

NORTHERN LEHIGH AMBULANCE SERVICE, INC.  
P.O. BOX 148  
SLATINGTON, PA 18080

September 4, 2012

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utilities Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

RECEIVED

SEP 4 2012

Re: C-2012-2318310

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Dear Madam Secretary:

I am receipt of the above mentioned complaint, dated August 15, 2012. On 7/20/2012, we received the letter dated 7/15/2012, post marked 7/17/2012 notifying us that our authority was suspended. On 7/23/2012 I notified my insurance agent, Linda Cole via email to have the insurance company submit the proper paperwork to the PUC. I believed that the issue would be resolved by my insurance agent through the insurance agency. On approximately 8/15/2012 we received the above mentioned complaint. I again contacted Ms. Cole who in turn contacted her contact person at the insurance company. The filing was completed on 8/20/2012 with the PUC through the insurance company with a Form E. On 8/22/2012 a letter was sent to our company advising that we suspension has been lifted. To my knowledge, coverage never lapsed and our company was fully insured.


I have attached supporting documents with this response. I would like to request that the fine of \$500.00 be waived. The services provided by Northern Lehigh Ambulance Service Inc are crucial to the residents of Lehigh and Northampton Counties. Also, it would be a financial burden on our company to have to pay this fine.

Should you have any questions on this matter please feel free to call me at (484)357-6326.

**VERIFICATION**

I, Keith J Hartman, President of Northern Lehigh Ambulance Service, Inc. hereby state that the fact above set forth are true and correct to the best of my knowledge, information and belief and that I expect that I will be able to prove the same at any 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.

Date: September 4, 2012

  
Keith J Hartman, President  
Northern Lehigh Ambulance  
Service, Inc.

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# Motor Carrier Information Exchange

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**RECEIVED**

SEP 4 2012

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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** 150000119

**USDOT**

**Underlying Limit**  
Amount entered will be multiplied by 1000

**Liability Limit** 1,000.00  
Amount entered will be multiplied by 1000

**Effective Date** Jan 15 2012

**FHWA**

### Motor Carrier Information

#### Electronic Filing States

#### Pennsylvania

**Insurer #** **State MC ID** A-00122424

**Legal Name** Northern Lehigh Ambulance Service Inc

**DBA**

**Address** 118 Railroad street

**City** Slatington

**State** PENNSYLVANIA

**Zip** 18080

**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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**Keith Hartman**

**From:** Linda Cole [LCole@thebeneficial.com]  
**Sent:** Monday, August 20, 2012 1:44 PM  
**To:** 'Keith Hartman'  
**Subject:** FW: Northern Lehigh Ambulance - #150000119  
**Attachments:** Northern Lehigh (premium fin reinstate) E.pdf

Filing information attached. Please see carrier's note below as to what transpired on this.

**Linda Cole, CIC**  
**Account Executive**  
**Beneficial Insurance Services, LLC\***  
**2 Campus Boulevard**  
**Newtown Square, PA 19073**  
**610-848-7326 phone**  
**610-359-0492 fax**  
**\*a Beneficial Bank Company**  
**lcole@thebeneficial.com**

*Please note that coverage cannot be bound, altered or cancelled via the email or voice mail systems.*

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**From:** Jill Bowman [mailto:jbowman@cardiganmanagement.com]  
**Sent:** Monday, August 20, 2012 1:22 PM  
**To:** Linda Cole  
**Subject:** RE: Northern Lehigh Ambulance - #150000119

Linda,

Sorry it took so long, I had to do some research since I don't handle the filings anymore. I have attached a copy of the filing. The filings were cancelled by the premium finance company but for some reason when they sent a reinstatement the filings were not refiled .

Thanks,  
Jill

**From:** Linda Cole [mailto:LCole@thebeneficial.com]  
**Sent:** Monday, August 20, 2012 12:43 PM  
**To:** Jill Bowman  
**Subject:** Northern Lehigh Ambulance - #150000119

Jill,

Wondered if you could check into this for me. Apparently the PUC does not show a record of a filing for our insured. Thanks.

**Linda Cole, CIC**  
**Account Executive**  
**Beneficial Insurance Services, LLC\***

9/4/2012

2 Campus Boulevard  
Newtown Square, PA 19073  
610-848-7326 phone  
610-359-0492 fax  
\*a Beneficial Bank Company  
[icole@thebeneficial.com](mailto:icole@thebeneficial.com)

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**From:** Keith Hartman [<mailto:keith.hartman@northernlehigh.org>]  
**Sent:** Monday, August 20, 2012 12:04 PM  
**To:** Linda Cole  
**Subject:** PUC ISSUES

Hi Linda -

Can you please have the Insurance Company provide proof that we have insurance. I sent the first request on 7/23 (see below) and now I just received a \$500.00 fine for not submitting it. Attached are the documents. Please advise. Thank you!

Sincerely,

Keith J. Hartman, EMT-B, CAC  
President

Northern Lehigh Ambulance Service, Inc.  
PO Box 148  
Slatington, PA 18080  
[www.northernlehigh.org](http://www.northernlehigh.org)

Ph: (610) 769-7920  
Fax: (610) 769-7887  
Mobile: (484)357-6326  
Email: [keith.hartman@northernlehigh.org](mailto:keith.hartman@northernlehigh.org)

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**From:** Keith Hartman [<mailto:keith.hartman@northernlehigh.org>]  
**Sent:** Monday, July 23, 2012 8:28 AM  
**To:** 'Linda Cole'  
**Subject:** RE: Out of Office: Northern Lehigh Ambulance Service, Inc.- 1 New Vehicle

9/4/2012

Hi Linda -

Can you have the P & GL insurance company contact the PUC and update our insurance with them so that we can continue to provide paratransit services. Thank you!

Sincerely,

Keith J. Hartman, EMT-B, CAC  
President

Northern Lehigh Ambulance Service, Inc.  
PO Box 148  
Slatington, PA 18080  
[www.northernlehigh.org](http://www.northernlehigh.org)

Ph: (610) 769-7920  
Fax: (610) 769-7887  
Mobile: (484)357-6326  
Email: [keith.hartman@northernlehigh.org](mailto:keith.hartman@northernlehigh.org)

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**From:** Linda Cole [<mailto:LCole@thebeneficial.com>]  
**Sent:** Tuesday, July 17, 2012 10:40 AM  
**To:** Keith Hartman  
**Subject:** Out of Office: Northern Lehigh Ambulance Service, Inc.- 1 New Vehicle

I will be out of the office on Tuesay, July 17th through Tuesday, July 24th and will not have access to email. If you need anything immediately please call 610-356-8600 and our receptionist will direct your call to someone who can assist you.

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9/4/2012



EG597212865US



Addressee Copy

Label 11-B, March 200

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

SE:  
VR:

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 18080	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Out Day	Postage \$ 12.95
Date Accepted 7-4-72	Scheduled Date of Delivery Month 9 Day 5	Return Receipt Fee \$ —
Mo. Day Year 11 30	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee Insurance Fee \$ — \$ —
Time Accepted <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 12.95
Flat Rate <input type="checkbox"/> or Weight — lbs. 2 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials 115

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
<input type="checkbox"/>	WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

<input type="checkbox"/>	NO DELIVERY	<input type="checkbox"/>	Mailer Signature
<input type="checkbox"/>	Weekend	<input type="checkbox"/>	Holiday

FROM: (PLEASE PRINT)	PHONE ( ) - -
1 Church High Amb PO Box 118 Slatington PA 18080	

TO: (PLEASE PRINT)	PHONE ( ) - -
PA POC, 2nd Cl. letter 402 N. 2nd St 2nd Fl Harrisburg PA	
ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.) 17112-0093	
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.	

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