

MedCross Ambulance, Inc.
P.O. Box 6131
Phila. Pa 19116
Phone: 215-464-0911
Fax: 215-464-5666

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To: PA. Piddlyne

From: MedCross Ambulance

Pages:

Date: 08/29/2012

Re: insurance form E. cc:

Urgent For Review Please Comment Please Reply Please Recycle

Doc # C-2012-2312248

Please, verify form E
was received on 08.23.12.

Please, wave.

Olga Lomova / Olga Lomova
(president).



Motor Carrier Information Exchange

National Online Registries

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You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 3.50. If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system.

Insurance Information

Insurance Company KnightBrook Insurance Company

Authorized Signature

Insurance Agent ID

Form Type Form E

Reinstate

Certificate of Insurance

Policy Number 150003556

USDOT

Underlying Limit
Amount entered will be multiplied by 1000

Liability Limit 35.00
Amount entered will be multiplied by 1000

Effective Date Aug 24 2012

FHWA

Motor Carrier Information

Electronic Filing States

Pennsylvania

Insurer #

State MC ID A-6410147

Legal Name Medcross Ambulance Inc

DBA

Address PO Box 6131

City Philadelphia

State * PENNSYLVANIA

Zip 19115

Country

Notes

Non-electronic Filing States

You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and your account will be billed \$ 3.50. If you filed a paper filing, please print out the form now and either mail/fax to the state. Paper filings are not submitted to states via the system.

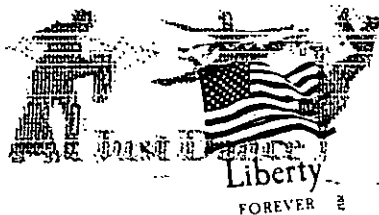
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Medicross Ambulance, Inc
P.O. Box 6134
Phila, PA 19105

PHILADELPHIA PA 19101

29 AUG 2012 PM 6 L



Rosemary Chiavetta Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg PA 17105-3265.

17105326565

