

LETTER OF TRANSMITTAL

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BUREAU OF
TECHNICAL UTILITY SERVICES
2013 JUN -7 AM 10:41

A-2012-2335984

TO: BUREAU OF TECHNICAL UTILITY SERVICES
COMPLIANCE OFFICE
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

FROM: ANTHONY F. WILLIAMS
t/a TONY WILLIAMS CAR SERVICE
1620 FORBES AVENUE
PITTSBURGH, PA 15219

RECEIVED
2013 JUN -7 PM 3:58
PA.P.U.C.
SECRETARY'S BUREAU

Certificate No. A-6415297
Docket No. A-2012-2335984

Limousine PA P.U.C. No. 1

Anthony F. Williams t/a Tony Williams Car Service

**Local Limousine Tariff
Rates, Rules and Regulations
Governing the Transportation of
Persons in Limousine Service
Between Points in Pennsylvania**

Issued: June 6, 2013

Effective: June 7, 2013

Issued Under Authority of 52 PA Code Section 23.42

**By: Anthony F. Williams t/a Tony Williams Car Service
Anthony F. Williams, Owner
1620 Forbes Avenue
Pittsburgh, PA 15219
(412) 638-4790**

RECEIVED
2013 JUN -7 PM 3:23
**PA.P.U.C.
SECRETARY'S BUREAU**

OPERATING AUTHORITY

To transport, as a common carrier, by motor vehicle, persons in limousine service, from points in Allegheny, Beaver, and Washington counties, to points in Pennsylvania, and return; excluding areas under the jurisdiction of the Philadelphia Parking Authority.

RULES AND REGULATIONS

Advance Reservations

Advance Reservations must be made prior to the service being rendered.

Hourly Rates

Rates are per hour and begin from the time vehicle leave's carrier's place of business and ends at the time vehicle returns to carrier's place of business.

Holiday Rates

Service provided during the following holidays will be assessed at 200% of the published charge: New Years Eve, New Year's Day, Martin Luther King, Valentines, President's, St. Patricks, Cinco de Mayo, Good Friday, Easter, Mother's, Father's, Memorial, 4th of July, Labor, Columbus, Halloween, Thanksgiving, Christmas Eve and Christmas Day.

Additional Expenses

All tolls, parking fees, and any other out-of-pocket expenses will be the responsibility of the customer and added to the carrier's charges.

Deposits and Cancellation Policy

All reservations that do not originate in the Downtown Central Business District of the City of Pittsburgh require a deposit of \$50. The deposit will not be refunded, and must be forfeited if the trip is cancelled within 10 days of the date of the trip.

SCHEDULE OF RATES

The Rate for Limousine Service by Tony Williams Car Service is: \$90 (Ninety Dollars) per Hour and the minimum increment is $\frac{1}{2}$ (one half) of an hour.



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 6/4/13

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
 Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY ROBERT C BENNER INSURANCE LLC 1121 BOYCE RD STE 1100 PITTSBURGH, PA 15241-4903 (724)942-0413	AGENT'S NO. AA5225	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
NAME AND ADDRESS OF NAMED INSURED Anthony F Williams Tony Williams Car Service 1620 Forbes Ave Pittsburgh, PA 15219		This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO (Add'l) LTR (Ins'd)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	FIRE DAMAGE (Any One Fire)	\$	MED EXP (Any One Person)	\$	PERSONAL & ADV. INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$		
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E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q11 0131864	11/1/12	11/1/13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td>\$</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td>\$ 1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	BODILY INJURY (EACH ACCIDENT)	\$	PROPERTY DAMAGE	\$	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000,000						
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<input type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4" style="text-align: center;">STATUTORY</th></tr> <tr> <td rowspan="3" style="text-align: center;">BODILY INJURY BY</td> <td>ACCIDENT</td> <td>\$</td> <td>EACH ACCIDENT</td> </tr> <tr> <td>DISEASE</td> <td>\$</td> <td>POLICY LIMIT</td> </tr> <tr> <td>DISEASE</td> <td>\$</td> <td>EACH EMPLOYEE</td> </tr> </table>	STATUTORY				BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT	DISEASE	\$	POLICY LIMIT	DISEASE	\$	EACH EMPLOYEE
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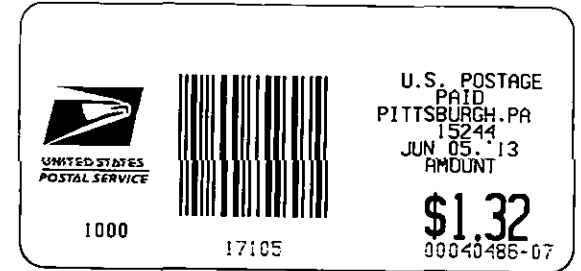
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 This policy includes \$25,000 in First Party Medical Benefits, and \$10,000 First Party Wage Loss Benefit

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

NAME AND ADDRESS OF CERTIFICATE HOLDER Commonwealth of Pennsylvania Pa Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	AUTHORIZED REPRESENTATIVE
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A. F. Williams
1620 Forbes Ave.
Pgh. PA 15219



Seaborn
Bureau of Technical Utility
Services
Compliance Office
PA Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265