

PA Public Utility Commission
P.O. Box 3265
Harrisburg, Pa 17105-3265

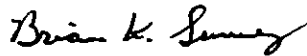
December 28, 2010

C-2010-2097048

Dear PUC Representative:

This Letter is to inform you that we are no longer in Business as of May 31, 2010. We had thought we had all the proper paper work that was required as well as canceling online information. I am sending you all the information from the insurance companies and a cancellation certificate we filed with you on September 8, 2010. If there is anything else that is required for us to do please call us at 724 833 4467 and we will get the proper paperwork together.

Thank You



Brian K. Sumey
T/A B K Sumey Trucking

RECEIVED
2011 JAN -3 AM 9:41
PA.P.U.C.
SECRETARY'S BUREAU

EMPLOYERS MUTUAL CASUALTY COMPANY

CANCELLATION VERIFICATION

POLICY PERIOD: FROM 03/23/10 TO 03/23/11

 * POLICY NUMBER *
 * 3 D 5 - 5 1 - 9 4 ---11 *

NAMED INSURED :

PRODUCER :

BK SUMEY TRUCKING
 SUMEY, BRIAN (DBA)
 782 TURKEY KNOB RD
 GREENSBORO PA 15338-1902

PIEDMONT INS ASSOCIATES, INC.
 2119 PACE ST
 COVINGTON GA 30014-6652

DIRECT BILL

AGENT: AS-6207
 AGENT PHONE: 800-842-1136

CANCELLATION INFORMATION

 CANCELLATION EFFECTIVE DATE: 06/04/10

YOU ARE HEREBY NOTIFIED THAT THE ABOVE MENTIONED POLICY IS CANCELLED
 AT *12:01 A.M. STANDARD TIME AT ADDRESS OF INSURED AS STATED IN POLICY.

METHOD	UNEARNED FACTOR	POLICY TYPE
PRORATE SUBJECT TO AUDIT	0.800	GENERAL LIABILITY

RETURN PREMIUM: \$.00

RETURN PREMIUM: TO BE DETERMINED

REASON FOR CANCELLATION: INSURED REQUEST

DATE OF ISSUE: 06/13/10

FORM: IL7001 (ED. 01-86)

068 MM

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 2011 JAN -3 AM 9:
 P.A.P.U.C.
 SECRETARY'S BUREAU
 3D55194 1105

ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)
06/07/10

PRODUCER . OP ID MP Piedmont Ins Associates Inc-2 Alabama Office 2119 Pace St Covington GA 30014	PHONE (A/C, No, Ext): 256-301-1232 770-787-1779	COMPANY NAME AND ADDRESS First National Ins Co Of Ameri P O Box 66750 St Louis MO 63166-6750	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Commercial Automobile	
AGENCY CUSTOMER ID: BKSUM-1	CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Brian Sumey dba BK Sumey Trucking 782 Turkey Knob Rd Greensboro PA 15338	POLICY NUMBER 01CH93859420		
	EFFECTIVE DATE AND HOUR OF CANCELLATION 06/04/10	CANCELLATION DATE 06/04/10	TIME 12:01
	POLICY TERM 03/23/10	EFFECTIVE DATE 03/23/10	EXPIRATION DATE 03/23/11

CANCELLATION REQUEST (Policy attached) POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
No claims of any type will be made against the Insurance Company, its agents or its representatives under this policy for losses which occur after the date of cancellation shown above.
Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	<i>Brian K. Sumey</i> SIGNATURE OF NAMED INSURED	<i>6-7-10</i> DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE TITLE DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE TITLE DATE

FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$ 4364
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY First National Ins Co Of Ameri	EFFECTIVE DATE 03/23/10	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
REMARKS			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS Brian Sumey BK Sumey Trucking dba 782 Turkey Knob Rd Greensboro PA 15338	REQUEST/RELEASE DISTRIBUTION
	<input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIEN HOLDER
	<input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY
	PRODUCER'S SIGNATURE DATE

ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)
06/07/10

PRODUCER - OP ID MP Piedmont Ins Associates Inc-2 Alabama Office 2119 Pace St Covington GA 30014	PHONE (A/C, No, Ext): 256-301-1232 770-787-1779	COMPANY NAME AND ADDRESS Employers Mutual Casualty Comp P O Box 1568 Birmingham AL 35201	NAIC CODE:
CODE: S-6207 AGENCY CUSTOMER ID: BKSUM-1	SUB CODE:	POLICY TYPE General Liability	
INSURED NAME AND ADDRESS Brian Sumey dba BK Sumey Trucking 782 Turkey Knob Rd Greensboro PA 15338		CANCELLED POLICY INFORMATION POLICY NUMBER 3D55194	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 06/04/10	CANCELLATION DATE 06/04/10
		POLICY TERM 03/23/10	TIME 12:01
			EXPIRATION DATE 03/23/11

CANCELLATION REQUEST (Policy attached) POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS	DATE	<i>Brian K. Sumey</i> SIGNATURE OF NAMED INSURED	<i>6/7/10</i> DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE TITLE DATE
<input type="checkbox"/> LIEN HOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE TITLE DATE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$ 729
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
COMPANY Employers Mutual Casualty Comp		<input type="checkbox"/> PRO RATA	UNEARNED FACTOR
POLICY NUMBER 3D55194	EFFECTIVE DATE 03/23/10	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
REMARKS			
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.			

NAME AND ADDRESS		REQUEST/RELEASE DISTRIBUTION	
Brian Sumey BK Sumey Trucking dba 782 Turkey Knob Rd Greensboro PA 15338		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		PRODUCER'S SIGNATURE	

BRIAN Sumey
782 Turkey Knob Rd.
Greensboro, PA 15338

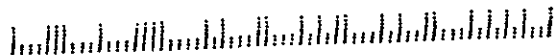
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C-2010-2097048

PA P.U.C.
SECRETARY'S BUREAU

§1.36 Verification.

Verification

I, Brian K. Soney / B.K. Soney TRUCKING, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief), and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

2-4-2011
Date

Brian K. Soney
Signature

2-4-11

SH
Samuel R. Cullboms
145 Thury

My Comm. Exp:

COMMONWEALTH OF PENNSYLVANIA
Notary Public
Samuel R. Cullboms III, Notary Public
Cumberland County, Greene County
My Commission Exp. 03/14/2013
Member, Pennsylvania Association of Notaries

COPY

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2011 FEB -9 AM 9:43

PA P.U.C.
SECRETARY'S BUREAU

**PENNSYLVANIA PUBLIC UTILITY COMMISSION
MOTOR CARRIER SERVICES AND ENFORCEMENT**

To Whom It May Concern:

In accordance with the final decision at P-00940884, Regulation of Motor Common Carriers of Property, adopted December 15, 1994 and entered December 20, 1994:

I hereby request that my Certificate of Public Convenience issued at A- 899615, be canceled, and that all rights, powers and privileges conveyed thereby cease and terminate.

I understand that my request and subsequent cancellation of the certificate will require the refiling of an application and payment of a filing fee should I decide to again initiate common carrier service.

B.K. SIMEY TRUCKING / BRIAN SIMEY
CARRIER NAME

730 turkey Knott rd. GREGGSBORO PA 15338
CARRIER ADDRESS

Brian K. Simey
AUTHORIZED SIGNATURE

BRIAN SIMEY owner 2-4-11
PRINT NAME **TITLE** **DATE**

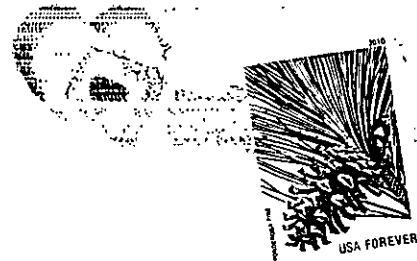
Brian & Deanna Sumey

782 Turkey Knob Rd

Greensboro, Pa 15338

PITTSBURGH PA 150

NOV 17 2005 10:00 AM



Commonwealth of PA

PUC

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Harrisburg, PA 17105-3265

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