

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 in value.

RECEIVED
BUREAU OF TRANSPORTATION & SAFETY
JUN 11 2002 11:35

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

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. Richard A. Olliver
Full Name of Applicant (Individual, Partnership or Corporation)

Olliver Trucking (not fictitious)
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.

DOCKETED

JUN 12 2002

[Signature]

3. _____
1429 Indian Hill Rd Leechburg, Westmoreland 15656
Physical Address (Street, City, County and Zip Code) Telephone Number

(Required)

7-24-845-8633

Mailing Address if Different from Physical Address

same

A-00119015

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.)

DOCUMENT
FOLDER

25
BPP-OK
CABO-WAIVER
PWP-RG

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 PUC or other state regulatory agency. (Attach Copy)

8. Approximate number of commercial vehicles to be operated in Pennsylvania:

Owned 1 Leased 0.

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 in 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.

Richard A. Olliver Richard A. Olliver
(Print Name)

Richard A. Olliver 5-24-02
(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

**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 Richard A. Olliver dba Olliver Trucking
(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.

Richard A. Olliver
(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.

Richard A. Olliver 5-24-02
(Signature) (Date)

Richard A. Olliver
(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.

PUC Revised 10/00

AUTOMOBILE ENDORSEMENT

POLICYHOLDER

Issued By: **Rockwood Casualty Ins. Co.**

Change in Policy Declarations

Effective on and after 12:01 A.M. Standard Time

This endorsement forms a part of the Policy to which attached. Subject otherwise to all the terms, limits, conditions, exclusions of the Policy. Not valid until countersigned by an authorized representative of the Company.

POLICY NO. **TP8414**
 ENDORSEMENT NO. **#2**
 EFFECTIVE DATE **4/24/02**

AGENT **#127 Gateway/Pennsy Underwriters, Inc.**

ADDRESS (IF CHANGED)

NAMED INSURED **Richard A. Olliver**

09 MAY 2002

PRINCIPALLY GARAGED (IF CHANGED)

POLICY PERIOD

02/23/02 FROM **02/23/03** TO

HIS POLICY CEASES TO COVER

VEH. NO.	YEAR OF MODEL	TRADE NAME	Body Type: Truck Size: Truck Load Capacity: Tank: Garbage Capacity or Bus Seating Capacity	IDENTIFICATION

VEH. NO.	TERR.	CLASS	SYMBOL	AGE GROUP	I/H	MCD	S/C	P/RATE

HIS POLICY IS EXTENDED TO COVER

VEH. NO.	YEAR OF MODEL	TRADE NAME	Body Type: Truck Size: Truck Load Capacity: Tank: Garbage Capacity or Bus Seating Capacity	IDENTIFICATION	STATED VALUE	COST NEW

POLICY AMENDED TO READ:

AMEND NAME: Richard A. Olliver dba Olliver Trucking

COVERAGES	LIMIT OF LIABILITY	PREMIUMS - AUTO NO.			PREMIUMS - AUTO NO.		
		NEW ANNUAL	ADDITIONAL	RETURN	NEW ANNUAL	ADDITIONAL	RETURN
A LIABILITY	\$ EACH ACCIDENT	\$			\$		
A LIABILITY							
BODILY INJURY	\$ EACH PERSON	\$			\$		
PROPERTY DAMAGE	\$ EACH ACCIDENT	\$			\$		
B MEDICAL PAYMENTS	\$ EACH PERSON	\$			\$		
C UNINSURED MOTORISTS	\$ EACH ACCIDENT	\$			\$		
C UNINSURED MOTORISTS	\$ EACH PERSON	\$			\$		
	\$ EACH ACCIDENT	\$			\$		
D DAMAGE TO YOUR AUTO	ACV * MINUS DEDUCTIBLE SHOWN BELOW						
	AUTO 1	AUTO 2	AUTO 3				
1. COLLISION LOSS	\$	\$	\$	\$	\$		
2. OTHER THAN COLLISION LOSS	\$	\$	\$	\$	\$		
OTHER	\$			\$	\$		
FIRST PARTY BENEFITS	\$			\$	\$		
PERSONAL INJURY PROT. (PIP)	\$			\$	\$		
UNDERINSURED MOTORISTS	\$ EACH ACCIDENT	\$			\$		
UNDERINSURED MOTORISTS	\$ EACH PERSON	\$			\$		
	\$ EACH ACCIDENT	\$			\$		
ENDORSEMENTS				\$	\$		
				TOTALS	\$	\$	

ACV MEANS ACTUAL CASH VALUE. LOSS PAYABLE CLAUSE ON REVERSE.

NET PREM. \$ NET PREM. \$

TOTAL NET PREMIUM \$

COUNTERSIGNED

BY *Diana B. Lemmey*
 AUTHORIZED REPRESENTATIVE

TRUCKERS POLICY DECLARATIONS

ROCKWOOD CASUALTY INSURANCE
Rockwood, PA 15557

A STOCK COMPANY

POLICY NO. TP 8414

EMPLOYERS FEDERAL ID #

FORM OF NAMED INSURED'S BUSINESS: INDIVIDUAL PARTNERSHIP
 CORPORATION LIMITED LIABILITY COMPANY OR OTHER

ITEM ONE, NAMED INSURED AND MAILING ADDRESS

AGENT CODE #127

Richard A. Olliver
1429 Indian Hill Road
Leechburg, PA 15656

G E N
Gateway/Pennsy Underwriters, Inc.
206 Clairton Blvd.
P.O. Box 18230
Pittsburgh, PA 15236

POLICY PERIOD: Policy covers FROM 02-23-2002 TO 02-23-2003
12:01 A.M. Standard Time at your mailing address shown above

NEW RENEWAL

**IMPORTANT NOTICE—PENNSYLVANIA:
YOUR POLICY DOES NOT PROVIDE COLLISION
COVERAGE ON RENTAL VEHICLES.**

UA 142a (Ed. 1-00) Uniform Information Services, Inc.

AS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. This policy provides only those coverages where a charge is shown in the premium column covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the the Business Auto coverage Form next to the name of the coverage.

TP-1 (ED 7/97) includes copyrighted material of Insurance Services Office Inc. with its permission. Copyright, Insurance Services Office, Inc., 1997.

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	PREMIUM
LIABILITY	46	\$ 1,000,000 CSL	2628.00
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)	46	SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ Ded CA2238	24.00
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE PPI ENDORSEMENT MINUS \$ Ded FOR EACH ACCIDENT	
MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS	46	\$ 35,000	4.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	46	\$ 35,000	1.00
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$25 Ded FOR EACH COVERED AUTO FOR LOSS 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."	922.00
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."	1348.00
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 CA0012(7-97), UA142A, CA0180, CA0022.

C0831, CA2237, CA2238, IL0017, IL0021, IL0246, IL0910,
C0384, TP2, TP3, C0109, CA2192, CA2193, CA2312, CA9944

PREMIUM FOR ENDORSEMENTS \$
ESTIMATED TOTAL PREMIUM * \$ 4927.00

PREMIUM PAYABLE AT INCEPTION \$ 1237.00

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

COUNTERSIGNED CH/pat 3-7-2002 BY *Dean Kern* AUTHORIZED REPRESENTATIVE

ITEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)	PURCHASED			TERRITORY: Town & State Where the Covered Auto will be principally garaged
		Original Cost New	Actual Cost A	NEW (N) USED (U)	
1.	1999 Kenworth Tri-Axle 1NKWLB0X2XJ827169	115,000		U	T-049

Covered Auto No.	Radius of Operation (In Miles)	Business use as service rental commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
					Lib.	Phy. Damage			
					1.	50			

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I.V. (Mch. only)		AUTO. MED. PAY		COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit (in Thousands)	Premium	Limit minus deductible shown below	Premium	Limit Premium	Limit minus deductible shown below	Premium	Limit (in Thousands)	Premium	Limit minus deductible shown below	Premium	Limit*	Limit minus deductible shown below	Premium	Limit per disablement	Premium
1.		1478.		24.						500	922.		1000	1348.		
Total Premium		1478.		24.						922.			1348.			

Add'l Coverage(s)-Premium, Limit, Deductible

*Limit stated in each applicable P.I.P. or P.P.I. Endorsement. **Limit stated in ITEM TWO.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

OLLIVER, RICHARD A
OLLIVER TRUCKING
1429 INDIAN HILL ROAD
LEECHBURG PA 15656

DATE 6/14/02
RECEIPT # 199899

IN RE: Application fees for OLLIVER, RICHARD A

Docket Number A-00119015..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 10 026442

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED

JUN 18 2002

DOCUMENT
FOLDER