

Docket # C-2014-2396306

To Whom This CONCERNS; Re: PUC # A-8915683

RECEIVED

JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARIES BUREAU

I recently received a letter of COMPLAINT sent from Secretary's office. Re: FAILURE TO COMPLY WITH Proper Insurance coverage including being told I didn't inform the PA PUC of it! It's said of me to pay a \$500.00 FINE in which I (Earl Aukerman & T/A EARL'S AUTO REPAIR) DO NOT AGREE WITH AT ALL, NOR feel I am guilty in any way!

I AM pleading "NOT GUILTY" to this complaint & within this package you can see of which. From the time I applied for A PUC# & until (letter included & sent by fax to Andrew Rosenberger & his FAX of confirmation of receiving & also being said to forward my rendering of PUC# to correct department!)

Note: All done so within time & as told by a PUC officer & done so correctly to my knowledge!

Please see & read of which I've ENCLOSED All my Insurance Records / Info; copy's of forms sent by (NDR) by my Ins. Comp. / a copy of my letter of rendering the PUC# / & Andrew's conf. fax! Everything is in order for you to follow.

Thanks. Earl's Auto Rep.

ANY QUESTIONS PLEASE CALL 724-834-4868 ALSO please let me know if you RCVING this & my ENDING ANSWER



**BUSINESS AUTO POLICY  
BAP 2236721 04**

**BUSINESS AUTO COMMON POLICY DECLARATIONS**

Item One:

NAMED INSURED AND MAILING ADDRESS: <b>EARL AUKERMAN DBA: EARL'S AUTO REPAIR 814 DONOHUE RD LATROBE, PA 15650</b>		AGENT NAME AND ADDRESS: <b>JEFFREY L MALOY AGENCY 762 DONOHUE RD LATROBE, PA 15650</b>	
POLICY PERIOD: <b>From: 10/08/2012 To: 10/08/2013</b>		AGENT TELEPHONE: <b>(724) 836-4791</b>	AGT. NO. <b>0006770</b>
COVERAGE IS PROVIDED BY: <b>State Auto Property and Casualty Insurance Co.</b>			
ISSUE TYPE: <b>Renewal</b>		AFTER-HOURS CLAIMS SERVICE: <b>800-766-1853 or www.stateauto.com</b>	
		A STATE AUTO INSURED SINCE: <b>2008</b>	

The coverage and these declarations are effective - 12:01 AM Standard Time on 10/08/2012 at the above mailing address.

THE NAMED INSURED IS: <b>Individual</b>	BILLING ACCOUNT NUMBER: <b>Account Bill Insured 11-Pay</b>
BUSINESS DESCRIPTION: <b>Muffler Shop</b>	TIONS? <b>4-9950 x5118</b>
PREVIOUS POLICY NUMBER: <b>BAP2236721</b>	IF APPLICABLE:

*State Auto don't  
write non-file  
Forms that PUC  
Required to have  
PUC# - cancelled  
this + write  
progrs.*

Upon valid payment of premium wh. In return for the payment of the prer insurance as stated in this policy. s continue your policy for the period indicated. of this policy, we agree with you to provide the

**PREMIUM SUMMARY**

\* TOTAL POLICY PREMIUM \$2,343.00

\* Includes Terrorism Insurance Coverage \$4.00  
 Notice to Pennsylvania Insureds: If this policy affords physical damage collision coverage and a covered auto symbol 1 or 8 is shown next to the physical damage collision coverage on the applicable auto declarations, we provide collision damage to rental vehicles. If not shown, we do not afford collision damage coverage to rental vehicles. Any such insurance provided is excess over any other collectable insurance.

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

*State Auto Policy  
Before Applying for  
PUC#*

These declarations together with the Common Policy Conditions and coverage form(s) and endorsement(s) identified on these declarations and attached to your policy complete the above numbered policy.

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
 (Date) (Authorized Representative)



**Item Three: Schedule Of Covered Autos You Own.**

**Physical Damage Comprehensive Coverage - Limit of Insurance:** The Most We Will Pay: Actual cash value, or cost of repairs, whichever is less, minus the deductibles shown below for each covered auto, but no deductible applies to loss caused by fire or lightning. See Item Four for hired or borrowed autos.

**Physical Damage Collision Coverage - Limit of Insurance:** The Most We Will Pay: Actual cash value, or cost of repairs, whichever is less, minus the deductibles shown below for each covered auto. See Item Four for hired or borrowed autos.

VEHICLE # 010	VEHICLE #	VEHICLE #	VEHICLE #
---------------	-----------	-----------	-----------

**State** PA  
**Territory** 138  
**Year** 1988  
**Description** INTERNATIONAL FLA  
**VIN** 1HTJUZRMLJH620428  
**Age** OVER 11 YRS  
**OCN** 20,000  
**Class** 33103  
**Stated Amount**  
**Radius** LOCAL  
**Business Use** COMMERCIAL  
**GVW/GCW/Seating**

**DEDUCTIBLES:**  
**Comprehensive** 250  
**Collision** 500

**PREMIUMS:**  
**Liability** 1,568.00  
**First Party Ben** 9.00  
**Uninsured** 20.00  
**Underinsured** 13.00  
**Comprehensive** 208.00  
**Collision** 252.00  
**Other** 2.00  
**TOTAL** 2,072.00

MALOY JEFFREY AGENCY  
762 DONOHUE RD  
LATROBE, PA 15650

**PROGRESSIVE®**

Named insured

EARL AUKERMAN  
EARLS AUTO REPAIR  
814 DONOHUE RD  
LATROBE, PA 15650

PROG/United Financial  
Comp. Renewed For  
Ability to Have Forms Filed  
1988-1992  
Internationals w/ coverage

**Policy number: 01619329-1**

Underwritten by:  
United Financial Casualty Company  
June 8, 2013  
Policy Period: May 22, 2013 - May 22, 2014  
Page 1 of 3

**progressiveagent.com**

**Online Service**  
Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-724-836-4791**

**MALOY JEFFREY AGENCY**  
Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

This is your Declarations Page  
Your coverage has changed

Your coverage began on May 22, 2013 at 12:01 a.m. This policy expires on May 22, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1652PA (03/11), MC1632 (06/04), 1198 (01/04), 2438 (06/10), 4881PA (03/11), 4852PA (10/04) and 2228 (01/11).

The named insured organization type is a sole proprietorship.

### COLLISION COVERAGE FOR RENTAL VEHICLES

**IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.**

### Policy changes effective June 7, 2013

Premium change:	\$2,794.00
Changes:	Coverage has been changed on your policy. The auto coverage schedule has changed. The filing information for this policy has changed.

The changes shown above will not be effective prior to the time the changes were requested.

**RECEIVED**  
JAN 27 2014  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$4,106
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Basic First Party Benefit - Full Tort			230
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefits	Rejected		--
Funeral Expense Benefits	Rejected		--
Accidental Death Benefits	Rejected		--
On-Hook Legal Liability			494
See Auto Coverage Schedule			
Comprehensive			420
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,042
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$6,292</b>
Fees			110
<b>Total 12 month policy premium and fees</b>			<b>\$6,402</b>

**Rated driver**

1. EARL R AUKERMAN

**Auto coverage schedule**

1. **1988 Intl 6LP** Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 1HTJUZRM1JH620428 Garaging Zip Code: 15650 Radius: 50

Liability Premium	Liability	PIP						Auto Total
	\$2,053	\$115						
Physical Damage Premium	On-Hook LL Limit	On-Hook LL Deductible	On-Hook LL Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$25,000	\$500	\$247	\$250	\$257	\$500	\$615	<b>\$3,287</b>

*5 days on here only*

2. **1992 Intl 470** Stated Amount: \*\$10,000 (including Permanently Attached Equip)  
 VIN: 1HTSCPLL6NJ448186 Garaging Zip Code: 15650 Radius: 50

Liability Premium	Liability	PIP						Auto Total
	\$2,053	\$115						
Physical Damage Premium	On-Hook LL Limit	On-Hook LL Deductible	On-Hook LL Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$25,000	\$500	\$247	\$250	\$163	\$500	\$427	<b>\$3,005</b>

*Dropped coverage June 11, 2013*

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium discounts**

Policy  
01619329-1 Business Experience and Package

**Additional Insured information**

1. Additional Insured COPART INC  
14185 DALLAS PK DALLAS, TX 75254
2. Additional Insured COPART INC.  
14185 DALLS PKY DALLAS, TX 75254

**Penalty for Insurance Fraud**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

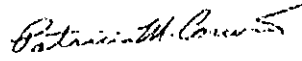
**Rejected Coverage**

This policy does not provide protection against damages caused by uninsured or underinsured motorists.

**Company officers**



President



Secretary

**Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHUE RD, LATROBE, PA 15650 a policy or policies of insurance effective from 06/08/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 10th day of June, 2013

Insurance Company File No. CA 01619329  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

FoFins: E/H/F/I  
Filed by Ins. Comp. June 10  
2013

**RECEIVED**

JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Form H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION, PO BOX 3265, HARRISBURG, PA, 17105 (hereinafter called Commission)

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHOF RD, LATROBE, PA 15650 a policy or policies of insurance effective from 06/08/2013 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 10th day of June, 2013

Insurance Company File No. CA 01619329  
(Policy Number)

MC2443a (09/99)



(Authorized Company Representative)

**FORM F**


**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the *State Commissions indicated below.*
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 01619329-1 issued by United Financial Casualty Company, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHOE RD., LATROBE, PA 15650

Dated at MAYFIELD VILLAGE, OH 44143 this 10<sup>th</sup> day of June, 2013

Countersigned by  \_\_\_\_\_  
Authorized Representative

X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA		ILLINOIS		MONTANA		RHODE ISLAND	
ALASKA		INDIANA		NEBRASKA		SOUTH CAROLINA	
ARIZONA		IOWA		NEVADA		SOUTH DAKOTA	
ARKANSAS		KANSAS		NEW HAMPSHIRE		TENNESSEE	
CALIFORNIA		KENTUCKY		NEW JERSEY		TEXAS	
COLORADO		LOUISIANA		NEW MEXICO		UTAH	
CONNECTICUT		MAINE		NEW YORK		VERMONT	
DELAWARE		MARYLAND		NORTH CAROLINA		VIRGINIA	
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA		WASHINGTON	
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA	X		

**FORM I**  
**UNIFORM MOTOR CARRIER CARGO**  
**INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for motor carrier cargo liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification
2. The Uniform Motor Carrier Cargo Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 01619329-1 issued by United Financial Casualty Company herein called Company, of 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 to EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHOE RD, LATROBE, PA 15650

Dated at MAYFIELD VILLAGE, OH this 10th day of June, 2013

Countersigned by   
 Authorized Company Representative

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202 (b) (2) of the Interstate Commerce Act (49 U.S.C., Sec. 302 (b) (2)).

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA		ILLINOIS		MONTANA		RHODE ISLAND	
ALASKA		INDIANA		NEBRASKA		SOUTH CAROLINA	
ARIZONA		IOWA		NEVADA		SOUTH DAKOTA	
ARKANSAS		KANSAS		NEW HAMPSHIRE		TENNESSEE	
CALIFORNIA		KENTUCKY		NEW JERSEY		TEXAS	
COLORADO		LOUISIANA		NEW MEXICO		UTAH	
CONNECTICUT		MAINE		NEW YORK		VERMONT	
DELAWARE		MARYLAND		NORTH CAROLINA		VIRGINIA	
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA		WASHINGTON	
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA	X		

MALOY JEFFREY AGENCY  
762 DONOHUE RD  
LATROBE, PA 15650

**PROGRESSIVE<sup>®</sup>**

Named insured

EARL AUKERMAN  
EARLS AUTO REPAIR  
814 DONOHUE RD  
LATROBE, PA 15650

*Just changed Policy By  
Dropping 1988 Ont + Keppins  
199Z Intl.*

**Policy number: 01619329-1**

Underwritten by:  
United Financial Casualty Company  
June 12, 2013  
Policy Period: May 22, 2013 - May 22, 2014  
Page 1 of 3

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-724-836-4791**

**MALOY JEFFREY AGENCY**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

This is your Declarations Page  
Your coverage has changed

Your coverage began on May 22, 2013 at 12:01 a.m. This policy expires on May 22, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1652PA (03/11), MC1632 (06/04), 1198 (01/04), 2438 (06/10), 4881PA (03/11), 4852PA (10/04) and 2228 (01/11).

The named insured organization type is a sole proprietorship.

### COLLISION COVERAGE FOR RENTAL VEHICLES

**IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.**

### Policy changes effective June 11, 2013

Premium change:	-\$3,768.00
Changes:	The auto coverage schedule has changed. The additional insured information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

**RECEIVED**

JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,743
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Basic First Party Benefit - Full Tort			97
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefits	Rejected		--
Funeral Expense Benefits	Rejected		--
Accidental Death Benefits	Rejected		--
On-Hook Legal Liability			207
See Auto Coverage Schedule			
Comprehensive			257
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$2,304</b>
Fees			110
<b>Total 12 month policy premium and fees</b>			<b>\$2,414</b>

### Rated driver

1. EARL R AUKERMAN

### Auto coverage schedule

1. **1988 Intl 6LP** Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 1HTJUZRM1JH620428 Garaging Zip Code: 15650 Radius: 50

Liability Premium	Liability	PIP				
	\$1,743	\$97				
Physical Damage Premium	On-Hook LL Limit	On-Hook LL Deductible	On-Hook LL Premium	Comp Deductible	Comp Premium	Auto Total
	\$25,000	\$500	\$207	\$250	\$257	<b>\$2,304</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

### Premium discounts

Policy	
01619329-1	Business Experience and Package

### Additional Insured information

1. Additional Insured COPART INC  
 14185 DALLAS PK DALLAS, TX 75254

**Penalty for Insurance Fraud**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

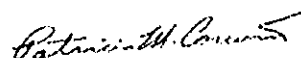
**Rejected Coverage**

This policy does not provide protection against damages caused by uninsured or underinsured motorists.

**Company officers**



President



Secretary

FORMS K = CARGO/Liability  
Cancellations: Sent  
Nov. 19, 2013

FORM K  
UNIFORM NOTICE OF CANCELLATION OF  
MOTOR CARRIER INSURANCE POLICIES

These were sent  
because I already  
surrendered my  
PUC # A-8915683  
on 8-21-13. Acknowledged  
By P.U.C on 8-26-13.

Check Type Cancelled  
BI and PD   
Cargo

Filed with PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to advise that under the terms of a policy or policies issued to:

EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHUE RD, LATROBE, PA 15650 by United Financial Casualty Company of PO BOX 94739, CLEVELAND, OH 44101

Said policy or policies, including any and all endorsements forming a part thereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the 19th day of November, 2013, 12:01 A.M., standard time at the address of the insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Insurance Company File No. CA 01619329  
(Policy Number)

(Signature of Insurer)

MC2445a(08/99)

IRB3547A

RECEIVED

JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**FORM K  
UNIFORM NOTICE OF CANCELLATION OF  
MOTOR CARRIER INSURANCE POLICIES**

Check Type Cancelled

BI and PD

Cargo

Filed with PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to advise that under the terms of a policy or policies issued to:

EARL AUKERMAN, EARLS AUTO REPAIR of 814 DONOHUE RD, LATROBE, PA 15650 by United Financial Casualty Company of PO BOX 94739, CLEVELAND, OH 44101

Said policy or policies, including any and all endorsements forming a part thereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the 19th day of November, 2013, 12:01 A.M., standard time at the address of the insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Insurance Company File No. CA 01619329  
(Policy Number)



(Signature of Insurer)

MC2445a(08/99)

IRB3547A

8-21-13

FAXED letter  
Confirmation of PUC  
rendered

I Earl Aukerman DBA Earl's Aut repair  
would like to terminate/cancel my PUC NO. A-8915683  
Due to business not there. Not what I thought  
it was going to be. In the future would

yo  
n

① Letter FAXed RE: er  
PUC# A-8915683

PLEASE NOTE:

This IS the fax being rendered.

(Earl Aukerman T/A E. Auto Repair) Sent to  
② FAX CO'd from Andrew Rosenberger

Andrew Rosenberger '915-683

Whom received & confirmed  
of my PUC# rendering  
on 8-26-13 & he wrote that  
he would forward it to  
the department of

please Refer to  
page #2.  
Andrew was to  
Forward to proper  
Dept within time  
of matter!

RECEIVED where to be!

JAN-27-2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Also: Andrew said  
this fax was all I  
needed to do + send.

Could  
You

FAXed Rcvd

EX

that  
Fax

Before form k was

sent! All done AS told to by  
Andrew Rosenberger et

FAX No.: (724) 836-3057

Thank you.

XFINITY Connect

diajonds@comcast.net

Font Size -

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**Received your Fax**

---

**From :** Andrew Rosenberger <anrosenber@pa.gov>

Mon, Aug 26, 2013 02:15 PM

**Subject :** Received your Fax

**To :** 'diajonds@comcast.net' <diajonds@comcast.net>

Earl Aukerman,

I have received your faxed and forwarded it through our infomap system.

Thank You.

EO Andrew Rosenberger

---

MALOY JEFFREY AGENCY  
762 DONOHUE RD  
LATROBE, PA 15650

**PROGRESSIVE**

EARL AUKERMAN  
EARLS AUTO REPAIR  
814 DONOHUE RD  
LATROBE, PA 15650

EARL AUKERMAN

**Policy Number: 01619329-1**

Underwritten by:

United Financial Casualty Company

Date of Mailing: October 14, 2013

Policy Period: May 22, 2013 - May 22, 2014

Page 1 of 1

**MALOY JEFFREY AGENCY**

**1-724-836-4791**

**Online Service**

**progressiveagent.com**

**Customer Service**

**1-800-444-4487**

OCT. 12, 2013 I  
CANCELED w/ THIS COMP  
& WENT BACK w/ S. A.  
STILL w/ SAME  
AMTS REQUIRED TO  
PAY

## Final Bill

Please note that you no longer have insurance with us, effective October 12, 2013.

Although your policy canceled, there is still a balance due. Please see your payment summary below for more information. If you already sent your payment, thank you, but please know that your payment will not reinstate your policy. Failure to pay the amount owed by the due date may result in your referral to a collections agency.

It's important that you get insurance as soon as possible. If you have questions about your cancellation, or would like to learn how to keep this policy or purchase a new one, please call your Agent.

Policy premium for coverage until October 12, 2013	\$1,028.00
Installment fee	25.00
Late fee	5.00
Other fees	110.00
<b>Total</b>	<b>\$1,168.00</b>
Total amount paid	-1,055.90
<b>Total amount due</b>	<b>\$112.10</b>
<b>Due date</b>	<b>October 30, 2013</b>

**RECEIVED**  
JAN 27 2014  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## Payment Coupon

<b>Total amount due</b>	<b>\$112.10</b>
<b>Due date</b>	<b>October 30, 2013</b>
Amount enclosed	\$

**Policy Number: 01619329-1**

EARL AUKERMAN

**For immediate payment,** please go to progressiveagent.com or call 1-877-278-1615.

**If you pay by check,** please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to United Financial Casualty Company.



PROGRESSIVE  
PO BOX 105428  
ATLANTA GA 30348-5428

Do not write below this section of coupon.  
CA-77598 Form 6269 (10/10)

525701619329 37382 0011210 0011210 5000601 0771689 001005221302



**BUSINESS AUTO COMMON POLICY DECLARATIONS**

Item One:

NAMED INSURED AND MAILING ADDRESS: <b>EARL AUKERMAN DBA: EARL'S AUTO REPAIR 814 DONOHUE RD LATROBE, PA 15650</b>		AGENT NAME AND ADDRESS: <b>JEFFREY L MALOY AGENCY 762 DONOHUE RD LATROBE, PA 15650</b>	
POLICY PERIOD: <b>From: 10/08/2013 To: 10/08/2014</b>		AGENT TELEPHONE: <b>(724) 836-4791</b>	AGT. NO. <b>0006770</b>
COVERAGE IS PROVIDED BY: <b>State Auto Property and Casualty Insurance Co.</b>		AFTER-HOURS CLAIMS SERVICE: <b>800-766-1853 or www.stateauto.com</b>	
ISSUE TYPE: <b>Renewal</b>		A STATE AUTO INSURED SINCE: <b>2008</b>	

The coverage and these declarations are effective - 12:01 AM Standard Time on 10/08/2013 at the above mailing address.

THE NAMED INSURED IS: <b>Individual</b>	BILLING ACCOUNT NUMBER: <b>CL00023263 Account Bill Insured 11-Pay</b>
BUSINESS DESCRIPTION: <b>Muffler Shop</b>	BILLING QUESTIONS? <b>Call 800-444-9950 x5118</b>
PREVIOUS POLICY NUMBER: <b>BAP2236721</b>	AUDIT PERIOD IF APPLICABLE: <b>None</b>

Upon valid payment of premium when due, these renewal declarations continue your policy for the period indicated. In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**PREMIUM SUMMARY**

\* TOTAL POLICY PREMIUM **\$2,313.00**

\* Includes Terrorism Insurance Coverage. **\$4.00**  
 Notice to Pennsylvania insureds: If this policy affords physical damage collision coverage and a covered auto symbol 1 or 8 is shown next to the physical damage collision coverage on the applicable auto declarations, we provide collision damage to rental vehicles. If not shown, we do not afford collision damage coverage to rental vehicles. Any such insurance provided is excess over any other collectable insurance.

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*Renewal of Coverage  
NO LAPSING AT ALL*

These declarations together with the Common Policy Conditions and coverage form(s) and endorsement(s) identified on these declarations and attached to your policy complete the above numbered policy.

Countersigned \_\_\_\_\_ (Date) By \_\_\_\_\_ (Authorized Representative)



**Item Two:** Schedule of Coverages and Covered Autos.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Auto Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Liability Insurance	07 09 19	\$300,000 Each Accident	1,807.00
First Party Benefits	05	See Endorsement	9.00
See state specific coverage form for details			
Uninsured Motorist Coverage	06	\$35,000 Each Accident	20.00
See state specific coverage form for details			
Underinsured Motorist Coverage	06	\$35,000 Each Accident	13.00
See state specific coverage form for details			
Comprehensive	07	See Schedule Of Covered Autos	285.00
Terrorism Risk Insurance Coverage			4.00
		Premium for Endorsements	175.00
		Estimated Total Premium	<u>\$2,313.00</u>



**Item Three: Schedule Of Covered Autos You Own.**

**Physical Damage Comprehensive Coverage - Limit of Insurance:** The Most We Will Pay: Actual cash value, or cost of repairs, whichever is less, minus the deductibles shown below for each covered auto, but no deductible applies to loss caused by fire or lightning. See Item Four for hired or borrowed autos.

VEHICLE # 011	VEHICLE #	VEHICLE #	VEHICLE #
---------------	-----------	-----------	-----------

**State** PA  
**Territory** 138  
**Year** 1992  
**Description** INTERNATIONALFLA  
**VIN** 1HYSCLP06NH448186  
**Age** OVER 11 YRS  
**OCN** 25,500  
**Class** 33103  
**Stated Amount**  
**Radius** LOCAL  
**Business Use** COMMERCIAL  
**GVW/GCW/Seating**

**DEDUCTIBLES:**  
**Comprehensive** 250

**PREMIUMS:**

<b>Liability</b>	1,699.00
<b>First Party Ben</b>	9.00
<b>Uninsured</b>	20.00
<b>Underinsured</b>	13.00
<b>Comprehensive</b>	285.00
<b>Other</b>	2.00
<b>TOTAL</b>	<u>2,028.00</u>



BUSINESS AUTO POLICY  
BAP 2236721 05

State Auto Property and Casualty Insurance Co.

Named Insured and Address:  
EARL AUKERMAN  
DBA: EARL'S AUTO REPAIR  
814 DONOHOE RD  
LATROBE, PA 15650

Agency Name, Address and Telephone:  
JEFFREY L MALOY AGENCY  
762 DONOHOE RD  
LATROBE, PA 15650

Region: 31

(724) 836-4791

Agency Number: 0006770

Policy Period: From: 10/08/2013

To: 10/08/2014

This change resulted in an additional premium of:

\$244.00

Policy Change Effective: 10/08/13

Total Revised Premium: \$2,557.00

POLICY CHANGES

This Endorsement changes the policy. Please read it carefully.

FOLLOWING VEHICLE HAS BEEN DELETED IN ITS ENTIRETY:

VEH 011, 1992, INTERNATIONAL, 1HYSCPL06NH448186

THE FOLLOWING VEHICLE AND COVERAGES HAVE BEEN ADDED:

VEH 012, 1988, INTERNATIONAL, 1HTJUZR1JH620428

LIABILITY: 300,000

FIRST PARTY BENEFITS: INCLUDED

UNDER/UNINSURED MOTORIST: 35,000  
COMPREHENSIVE DEDUCTIBLE: \$100  
COLLISION DEDUCTIBLE: \$500

*State Auto  
Policy change*

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JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

THANK YOU FOR MAKING STATE AUTO YOUR COMMERCIAL COMPANY  
11/15/13 VDB

URGENT

COMPLAINT  
REGARDING:

By: Secretary's Office

Docket # C-2014-2396306

FOR: Duc # A-8915683

Earl Aukerman

T/A

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JAN 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Earl's Auto Repair

Encl: Letter of Complaint & All papers to prove of  
Being NOT Guilty as said!

URGENT:

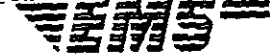
Earl Aukerman  
T/A Earl's Auto Repair  
814 Donohoe Rd.  
Latrobe, Pa. 15650

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JAN 7 2014  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Rosemary Chiavetta: Secretary  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, Pa. 17105-3265

Docket # C-2014-2396306

**For Domestic and International Use**



LUXOR, PA  
15662  
JAN 27 2014  
AMOUNT

**\$23.95**  
00014505-03

1007

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JAN 27 2014

PA PUBLIC UTILITIES COMMISSION  
SECRETARY'S BUREAU

When used internationally  
affix customs declarations  
(PS Form 2976, or 2976A).

**Rush To Addressee**



**Addressee Copy**  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

**Post Office To Addressee**

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code	Day of Delivery	Postage
167	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
Mo. Day Year	Month Day	\$
1 1 1	1 28	
Time Accepted	Scheduled Time of Delivery	COD Fee
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Noon <input checked="" type="checkbox"/> 3 PM	\$
Flat Rate <input type="checkbox"/> or Weight	Total Postage & Fees	Insurance Fee
lbs. ozs.	\$	\$
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL SERVICE USE ONLY)		
Delivery Attempt	Time	Employee Signature
1-28	11	em
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

**CUSTOMER USE ONLY**

**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.

**NO DELIVERY**

Weekend  Holiday  Mailer Signature

**FROM: (PLEASE PRINT)** PHONE ( )

EARL W. KENNEDY  
1001 EARL W. KENNEDY  
811 W. BIRCH RD LEBANON PA 17042

**TO: (PLEASE PRINT)** PHONE ( )

Re: Earl W. Kennedy Secretary  
Penn. Public Utility Commission  
PO Box 3265  
Harrisburg PA 17105 3265

**FOR PICKUP OR TRACKING**

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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