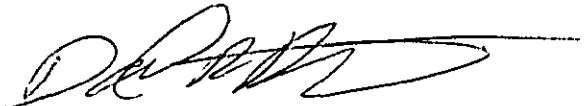


TO WHOM IT MY CONCERN DOC NO C-2012-2328677

I DAVID DITTMAN D/B/A DITTMAN TRUCKING HAS CANCELED MY AUTHORITY AS OF 8-15-12 I HAVE CANCELED ALL MY US DOT AUTHORITY MY PA PUC AUTHORITY, KY, NY HUT, NY PUC, AND EFFECTIVE 8-15-2012 I CLOSED MY OPERATION DOWN, I SENT A LETTER OUT BACK IN AUG TO YOU THEN I RECEIVED A CALL FROM A LADY TELLING ME I HAD TO SEND A LETTER IN , I TOLD HER THAT I DID SHE SAID OK IT JUST MIGHT NOT BE FILLED YET TO CHECK BACK IN A COUPLE WEEKS I CALLED BACK AND SHE TOLD ME YOU DIDN'T RECEIVE IT YET BUT I WOULD HERE FROM YOU IF THEY DIDN'T RECEIVE IT THEN I JUST RECEIVED THIS LETTER SORRY FOR THE MISS PLACE OF THE LETTER FROM ME IT MUST OF GOT LOST IN THE MAIL I HAVE ENCLOSED A COPY OF MY INSURANCE CANCELATION

THANK YOU  
DAVID DITTMAN  
D/B/A DITTMAN TRUCKING

I AM OUT OF BUSINESS 

~~RECEIVED~~

~~OCT 31 2012~~

~~PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU~~

RECEIVED

2012 NOV 15 AM 10:57

PA P.U.C.  
SECRETARY'S BUREAU

# ACORD® CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/14/2012

<b>PRODUCER</b> PHONE (INS. DIV. EXCL.) 732.574.8000 FAX 732.574.8001 Donald F. LaPenna Associates, Inc. P.O. Box 1868 Cranford, NJ 07016	<b>COMPANY NAME AND ADDRESS</b> Northland Insurance MAIL CODE:																												
CODE _____ SUB CODE _____ AGENCY CUSTOMER ID: 00014859	<b>POLICY TYPE</b> Trucker's Package																												
<b>INSURED NAME AND ADDRESS</b> David R. Dittman 61 Birch Street Bradford, PA 16701	<b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER: WN098806 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width: 20%;">CANCELLATION DATE</td> <td style="width: 10%;">TIME</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">AM</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">PM</td> </tr> <tr> <td></td> <td style="text-align: center;">08/14/2012</td> <td style="text-align: center;">12:01</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="5">EXPIRATION DATE</td> </tr> <tr> <td></td> <td style="text-align: center;">06/15/2012</td> <td colspan="5" style="text-align: center;">06/15/2013</td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	<input checked="" type="checkbox"/>	AM	<input type="checkbox"/>	PM		08/14/2012	12:01					POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE						06/15/2012	06/15/2013				
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	08/14/2012	12:01																											
POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE																											
	06/15/2012	06/15/2013																											

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	SIGNATURE OF NAMED INSURED	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
<input type="checkbox"/> LIEN HOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE		TITLE

### FOR AGENCY/COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REPAIRED <input type="checkbox"/> COMPLETE LOSS <input type="checkbox"/> OTHER (Specify) _____	<b>METHOD OF CANCELLATION</b> FULL TERM PREMIUM: 6291.00 UNEARNED FACTOR: _____ RETURN PREMIUM: _____
COMPANY: _____ POLICY NUMBER: _____ EFFECTIVE DATE: _____ REMARKS: Insured in Motorcycle Accident will be laid up for several months.	FULL TERM PREMIUM: 6291.00 UNEARNED FACTOR: _____ RETURN PREMIUM: _____

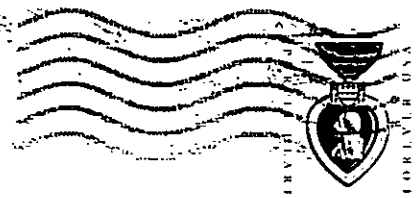
**New York Only:** If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration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

<b>NAME AND ADDRESS</b> _____ _____ _____	<b>REQUEST/RELEASE DISTRIBUTION</b> <input 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: Donald F. LaPenna Jr.     DATE: 08/14/2012	

D-DITTMAN  
61 Birch  
Bradford PA 16701

ERIE PA 165

13 NOV 2012 PM 1 L



COMMONWEALTH OF PA  
PENNSYLVANIA PUBLIC UTILITY COMM.  
P.O. BOX 3265  
HARRISBURG PA 17105

17105+3265

