

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

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### 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. William L. Schuck  
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. 4354 Mountain Road Slatington  
Lehigh County 18080 610-767-4958  
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 have a current safety rating issued by the US  
(Does or does not)  
DOT, PA PUC or other state regulatory agency. (Attach Copy)

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MAR 19 2002

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FOLDER**

A-118744

8. Approximate number of commercial vehicles to be operated in Pennsylvania:  
Owned 10 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 \_\_\_\_\_  
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.

WILLIAM SCHUCK  
(Print Name)

William Schuck 2-1-2002  
(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

**ID/Operations | Inspections/Crashes | Safety Rating | Insurance**

Inspection results for 24 months prior to: 01/26/2002

Total inspections: 22

Notes: Total inspections may not equal sum of vehicle, driver, and hazmat inspections due to some inspections for multiple vehicles.

**Inspections:**

Inspection Type	Vehicle	Driver	Hazmat
Inspections	22	22	0
Out of Service	3	1	0
Out of Service %	13.6%	4.5%	0%
Nat'l Average %(2000)	23.7%	8.0%	6.1%

Crashes reported to FMCSA by states for 24 months prior to: 01/26/2002

**Crashes:**

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

**ID/Operations | Inspections/Crashes | Safety Rating | Insurance**

**Carrier Safety Rating:**

The rating below is current as of: 01/26/2002

**Review Information:**

Rating date:	11/06/2000	Date:	11/01/2000
Rating:	Satisfactory	Type:	Compliance Review

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# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TJ DATE (MM/DD/YY)  
SCHUC-4 02/06/02

**PRODUCER**  
Caputo Insurance Agency, Inc.  
P.O. Box 350  
Beaver Falls PA 15010-0350  
Phone: 724-843-3020 Fax: 724-843-9475

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.

**INSURED**  
  
William Schuck Trucking  
4254 Mountain Road  
Slatington PA 18080

**INSURERS AFFORDING COVERAGE**

INSURER A: **Highlands Insurance Group**  
INSURER B:  
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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <b>MCS-90 ENDORSEMENT</b>	CAA2001200	07/28/01	07/28/02	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**FAX (717) 787-5961**

<b>CERTIFICATE HOLDER</b> N ADDITIONAL INSURED; INSURER LETTER: _____  PA PUBL PA PUBLIC UTILITY COMMISSION BUREAU OF TRANSPORTATION & SAFETY P. O. BOX 3265 HARRISBURG PA 17105-3265	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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BUREAU OF  
TRANSPORTATION & SAFETY  
FEB 19 11:10:35

**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 WILLIAM L. SCHUCK  
(Name of applicant/carrier)  
holding PUC authority at Application Docket No. A- 118744 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.

William L. Schuck  
(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.

William Schuck 2-1-2002  
(Signature) (Date)  
William Schuck  
(Print Name)

Please return to: **Pennsylvania Public Utility Commission  
Bureau of Transportation & 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.

*guts*

# Business Auto Policy Declarations

# Highlands Insurance Group

- Highlands Insurance Company - Houston, TX
- Northwestern National Casualty Company - Lawrenceville, NJ
- N.N.I. (Northwestern National Insurance) - Lawrenceville, NJ
- State Capital Insurance Company - Lawrenceville, NJ

Direct Bill

Producer Bill

## Item One

Policy No. CAA2001200

New

Renewal

Rewrite of \_\_\_\_\_

<b>Named Insured &amp; Mailing Address</b> William Schuck Trucking 4354 Mountain Road Slatington, PA 18080	<b>Producer Name &amp; Mailing Address</b> Interamericas Insurance Services, Inc. 400 Unity Street Suite 102 Latrobe, PA 15650
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**Policy Period:** From 7/28/2001 To 7/28/2002

At 12:01 AM Standard Time at your mailing address shown above.

**Form Of Business:**  Corporation  Partnership  Individual  Other

**Business Description:** Trucking

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 large 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 (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)	Limit The most we will pay For any one accident Or loss	Premium
Liability	-46	\$1,000,000	\$27,822
Personal Injury Protection (or equivalent No Fault Coverage)	-46	Separately stated in each P.I.P. endorsement minus Deductible	\$260
Added Personal Injury Protection (or equivalent No Fault Coverage)		Separately stated in each added P.I.P. Endorsement	
Auto Medical Payments			
Uninsured Motorists	-46	\$35,000	\$220
Underinsured Motorists (when not Included in uninsured motorist coverage)	-46	\$35,000	\$174
Physical Damage Comprehensive Coverage		Actual cash value or cost of repair, whichever is less Minus Deductible for each covered auto but no Deductible applies to loss caused by fire or lightning. (See Item Four for Hired or Borrowed "Auto".)	
Physical Damage Specified Causes of Loss Coverage		Actual cash value or cost of repair, whichever is less Minus Deductible, for each covered auto for Loss Caused by Mischief or Vandalism. (See Item Four for Hired or Borrowed "Auto".)	
Physical Damage Collision		Actual cash value or cost of repair, whichever is less Minus Deductible for each covered auto. (See Item Four for Hired or Borrowed "Auto".)	
Physical Damage Towing and Labor		\$25 for each Disablement of a Private Passenger Auto	
Premium For Endorsements			
<b>Estimated Total Premium</b>			<b>\$28,676</b>

### Endorsements Attached to this Coverage Part:

IL 00 21 11 85 - Broad Form Nuclear Exclusion  
 IL 00 17 11 85 - Common Policy Conditions  
 IL 00 03 11 85 - Calculation of Premium

IL 09 10 01 81-PA Notice  
 IL 02 46 06 89-PA Changes/Cancellation  
 CA 01 80 09 97-PA Changes

CA 00 12 07 97-Truckers Coverage Form  
 CA 21 92 11 98-Uninsured  
 CA 27 93 11 98-Underinsured

Vehicle Schedule  
 CA 22 37-PIP

Countersigned

AUG 03 2001

(Date)

by

*Ponela*

(Authorized Representative)

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PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

SCHUCK, WILLIAM L.  
4354 MOUNTAIN ROAD  
SLATINGTON PA 18080

REP

DATE 3/19/02  
RECEIPT # 199539

IN RE: Application fees for SCHUCK, WILLIAM L.

Docket Number A-00118744..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 13652  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

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MAR 21 2002

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