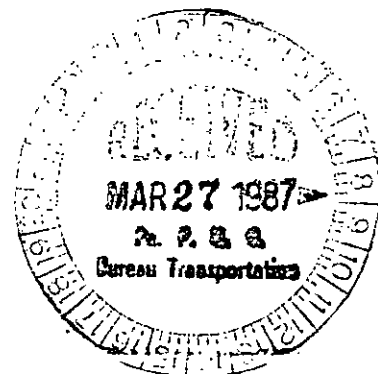


437 NORTH MAIN STREET • BUTLER, PENNSYLVANIA 16001  
HOME OFFICE: COLUMBUS, OHIO



MARCH 25, 1987

COMMONWEALTH OF PA PUBLIC  
UTILITY COMMISSION  
P O BOX 3265  
HARRISBURG PA 17120



POLICY 54 BA 023-440-0001

INSURED ROBERT E MOLNAR TRUCKING  
NAME AND R D 1  
ADDRESS BOX 38 A  
SUTERSVILLE PA 15083

ACCORDING TO OUR RECORDS, YOU HAVE AN INTEREST IN THE ABOVE  
INSURANCE POLICY.

THIS IS NOTICE THAT THIS POLICY CANCELLED EFFECTIVE 12.01 A.M.  
MAY 4, 1987.

IF CANCELLATION IS WITHDRAWN, WE WILL NOTIFY YOU PROMPTLY.

NATIONWIDE MUTUAL INSURANCE COMPANY

NATIONWIDE MUTUAL INSURANCE COMPANY  
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY  
NATIONWIDE LIFE INSURANCE COMPANY  
NATIONWIDE GENERAL INSURANCE COMPANY



COMMONWEALTH OF PENNSYLVANIA  
 PENNSYLVANIA PUBLIC UTILITY COMMISSION  
 P.O. BOX 3265, HARRISBURG, Pa. 17120

March 27, 1987

IN REPLY PLEASE  
 REFER TO OUR FILE

Our Docket # 9105933

Nationwide Mutual Ins. Co.  
 1000 Nationwide Drive  
 Harrisburg, PA 17108

Ins. Policy # \_\_\_\_\_

Subject:  Form E  UCPC-31  UCPC-33  Cancellation Letter

The enclosed insurance filing is being returned to you for the following reason(s):

- Incorrect name: Insurance should be in the name of:
- Incorrect form issued: Reissue using: Form UCPC-33 or Form K
- Unacceptable as proof of insurance. Have insurance company submit: \_\_\_\_\_
- Form has not been signed by authorized company representative.
- No amount of coverage shown.
- Amount of coverage does not meet the required minimum of \$2500.
- No effective/termination date shown.
- No record of insurance on file (our files show policy # \_\_\_\_\_).
- Need reinstatement notice, form IRB 2271.
- Reinstatement does not match cancellation date.
- \_\_\_\_\_

DOCUMENT  
 FOLDED

**DOCKETED**  
 MAR 30 1987

Please submit the correct and proper insurance filing to our office as soon as possible. Failure to do so may result in suspension and/or cancellation of authorized PUC rights.

If you have any questions concerning the above, please contact the Insurance Section at (717) 787-1227.

Very truly yours,

*Jackie Egan*  
 Insurance Section

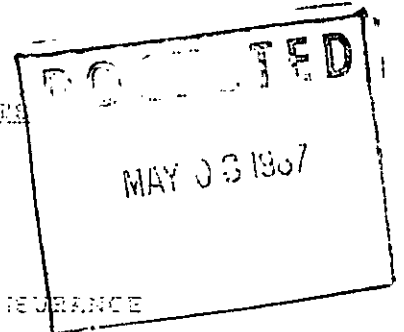
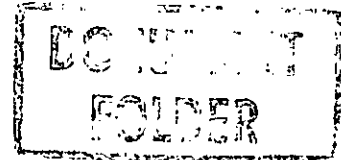
Enclosure

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 265, HARRISBURG, PA. 17117  
MAY 05, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

A-00105933

MOLNAR ROBERT  
T/D/B/A MOLNAR, ROBERT HAULING  
R.D.1 BOX 38-A  
SUTTERVILLE PA 15083



NOTICE OF SUSPENSION OF PUC OPERATING RIGHTS

EFFECTIVE MAY 03, 1987

FOR EXPIRATION OR CANCELLATION OF

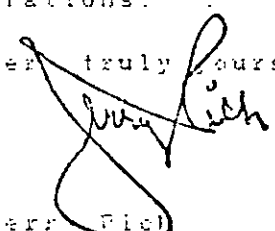
BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

This is to notify you that as of the above effective date, the authority granted to you by the Pennsylvania Public Utility Commission is hereby suspended as more thoroughly described on the attached sheet.

Please be advised that you may not operate until we have received evidence of renewed insurance coverage.

Upon receipt and acceptance of the required certificate of insurance, you will receive written notification that the suspension is lifted and that you may resume operations.

Very truly yours,

  
Jerry Fick  
Secretary

cc. Enforcement Division

Certified Mail

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery.

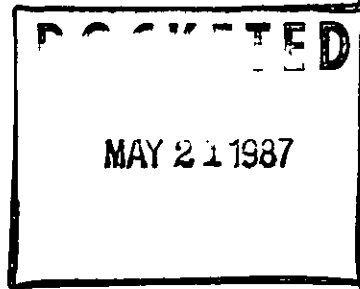
3. Article Addressed to: <i>A105933</i> <i>Robert Molnar HA</i> <i>Robert Molnar Hauling</i>	4. Article Number <i>44798</i>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X <i>RE Molnar</i>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature - Agent X	
7. Date of Delivery <i>5-9-87</i>	

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA. 17120  
MAY 20, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

MOLNAR ROBERT  
T/D/B/A MOLNAR, ROBERT HAULING  
R.D.1 BOX 38-A  
SUTTERVILLE PA 15083

A-00105933



NOTICE TO LIFT SUSPENSION

This is to notify you that we have received proof of insurance coverage. Therefore, you may disregard the Notice of Suspension previously issued.

Very truly yours,

*James J. McCarthey*  
Insurance Section  
(717) 787-1227

cc: Enforcement Division

