

# Assured Claimant Transport Service, Inc.

P.O. Box 257, Mechanicsburg, PA 17055  
(717) 795-9997  
Fax #: (717) 795-8516

www.acsclaim.com  
PUC#: A-00116691

## RECEIVED

P.U.C.  
Attn: Rosemary Chiavetta, Secretary  
P.O. Box 3265  
Harrisburg, PA 17105-3265

MAR 8 1 2014  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

3/31/2014

RE: Complaint against Assured Claimant Transportation Service, Inc.  
Docket #: C-2014-2409585

### ENCLOSURES:

- Letter from our insurance broker, HDH Group
- Copy of our Hathaway Berkshire Insurance policy
- Copy of our ARI Insurance policy
- \$500 money order, payable to the PUC

Ms. Chiavetta:

I received the above complaint about our lack of insurance from 1/17/2014. This allegation was a shock to me, as we have always been fully insured and would never operate our service without being fully insured. I immediately undertook an investigation with our carrier to see what happened in the filing of our coverage with the PUC. Here is what our investigation concluded:

-Around Thanksgiving our insurance broker Wells Fargo closed their local office and sold their book of business, which prohibited us from maintaining coverage with our longtime insurance carrier.

-We found HDH Group insurance brokerage and they placed our coverage with Berkshire Hathaway Homestate Companies, effective 1/1/2014, at a premium double of what we have been paying. They filed with the PUC on 1/17/2014.

-Further research found less expensive coverage with ARI Insurance Company and we switched coverage, effective 2/1/2014. ARI filed with the PUC that same day, we believe.

-On 2/1/2014, we cancelled the Berkshire Hathaway coverage.

-We were NEVER without insurance coverage.

Since getting your complaint, we discovered that our carrier misfiled with the PUC, using our car lot locations address rather than our business operation address, which is on record at the PUC. An obvious error made in haste by a member of the carrier staff. We now think that is where the basis for the complaint occurred.

We have confirmed with our carrier that they have now properly made their filings with the PUC.

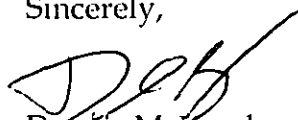
I have enclosed with this letter copies of our insurance policies which documents our fully insured status. Also enclosed is a letter from our broker, HDH Group explaining their activity is placing our insurance in an emergency situation.

I can not admit guilt as to being uninsured. I can admit to a processing error with the filing of our insurance with the PUC. It does not make financial sense to contest this complaint by having our attorneys respond and attend a hearing. I ask for your understanding of the situation and beg for a reduction of the fee imposed or its elimination. Thank you for your consideration.

Be assured that we would not operate our service without being fully insured and have never done so.

Thank you for your efforts to control non-conforming para-transit operations, who make competing against difficult and for the time and effort in understanding our situation.

Sincerely,

  
Dennis McKendry  
President

cc: PUC  
Attn: Wayne Scott  
Bureau of Investigation and Enforcement  
P.O. Box 3265  
Harrisburg, PA 17105-3265



March 28, 2014

RECEIVED

MAR 31 2014

Dennis McKendry  
Assured Claimant Transport Service, Inc.  
259 Acorn Court  
Mechanicsburg, PA 17055

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Dear Dennis:

This letter will confirm Business Automobile Liability coverage that has been placed by the HDH Group, Inc. for Assured Claimant Transport Service, Inc.

Effective January 1, 2014, coverage was placed with Berkshire Hathaway Homestate Companies under Policy Number 02APM00354201. To the best of my knowledge, Berkshire filed with the PUC on 1/17/14, but used your physical location address as opposed to your registered address.

Effective February 1, 2014, coverage was placed with ARI Mutual Insurance Company under Policy Number CP37000009. On that same date, the coverage with Berkshire was cancelled. To the best of my knowledge, ARI filed with the PUC on 2/1/14, but used your physical location as opposed to your registered address.

It is also my understanding that on 3/26/14, ARI refiled with the PUC, correcting the address to your registered address.

I hope this clarifies the chain of events, particularly pointing out that Assured Claimant Transport Service, Inc. had the required insurance coverage, without lapse, throughout this process and that any issues with that coverage are solely the result of clerical omission by the above-referenced insurance companies.

Sincerely,

Richard C. Atkinson  
Executive Vice President

NEW

RENEWAL NUMBER

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY OMAHA, NEBRASKA

The Declarations include a second part designated "Part 2".

CROSS REFERENCE NUMBER

02 APM 003542 - 01

BUSINESS AUTO COVERAGE DECLARATIONS

Producer

ITEM ONE NAMED INSURED & ADDRESS

ASSURED CLAIMANT TRANSPORT SERVICE INC 101 SCHOOLHOUSE LANE MECHANICSBURG, PA 17055

RICHARD ATKINSON The HDH Group, Inc. 210 Sixth Ave 30th Fl Pittsburgh, PA 15222

FORM OF NAMED INSURED'S BUSINESS: Corporation

NAMED INSURED'S BUSINESS: PUBLIC TRANSPORT

POLICY PERIOD: Policy covers FROM 01/01/2014 12:01 AM TO 01/01/2015 12:01 A.M. Standard Time at the Named Insured's Address stated above.

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.

Table with columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE, and FORMS AND ENDORSEMENTS.

Countersigned At \_\_\_\_\_ By \_\_\_\_\_ AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Handwritten signature of Secretary

Secretary

Handwritten signature of President

President

## SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY #           02 APM 003542 - 01  
INSURED            ASSURED CLAIMANT TRANSPORT SERVICE INC  
EFFECTIVE          01/01/2014 12:01 AM

|         |         |   |
|---------|---------|---|
| M 5603  | 01/2011 | Commercial Policy Jacket                                    |
| M 5605  | 02/2011 | Business Auto Coverage Declarations                         |
| M 4572  | 12/1994 | Schedule of Forms and Endorsements at Policy Inception      |
| M 4959a | 03/2002 | Schedule of Covered Autos                                   |
| CA 0001 | 03/2010 | Business Auto Coverage Form                                 |
| M 4095b | 10/2008 | Warning Statement   |
| CA 2237 | 03/2006 | Pennsylvania Basic First Party Benefits                     |
| IL 0910 | 12/2003 | Pennsylvania Notice   |
| CA 0180 | 09/1997 | Pennsylvania Changes  |
| IL 0120 | 05/2011 | Pennsylvania Changes - Defense Costs                        |
| IL 0021 | 09/2008 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |
| CA 2402 | 12/1993 | Public Transportation Autos                                 |
| IL 0017 | 11/1998 | Common Policy Conditions                                    |
| M 5178b | 09/2009 | Pennsylvania Changes - Cancellation and Nonrenewal          |
| M 5623  | 04/2011 | Application of Policy - Financial Responsibility            |
| M 3795  | 03/1987 | Punitive Damage Exclusion Duty to Defend Amendment          |
| M 4803  | 02/1998 | Abuse or Molestation Exclusion                              |

Form Version 041001

01/08/2014 10:04 C5CB0AD1-D6FF-43CE-95AA-AD0C2C9F4976

SCHEDULE OF COVERED AUTOS

M-4959a (03/2002)

POLICY NUMBER: 02 APM 003542 - 01

EFFECTIVE DATE: 01/01/2014 12:01 AM

NAMED INSURED : ASSURED CLAIMANT TRANSPORT SERVICE INC

| Veh #                    | Year   | Use (C,S or R)  | GVW or Seating Capacity | Premiums |        |          |         |           |        |       | Physical Damage            |     |               |           |
|--------------------------|--|---|-------------------------|----------|--------|----------|---------|-----------|--------|-------|----------------------------|-----|---------------|-----------|
|                          | Make   | Radius  |                         | Liab     | UM/UIM | No-Fault | Med Pay | Addl Insd | In-Tow | Other | Limit Stated Amount or ACV | S C | Spec Causes   | Collision |
|                          | Model  | Garaging Territory  |                         |          |        |          |         |           |        |       |                            |     | Comprehensive | Premium   |
|                          | VIN  | Garaging City, State                                      |                         |          |        |          |         |           |        |       |                            |     | Deduct        | Deduct    |
| 1                        | 2000<br>BUICK<br>LESABRE<br>1G4HP54K4Y4124747    | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 2                        | 2003<br>CHEVROLET<br>MALIBU<br>1G1NE52J83M608588 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 3                        | 2000<br>CHEVROLET<br>IMPALA<br>2G1WF52E6Y934226  | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 4                        | 2001<br>CHEVROLET<br>IMPALA<br>2G1WH55K619130522 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 5                        | 1998<br>BUICK<br>LESABRE<br>1G4HP52K1WH510910    | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 6                        | 2004<br>CHEVROLET<br>IMPALA<br>2G1WF52E149344937 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 7                        | 2007<br>CHEVROLET<br>IMPALA<br>2G1WB58K879328752 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 8                        | 2007<br>CHEVROLET<br>IMPALA<br>2G1WB58K079385047 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 9                        | 2004<br>BUICK<br>CENTURY<br>2G4W552J841215008    | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 10                       | 2006<br>CHEVROLET<br>IMPALA<br>2G1WB58K169398415 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 11                       | 2004<br>BUICK<br>REGAL<br>2G4WB52K841184206      | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 12                       | 2008<br>CHEVROLET<br>IMPALA<br>2G1WB58N389145030 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 13                       | 2004<br>CHEVROLET<br>IMPALA<br>2G1WF52E649441456 | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| 14                       | 1999<br>BUICK<br>CENTURY<br>2G4WY52M4X1580833    | Commercial<br>100 Miles<br>Territory 27<br>MECHANICSBURG, | 5<br>Seats              | 6,068    |        | 285      |         |           |        |       |                            |     |               |           |
| Premium for Endorsements |  |   |                         |          |        |          |         |           |        |       |                            |     |               |           |



**Berkshire Hathaway**  
**HOMESTATE COMPANIES**

3333 Farnam Street, Suite 300 • Omaha, NE 68131

February 19, 2014

ASSURED CLAIMANT TRANSPORT SERVICE INC  
101 SCHOOLHOUSE LANE  
MECHANICSBURG, PA 17055

Billing services:

**1-877-680-2442**

Monday - Friday

7:00 AM - 7:00 PM Central Time

Policy Number                    02APM003542-01  
Billing Account Number        74479  
Policy Effective                01/01/2014 12:01 AM

Claim reporting:

**1-800-356-5750**

24 hours a day

7 days a week

To our policyholder:

Please find the enclosed endorsement that modifies your insurance contract.

**Endorsement #1 Cancel Policy**

Coverage under this policy ended on the effective date of the attached cancellation endorsement.

The endorsement lists the amount of unearned premium only and does not reflect any amount owed or due. If there is an outstanding balance on this account, a bill or refund check will be sent separately.

Please contact your agent if you have any questions.

Regards,

Berkshire Hathaway Homestate Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**POLICY CANCELLATION**

1. This policy is cancelled effective 02/01/2014 12:01 AM (at 12:01 AM unless otherwise specified).

Return Premium: 81,382

|   |  |
|---|--|
| Company Name<br><b>Berkshire Hathaway Homestate Insurance Company</b> | Policy Number<br><b>02 APM 003542 - 01</b> |
| Named Insured<br><b>ASSURED CLAIMANT TRANSPORT SERVICE INC</b>        | Countersigned by<br><br>                   |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

| Policy Number | Policy Period                                    | Effective Date |
|---------------|--|----------------|
| CP37000009    | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014     |

| Named Insured and Address  | Agency Information  |
|--|---|
| Assured Claimant Transport Service, Inc.<br>101 Schoolhouse Lane<br>Mechanicsburg, PA 17055-0000 | GMI NA Inc<br>PO Box 701<br>Valley Forge, PA 19482-0000<br>(610)933-4679<br>1277 29 |

| Premium   | Bill Method/Pay Plan  |
|---|---|
| Covered Schedule Auto: \$54,264<br>Optional Coverages: 1,241<br>Total Premium: \$55,505 | Direct Bill / 10 Pay<br>Website: <a href="http://www.ari-ins.com">www.ari-ins.com</a> |

Entity of Insured: Corporation  
Description of Operations:

**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 (Entry of one or more of the symbols from the Covered Auto section of the Business Auto Form shows which autos are covered autos.) | Limit<br>The most we will pay for any one accident or loss  | Premium  |
|---|--|---|----------|
| Liability   | 7, 8, 9  | Limit \$1,000,000 Deductible N/A  | \$53,816 |
| Uninsured Motorist                                | 7  | Limit (indicate Stacked or Non-stacked Coverage)  | \$0      |
| Underinsured Motorist                             | 7  | Limit (indicate Stacked or Non-stacked Coverage)  | \$0      |
| Basic First Party                                 | 7  | Up to \$5,000 per Insured   | \$448    |
| Physical Damage Comprehensive Coverage            |  | Actual cash value or cost of repair whichever is less minus applicable deductible for each covered auto. No deductible applies to loss caused by fire or lightning. See separate section for hired or borrowed "autos." |          |
| Physical Damage Specified Causes of Loss Coverage |  | Actual cash value or cost of repair whichever is less minus applicable deductible for each covered auto for loss caused by mischief or vandalism. See separate section for hired or borrowed "autos."                   |          |
| Physical Damage Collision Coverage                |  | Actual cash value or cost of repair whichever is less minus applicable deductible for each covered auto. See separate section for hired or borrowed "autos."  |          |
| Physical Damage Towing and Labor                  |  | For each disablement of a private passenger "auto"  |          |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

| Policy Number | Policy Period                                    | Effective Date |
|---------------|--|----------------|
| CP37000009    | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014     |

**Applicable Forms:** Additional forms will appear on the following pages, if applicable:

| FORM #            | DATE       | DESCRIPTION  |
|-------------------|------------|--|
| ARI PolicyCond PA | 06/01/2010 | Mutual Policy Conditions Business Auto Insurance Policy            |
| ARI Privacy-PA    | 06/01/2010 | ARI Privacy  |
| CA 00 01          | 03/01/2010 | Business Auto Coverage Form  |
| CA 01 80          | 09/01/1997 | Pennsylvania Changes   |
| CA 20 18          | 12/01/1993 | Professional Services Not Covered                                  |
| CA 22 37          | 03/01/2006 | Pennsylvania Basic First Party Benefit                             |
| CA 23 84          | 01/01/2006 | Terrorism Exclusion  |
| CA 23 94          | 03/01/2006 | Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure |
| CA 24 02          | 12/01/1993 | Public Transportation Autos  |
| CA 99 33          | 02/01/1999 | Employees As Insureds  |
| IL 00 03          | 09/01/2008 | Calculation of Premium   |
| IL 00 17          | 11/01/1998 | Common Policy Conditions   |
| IL 00 21          | 09/01/2008 | Nuclear Energy Liability Exclusion Endorsement (Broad Form)        |
| IL 01 20          | 05/01/2011 | Pennsylvania Changes - Defense Costs                               |
| IL 02 46          | 09/01/2007 | Pennsylvania Changes - Cancellation and Non-Renewal                |
| IL 09 10          | 07/01/2002 | Pennsylvania Notice  |
| IL 09 17          | 11/01/1985 | Resident Agent Countersignature Endorsement                        |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

|                      |  |                       |
|----------------------|--|-----------------------|
| <b>Policy Number</b> | <b>Policy Period</b>                             | <b>Effective Date</b> |
| CP37000009           | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014            |

**ITEM THREE: SCHEDULE OF COVERED AUTO YOU OWN:** Additional vehicles will appear on the following pages, if applicable

| VEH | Year | Make and Model   | VIN               | Original | Principally Garaged Location |               |       |
|-----|------|------------------|-------------------|----------|------------------------------|---------------|-------|
|     |      |                  |                   | Cost New | Territory                    | Town          | State |
| 1   | 2000 | BUICK LESABRE    | 1G4HP54K4Y4124747 | \$23,235 | 127                          | Mechanicsburg | PA    |
| 2   | 2003 | CHEVROLET MALIBU | 1G1NE52J83M608588 | \$19,965 | 127                          | Mechanicsburg | PA    |
| 3   | 2000 | CHEVROLET IMPALA | 2G1WF52E6Y934226  | \$18,705 | 127                          | Mechanicsburg | PA    |
| 4   | 2001 | CHEVROLET IMPALA | 2G1WH55K619130522 | \$23,255 | 127                          | Mechanicsburg | PA    |
| 5   | 1998 | BUICK LESABRE    | 1G4HP52K1WH510910 | \$22,465 | 127                          | Mechanicsburg | PA    |

| VEH | Vehicle Rating Type | Radius of Operation   | Business use                 | Size<br>GVW or GCW | Class Code |
|-----|---------------------|-----------------------|------------------------------|--------------------|------------|
| 1   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3567               | 6581       |
| 2   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3106               | 6581       |
| 3   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3389               | 6581       |
| 4   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3466               | 6581       |
| 5   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3348               | 6581       |

| VEH | Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.) |            |         |                    |         |                       |         |                      |            |         |
|-----|---|------------|---------|--------------------|---------|-----------------------|---------|----------------------|------------|---------|
|     | Liability   |            |         | Uninsured Motorist |         | Underinsured Motorist |         | First Party Benefits |            |         |
|     | Limit   | Deductible | Premium | Limit              | Premium | Limit                 | Premium | Limit                | Deductible | Premium |
| 1   | \$1,000,000   |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 2   | \$1,000,000   |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 3   | \$1,000,000   |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 4   | \$1,000,000   |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 5   | \$1,000,000   |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |

| VEH | Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.) |            |         |                         |         |     |            |         |                          |         |                          |         |
|-----|---|------------|---------|-------------------------|---------|-----|------------|---------|--------------------------|---------|--------------------------|---------|
|     | Physical Damage Other than Collision  |            |         |                         |         |     | Collision  |         |                          |         | Towing and Labor         |         |
|     | Comprehensive/<br>Specified Cause<br>of Loss  | Deductible | Premium | Rental Reim.<br>\$/Days | Premium |     | Deductible | Premium | Rental Reimb.<br>\$/Days | Premium | Limit per<br>Disablement | Premium |
| 1   | N/A   | N/A        | N/A     | N/A                     | N/A     | N/A | N/A        | N/A     | N/A                      | N/A     | N/A                      | N/A     |
| 2   | N/A   | N/A        | N/A     | N/A                     | N/A     | N/A | N/A        | N/A     | N/A                      | N/A     | N/A                      | N/A     |
| 3   | N/A   | N/A        | N/A     | N/A                     | N/A     | N/A | N/A        | N/A     | N/A                      | N/A     | N/A                      | N/A     |
| 4   | N/A   | N/A        | N/A     | N/A                     | N/A     | N/A | N/A        | N/A     | N/A                      | N/A     | N/A                      | N/A     |
| 5   | N/A   | N/A        | N/A     | N/A                     | N/A     | N/A | N/A        | N/A     | N/A                      | N/A     | N/A                      | N/A     |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

|                      |  |                       |
|----------------------|--|-----------------------|
| <b>Policy Number</b> | <b>Policy Period</b>                             | <b>Effective Date</b> |
| CP37000009           | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014            |

**ITEM THREE: SCHEDULE OF COVERED AUTO YOU OWN:** Additional vehicles will appear on the following pages, if applicable

| VEH | Year | Make and Model   | VIN               | Original | Principally Garaged Location |               |       |
|-----|------|------------------|-------------------|----------|------------------------------|---------------|-------|
|     |      |                  |                   | Cost New | Territory                    | Town          | State |
| 11  | 2004 | BUICK REGAL      | 2G4WB52K841184206 | \$24,235 | 127                          | Mechanicsburg | PA    |
| 12  | 2008 | CHEVROLET IMPALA | 2G1WB58N389145030 | \$21,255 | 127                          | Mechanicsburg | PA    |
| 13  | 2004 | CHEVROLET IMPALA | 2G1WF52E649441456 | \$21,240 | 127                          | Mechanicsburg | PA    |
| 14  | 1999 | BUICK CENTURY    | 2G4WY52M4X1580833 | \$20,115 | 127                          | Mechanicsburg | PA    |

| VEH | Vehicle Rating Type | Radius of Operation   | Business use                 | Size<br>GVW or GCW | Class Code |
|-----|---------------------|-----------------------|------------------------------|--------------------|------------|
| 11  | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3418               | 6581       |
| 12  | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3555               | 6581       |
| 13  | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3389               | 6581       |
| 14  | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3371               | 6581       |

**Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.)**

| VEH | Liability   |            |         | Uninsured Motorist |         | Underinsured Motorist |         | First Party Benefits |            |         |
|-----|-------------|------------|---------|--------------------|---------|-----------------------|---------|----------------------|------------|---------|
|     | Limit       | Deductible | Premium | Limit              | Premium | Limit                 | Premium | Limit                | Deductible | Premium |
| 11  | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 12  | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 13  | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 14  | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |

**Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.)**

| VEH | Physical Damage Other than Collision         |            |         |                           |         | Collision  |         |                            |         | Towing and Labor         |         |
|-----|--|------------|---------|---------------------------|---------|------------|---------|----------------------------|---------|--------------------------|---------|
|     | Comprehensive/<br>Specified Cause<br>of Loss | Deductible | Premium | Rental<br>Reim<br>\$/Days | Premium | Deductible | Premium | Rental<br>Reimb<br>\$/Days | Premium | Limit per<br>Disablement | Premium |
| 11  | N/A  |            | N/A     | N/A                       | N/A     | N/A        | N/A     | N/A                        | N/A     | N/A                      | N/A     |
| 12  | N/A  |            | N/A     | N/A                       | N/A     | N/A        | N/A     | N/A                        | N/A     | N/A                      | N/A     |
| 13  | N/A  |            | N/A     | N/A                       | N/A     | N/A        | N/A     | N/A                        | N/A     | N/A                      | N/A     |
| 14  | N/A  |            | N/A     | N/A                       | N/A     | N/A        | N/A     | N/A                        | N/A     | N/A                      | N/A     |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

|                      |  |                       |
|----------------------|--|-----------------------|
| <b>Policy Number</b> | <b>Policy Period</b>                             | <b>Effective Date</b> |
| CP37000009           | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014            |

**ITEM THREE: SCHEDULE OF COVERED AUTO YOU OWN:** Additional vehicles will appear on the following pages, if applicable.

| VEH | Year | Make and Model   | VIN               | Original |     | Principally Garaged Location |               |       |
|-----|------|------------------|-------------------|----------|-----|------------------------------|---------------|-------|
|     |      |                  |                   | Cost     | New | Territory                    | Town          | State |
| 6   | 2004 | CHEVROLET IMPALA | 2G1WF52E849344937 | \$21,240 |     | 127                          | Mechanicsburg | PA    |
| 7   | 2007 | CHEVROLET IMPALA | 2G1WB58K879328752 | \$20,760 |     | 127                          | Mechanicsburg | PA    |
| 8   | 2007 | CHEVROLET IMPALA | 2G1WB58K079385947 | \$20,760 |     | 127                          | Mechanicsburg | PA    |
| 9   | 2004 | BUICK CENTURY    | 2G4WS52J841215008 | \$22,430 |     | 127                          | Mechanicsburg | PA    |
| 10  | 2006 | CHEVROLET IMPALA | 2G1WB58K169398415 | \$21,330 |     | 127                          | Mechanicsburg | PA    |

| VEH | Vehicle Rating Type | Radius of Operation   | Business use                 | Size<br>GVW or GCW | Class Code |
|-----|---------------------|-----------------------|------------------------------|--------------------|------------|
| 6   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3389               | 6581       |
| 7   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3674               | 6581       |
| 8   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3674               | 6581       |
| 9   | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3342               | 6581       |
| 10  | Public Auto         | Local, up to 50 miles | Social Service All Other Bus | 3477               | 6581       |

| Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.) |             |            |         |                    |         |                       |         |                      |            |         |
|---|-------------|------------|---------|--------------------|---------|-----------------------|---------|----------------------|------------|---------|
| VEH   | Liability   |            |         | Uninsured Motorist |         | Underinsured Motorist |         | First Party Benefits |            |         |
|   | Limit       | Deductible | Premium | Limit              | Premium | Limit                 | Premium | Limit                | Deductible | Premium |
| 6   | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 7   | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 8   | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 9   | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |
| 10  | \$1,000,000 |            | \$3,844 | N/A                | N/A     | N/A                   | N/A     | Yes                  | N/A        | \$32    |

| Coverages – Premiums, Limits & Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry shown in the corresponding item on page of the declarations applies.) |  |            |         |                           |         |         |            |         |                            |                  |                          |         |
|---|--|------------|---------|---------------------------|---------|---------|------------|---------|----------------------------|------------------|--------------------------|---------|
| VEH   | Physical Damage Other than Collision         |            |         |                           |         |         | Collision  |         |                            | Towing and Labor |                          |         |
|   | Comprehensive/<br>Specified Cause<br>of Loss | Deductible | Premium | Rental<br>Reim<br>\$/Days | Premium | Premium | Deductible | Premium | Rental<br>Reimb<br>\$/Days | Premium          | Limit per<br>Disablement | Premium |
| 6   | N/A  | N/A        | N/A     | N/A                       | N/A     | N/A     | N/A        | N/A     | N/A                        | N/A              | N/A                      | N/A     |
| 7   | N/A  | N/A        | N/A     | N/A                       | N/A     | N/A     | N/A        | N/A     | N/A                        | N/A              | N/A                      | N/A     |
| 8   | N/A  | N/A        | N/A     | N/A                       | N/A     | N/A     | N/A        | N/A     | N/A                        | N/A              | N/A                      | N/A     |
| 9   | N/A  | N/A        | N/A     | N/A                       | N/A     | N/A     | N/A        | N/A     | N/A                        | N/A              | N/A                      | N/A     |
| 10  | N/A  | N/A        | N/A     | N/A                       | N/A     | N/A     | N/A        | N/A     | N/A                        | N/A              | N/A                      | N/A     |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

|                      |  |                       |
|----------------------|--|-----------------------|
| <b>Policy Number</b> | <b>Policy Period</b>                             | <b>Effective Date</b> |
| CP37000009           | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014            |

**ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

| <b>Liability Coverage – Rating Basis, Cost of Hire</b> |  |                                     |                           |                |
|--|--|-------------------------------------|---------------------------|----------------|
| <b>State</b>   | <b>Estimated Cost of Hire for Each State</b> | <b>Coverage (Primary or Excess)</b> | <b>Limit of Insurance</b> | <b>Premium</b> |
| Pennsylvania   | If Any                                       | Primary                             | \$1,000,000               | \$100          |

For autos NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of autos you do not own (not including autos you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**Physical Damage Coverage**

| <b>Coverage</b> | <b>Deductible</b> | <b>Premium</b> |
|-----------------|-------------------|----------------|
|                 |                   |                |

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of autos you do not own (not including autos you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.

**ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP LIABILITY**

| <b>Named Insured's Business</b> | <b>Rating Basis</b> | <b>Number</b> | <b>Premium</b> |
|---------------------------------|---------------------|---------------|----------------|
|                                 | Number of Employees | 25            | \$1,141        |

**ITEM SIX: SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING CONCERNS**

| <b>Estimated Yearly</b> |                | <b>Premiums</b>           |                              |
|-------------------------|----------------|---------------------------|------------------------------|
| <b>Gross Receipts</b>   | <b>Mileage</b> | <b>Liability Coverage</b> | <b>Auto Medical Payments</b> |
|                         |                |                           |                              |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

|                       |  |                        |
|-----------------------|--|------------------------|
| <b>Policy Number:</b> | <b>Policy Period:</b>                            | <b>Effective Date:</b> |
| CP37000009            | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014             |

**Additional Coverages & Endorsements: If a limit is not shown, the policy level limit shown above applies**

| Form# | Description/Information | Deductible Amount | Limit | Premium |
|-------|-------------------------|-------------------|-------|---------|
|       |                         | N/A               | N/A   |         |

**Drive Other Car Coverage – Broadened Coverage For Named Individuals CA 9910**

| Name | Liability Limit | Auto Med Pay | Uninsured/Underinsured | Comprehensive Deductible | Collision Deductible | Premium |
|------|-----------------|--------------|------------------------|--------------------------|----------------------|---------|
|      |                 |              |                        |                          |                      |         |

**Commercial Auto Policy  
New Business Declaration**

ARI Mutual Insurance Company  
125 Pheasant Run  
Newtown, PA 18940

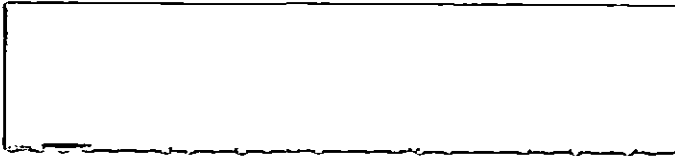
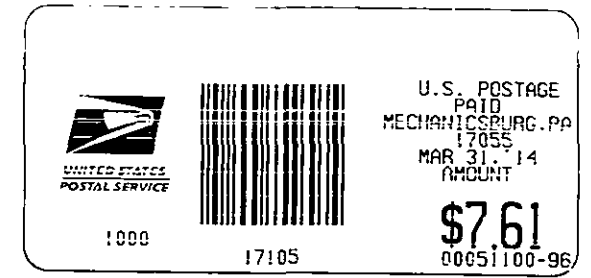
| Policy Number | Policy Period                                    | Effective Date |
|---------------|--|----------------|
| CP37000009    | 02/01/2014 – 02/01/2015 12:01 a.m. Standard Time | 02/01/2014     |

**Additional Information:** Additional items will appear on the following pages, if applicable

**Additional Interests:** Additional items will appear on the following pages, if applicable

| Type | Name and Address | VIN # | Applies To |
|------|------------------|-------|------------|
|------|------------------|-------|------------|

ACTS  
P.O. Box 257  
Mechanicsburg, PA 17055



P.U.C.  
Attn: Rosemary Chiavetta, Secretary  
P.O. Box 3265  
Harrisburg, PA 17105-3265

