION<br>(P.I.P.) (or equivalent No-fault coverage)      | 46  | SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT<br>Deductible<br>\$ N/A                                 | \$ 63                            |
| ADDED P.I.P. (or equivalent added No-fault cov.)                              |   | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT   | \$                               |
| PROPERTY PROTECTION INSURANCE<br>(P.P.I.) (Michigan only)                     |   | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS<br>Deductible FOR EACH ACCIDENT                    | \$                               |
| AUTO MEDICAL PAYMENTS   |   | \$   | \$                               |
| UNINSURED MOTORISTS   | 46  | \$ 30,000 CSL (NONSTACKED)   | \$ 9                             |
| UNDERINSURED MOTORISTS<br>(When not included in Uninsured Motorists Coverage) | 46  | \$ 30,000 CSL (NONSTACKED)   | \$ INCL                          |
| TRAILER INTERCHANGE<br>COMPREHENSIVE COVERAGE                                 |   | ACTUAL CASH VALUE, COST OF REPAIR OR \$<br>WHICHEVER IS LESS   | \$                               |
| TRAILER INTERCHANGE<br>SPECIFIED CAUSES OF LOSS COVERAGE                      |   | ACTUAL CASH VALUE, COST OF REPAIR OR \$<br>WHICHEVER IS LESS   | \$                               |
| TRAILER INTERCHANGE<br>COLLISION COVERAGE                                     |   | ACTUAL CASH VALUE, COST OF REPAIR OR<br>WHICHEVER IS LESS, MINUS<br>Deductible FOR EACH COVERED AUTO | \$                               |
| <b>PHYSICAL DAMAGE INSURANCE</b>  |   |  |                                  |
| COMPREHENSIVE COVERAGE  |   | ACTUAL CASH VALUE OR \$<br>COST OF REPAIR<br>Deductible FOR EACH COVERED AUTO                        | \$                               |
| SPECIFIED CAUSES OF LOSS  | 46  | OR \$500 M 3912a<br>Deductible FOR EACH COVERED AUTO   | \$ INCL                          |
| COLLISION COVERAGE  | 46  | REPLACEMENT<br>WHICHEVER IS<br>LESS MINUS \$500 M 3912a<br>Deductible FOR EACH COVERED AUTO          | \$ 669                           |
| TOWING AND LABOR  |   | \$ Deductible FOR EACH COVERED AUTO  | \$                               |
| FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION              |   |  | PREMIUM FOR ENDORSEMENTS \$      |
| See M4572 (12/94)   |   |  | ESTIMATED TOTAL PREMIUM \$ 2,479 |
| POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 250      |   |  | IF CANCELLED BY THE INSURED.     |
| ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN AS ATTACHED                    |   |  |                                  |

RECEIVED AUG 08 2001

INSURANCE OFFICE OF PITTSBURGH

Witnessed at PITTSBURGH, PA

By \_\_\_\_\_ AUTHORIZED SIGNATURE

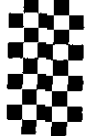
In witness whereof, we have caused this policy to be executed and attested.

*Forrest D. Smith*

Secretary

*Donald E. Whitcher*

President



CTC

FAX TRANSMITTAL  
Commercial Transportation Consultants, L L C  
RR #1, Box 171  
Rome, PA 18837-9801  
570-247-7177 Fax: 570-247-2474  
bernadette@1ctc.com  
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Date: February 13, 2002

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Fax #: 717-787-3114

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Re: App for Reed Maryott

Attached is the application signed by Reed Maryott. Original signature will follow in mail.

If you have any questions, please call.

Thank you,

Bernadette Schein

Transportation Department Manager

**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834 or FAX (717) 787-5961**

### Exemption from PUC Cargo Insurance Regulations

This is to advise that Reed Maryott  
(Name of applicant/carrier)  
holding PUC authority at Application Docket No. A- \_\_\_\_\_ is exempt  
(If available)  
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 in value.

Reed Maryott  
(Signature of 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.

Reed Maryott  
(Signature) \_\_\_\_\_ (Date)  
REED MARYOTT  
(Print Name)

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

*orig used 2-20-02*

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.

*copy - ori on way  
2-13-02  
jt.*

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

MARYOTT, REED  
RR 1, BOX 264  
ULSTER PA 18850

DATE 2/19/02  
RECEIPT # 199425

IN RE: Application fees for MARYOTT, REED

Docket Number A-00118649..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 525897

CHECK AMOUNT: \$100.00

**DOCKETED**  
FEB 25 2002

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDED