

M

November 12, 2014

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, Pennsylvania 17105-3265

Attention: Rosemary Chiavetta – Secretary

RE: DeVault Group Inc.
C-2014-2436807

RECEIVED
2014 NOV 14 AM 11:05
PA P.U.C.
SECRETARY'S BUREAU

I am responding to your letter of October 27, 2014 attaching complaint that has been filed against DeVault Group by the Bureau of Investigation & Enforcement.

I am enclosing letter dating May 13, 2014 evidencing auto insurance, responding to your notice mailed May 11, 2014, letter of June 24, 2014 evidencing filing of Motor Truck Cargo coverage, Letter of September 11, 2014 responding to your letter of August 24, 2014 again evidencing Auto coverage and Motor Truck Cargo.

DeVault has previously complied to all information requested by you.

Very truly yours,

THE MARTIN COMPANY



Carol A. Nardi

Enclosures

Cc: Mr. Dan Goodwin
DeVault Group

500
JESSUP
ROAD

WEST DEPTFORD
NJ
08066

TELEPHONE
856.845.3636

FACSIMILE
856.845.9191

Compliance Office, Bureau of Technical Utility Service
Pennsylvania Public Commission
PO Box 3265
Harrisburg, Pennsylvania 17105-3265

Page Two
November 12, 2014

Wayne T. Scott, First Deputy Chief Prosecutor
Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement
PO Box 3265
Harrisburg, Pennsylvania 17105-3265

September 11, 2014

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, Pennsylvania 17105-3265

Attention: Rosemary Chiavetta – Secretary

RE: DeVault Group Inc.
C-2014-2437006

I am responding to your letter dated August 22, 2014 indicating that evidence of Cargo Insurance for the above has not been received.

Attached is copy of Travelers Insurance Company policy QT 660 5E987653 TIL 14, effective May 1, 2014 to 2015 evidencing coverage. Also please see F-6717 Form I – Uniform Motor Carrier Insurance Endorsement (2 Pages) indicating that a Certificate of Insurance was filed with you.

Based on the enclosed DeVault should not be suspended. If you require additional information please do not hesitate to contact this office.

Very truly yours,

THE MARTIN COMPANY

Carol A. Nardi

Cc: Mr. Dan Goodwin
DeVault Group Inc.

Compliance office, Bureau of Technical Utility Services

Wayne T. Scott, First Deputy Chief Prosecutor
Pennsylvania Public Utility Commission

RECEIVED

NOV 14 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



One Tower Square, Hartford, Connecticut 06183

TRAVELERS CORP. TEL: 1-800-328-2189
INLAND MARINE EXPRESS
COMMON POLICY DECLARATIONS
ISSUE DATE: 05/06/14
POLICY NUMBER: QT-660-5E987653-TIL-14

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
DEVAULT GROUP INC
500 JESSUP ROAD
WEST DEPTFORD, NJ 08066

2. POLICY PERIOD: From 05/01/14 to 05/01/15 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

SEE IL TO 03

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
COMMERCIAL INLAND MARINE COV PART DECLARATIONS CM TO 01 07 86 TIL

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

DIRECT BILL
7. PREMIUM SUMMARY:
Provisional Premium \$ 2,200
Due at Inception \$
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER:
THE MARTIN COMPANY (CHN42)
500 JESSUP RD
WEST DEPTFORD, NJ 08066

COUNTERSIGNED BY:

Authorized Representative

DATE:

POLICY NUMBER: QT-660-5E987653-TIL-14

ISSUE DATE: 05-06-14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FORM I
UNIFORM MOTOR CARRIER CARGO
INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy as proof of 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 provision 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 on the reverse side hereof.
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. QT-660-5E987653-TIL-14

issued by TRAVELERS PROP. CASUALTY CO. OF AMERICA herein called Company,

of One Tower Square, Hartford, Connecticut

to DEVAULT GROUP INC

of 98 JACKSONVILLE RD,
WARMINSTER, PA 18974

Dated at 300 ARBORETUM PLACE, RICHMOND, VA 23236 this 06 day of MAY 14

Countersigned by STEVE AUSTIN

Authorized Company Representative

INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER
CARGO CERTIFICATE OF INSURANCE HAS BEEN FILED.

<input type="checkbox"/> ALA.	<input type="checkbox"/> HAWAII	<input type="checkbox"/> MASS	<input type="checkbox"/> N.M.	<input type="checkbox"/> S.D.
<input type="checkbox"/> ALASKA	<input type="checkbox"/> IDAHO	<input type="checkbox"/> MICH.	<input type="checkbox"/> N.Y.	<input type="checkbox"/> TENN.
<input type="checkbox"/> ARIZ.	<input type="checkbox"/> ILL.	<input type="checkbox"/> MINN.	<input type="checkbox"/> N.C.	<input type="checkbox"/> TEX.
<input type="checkbox"/> ARK.	<input type="checkbox"/> IND.	<input type="checkbox"/> MISS.	<input type="checkbox"/> N.D.	<input type="checkbox"/> UTAH
<input type="checkbox"/> CAL.	<input type="checkbox"/> IOWA	<input type="checkbox"/> MO.	<input type="checkbox"/> OHIO	<input type="checkbox"/> VT.
<input type="checkbox"/> COL.	<input type="checkbox"/> KAN.	<input type="checkbox"/> MONT.	<input type="checkbox"/> OKLA.	<input type="checkbox"/> VA.
<input type="checkbox"/> CONN.	<input type="checkbox"/> KY.	<input type="checkbox"/> NEB.	<input type="checkbox"/> ORE.	<input type="checkbox"/> WASH.
<input type="checkbox"/> DEL.	<input type="checkbox"/> LA.	<input type="checkbox"/> NEV.	<input checked="" type="checkbox"/> PA.	<input type="checkbox"/> W.VA.
<input type="checkbox"/> D.C.	<input type="checkbox"/> ME.	<input type="checkbox"/> N.H.	<input type="checkbox"/> R.I.	<input type="checkbox"/> WISC.
<input type="checkbox"/> FLA.	<input type="checkbox"/> MD.	<input type="checkbox"/> N.J.	<input type="checkbox"/> S.C.	<input type="checkbox"/> WYO.
<input type="checkbox"/> GA.				

TRAVELERS

One Tower Square, Hartford, Connecticut 06183

CHANGE ENDORSEMENT

Named Insured:
DEVAULT GROUP INC.

Policy Number: QT-660-5E987653-TIL-14
Policy Effective Date: 05/01/14
Issue Date: 06/17/14
Premium \$ 0

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Effective from 06/12/14 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

THE NAMED INSURED ON THE DECLARATIONS IS CHANGED TO
DEVAULT GROUP INC.

THE ADDRESS OF THE NAMED INSURED ON THE DECLARATIONS IS CHANGED TO
98 JACKSONVILLE RD.,
IVYLAND, PA 18974

JUN 23 2014

NAME AND ADDRESS OF AGENT OR BROKER:
THE MARTIN COMPANY (CHN42)
500 JESSUP RD
WEST DEPTFORD, NJ 08066

COUNTERSIGNED BY:

Samuel P. Martin
Authorized Representative

DATE: 6-24-14



POLICY NUMBER: QT-660-5E987653-TIL-14

EFFECTIVE DATE: 05-01-14

ISSUE DATE: 05-06-14

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

IL T0 02 11 89 COMMON POLICY DECLARATIONS
IL T8 01 10 93 FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL T0 01 01 07 COMMON POLICY CONDITIONS
IL T0 03 04 96 LOCATION SCHEDULE

INLAND MARINE

CM B0 15 01 11 CARRIERS CARGO PAK COVERAGE FORM DEC
CM T0 11 08 05 TABLE OF CONTENTS
CM 00 01 09 04 COMMERCIAL INLAND MARINE CONDITIONS
CM T2 09 01 11 CARRIERS CARGO PAK COVERAGE FORM
F-6717 UNIFORM MOTOR CARRIER CARGO INS ENDT
CM T3 98 01 08 TERRORISM RISK INS ACT 2002 DISCLOSURE
CM T5 79 01 11 CARGO THEFT DISHONEST ACTS EXCLUSIONS
CM T5 81 01 11 WATER AND OTHER CAUSES OF LOSS COVG CHGS
CM T5 82 01 11 TEMP, SPOILAGE AND BRKDN COVG CHGS
CM T5 95 01 11 LISTED COMMODITIES

INTERLINE ENDORSEMENTS

IL T3 82 05 13 EXCL OF LOSS DUE TO VIRUS OR BACTERIA
IL T3 79 01 08 CAPS ON LOSSES FROM CERT ACTS OF TERROR
IL 01 66 09 07 PENNSYLVANIA CHANGES-ACTUAL CASH VALUE
IL 01 72 09 07 PA CHANGES-TRANSFER OF YOUR RIGHTS
IL 02 08 09 07 NJ CHANGES-CANCELLATION AND NONRENEWAL
IL 09 10 07 02 PENNSYLVANIA NOTICE
IL T3 55 05 13 EXCLUSION OF CERTAIN COMPUTER LOSSES

LOCATION SCHEDULE

POLICY NUMBER: QT-660-5E987653-TIL-14

This Schedule of Locations and Buildings applies to the Common Policy Declarations for the period
05-01-14 to 05-01-15.

Loc. No.	Bldg. No.	Address	Occupancy
1	1	98 JACKSONVILLE RD WARMINSTER, PA 18974	TERMINAL



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS

POLICY NUMBER: QT-660-5E987653-TIL-14
ISSUE DATE: 05-06-14

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 05-01-14 to 05-01-15 12:01A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE:

CARRIERS CARGO PAK

Limit of Insurance

I. Limits of Insurance Applicable To Property:

A. In Or On A Land Vehicle or Container:

\$ 50,000

B. At the "Terminal" located:

1.

\$ NO COVERAGE

2.

\$

3.

\$

4.

\$

C. At Other Locations:

\$ 50,000

D. All Covered Property In Any One Occurrence:

\$ 100,000

II. Deductible: \$ 1,000

III. Reports and Premium:

Minimum Earned Premium: \$NONE

Reporting or Non-Reporting applies as indicated by an 'X' below.

Non- Reporting: \$ 2,200 Annual Policy Premium

Reporting:

See Reporting Schedule

Premium Base:

Estimated Exposure:

Rate: \$

Premium Adjustment Period:

Deposit Premium: \$

NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING ON FORM IL T8 01 10 93.

CM T0 01 07 86
Order # CM B0 15 01 11

© 2010 The Travelers Indemnity Company. All rights reserved.
Includes copyrighted material of Insurance Services Office, Inc. with its permission.

Page 1 of 1

PRODUCER: CHN42 THE MARTIN COMPANY

OFFICE: EDISON

06H

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CARGO THEFT AND DISHONEST ACTS EXCLUSIONS

This endorsement modifies insurance provided under the following:

CARRIERS CARGO PAK
CARGO AND LOGISTICS PAK

The following exclusions apply when an 'X' is indicated in the applicable box below.

The following is added to Part 2., Property Not Covered, in Section A – Coverage:

Property in or on a vehicle, trailer or container at any location for more than twenty-four hours from the time it arrived at that location, including Property in or on a vehicle, trailer or container if we are unable to determine the time of loss necessary to this clause. This exclusion does not apply to Covered Property located at a "Terminal" or "Facility" listed in the Declarations.

Paragraph 2.b. in Section B – Exclusions is replaced by the following:

Dishonest Acts committed by:

- (1) You, any of your partners, employees, directors, trustees, or authorized representatives;
- (2) A manager or a member if you are a limited liability company;
- (3) Anyone else with an interest in the property, or their employees or authorized representatives; or
- (4) Independent Contractors or anyone else to whom the property is released for any purpose.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

This exclusion does not apply to acts of destruction by your employees. But theft by employees is not covered.

The following is added to Paragraph 2. in Section B – Exclusions:

We will not pay for loss caused by or resulting from theft from any unattended vehicle, trailer or container unless at the time of theft all windows, doors and compartments were closed and locked and there are visible signs that the theft was the result of forced entry. If there is no vehicle, trailer or container to inspect, this exclusion does not apply.

The following is added to Paragraph 2. in Section B – Exclusions:

We will not pay for loss caused by or resulting from voluntary parting with any property by you or anyone to whom you released the property, if induced to do so by any fraudulent scheme, trick, device or false pretense.

The following is added to Paragraph 2. in Section B – Exclusions:

We will not pay for loss caused by or resulting from unauthorized instructions to transfer property to any person or to any place.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER AND OTHER CAUSES OF LOSS CHANGES

This endorsement modifies insurance provided under the following:

CARRIERS CARGO PAK
CARGO AND LOGISTICS PAK

A. SCHEDULE

Covered Property at the "Terminal" or "Facility" located	Limit of Insurance
1.	\$ NOT COVERED
2.	\$.
3.	\$
4.	\$
 Covered Property While In Or On Any Covered Conveyance or Property At Other Locations:	 \$ NOT COVERED
Deductible:	\$ NOT COVERED

B. The following is added to Part 1., in Section B – EXCLUSIONS:

Water, Condensation and Moisture

We will not pay for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss:

Water, or the presence of condensation, humidity, moisture or vapor, including:

- a. Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- b. Mudslide or mudflow;
- c. Water or sewage that backs up from a sewer or drain or sump; or
- d. Water under the ground surface pressing on or flowing or seeping through: foundations, walls, floors, paved surfaces; basements, whether paved or not; or doors, windows or other openings;

from any source, all whether naturally occurring or due to man made or other artificial causes.

But if fire, explosion or collision of a vehicle results, we will pay for the loss or damage caused by that fire, explosion or collision of a vehicle.

C. The following is added to Part 4., Additional Coverages, in Section A. – COVERAGE, but only for Covered Property while at a "terminal", "facility", in or on any covered conveyance, or other location for which a Limit of Insurance is shown in the Schedule above.

Water, Condensation and Moisture

We will pay for direct physical loss of or damage to Covered Property caused by or resulting from water, or the presence of condensation, humidity, moisture or vapor, including:

- a. Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- b. Mudslide or mudflow;
- c. Water or sewage that backs up from a sewer or drain or sump; or
- d. Water under the ground surface pressing on or flowing or seeping through: foundations, walls, floors, paved surfaces; basements,

COMMERCIAL INLAND MARINE

whether paved or not; or doors, windows or other openings;
from any source, all whether naturally occurring or due to man made or other artificial causes.
The most we will pay in any one occurrence under this Additional Coverage is the applicable Limit of Insurance shown in the Schedule above. This limit is included within, and does not in-

crease, the applicable Limit of Insurance shown in the Declarations.

We will not pay for loss or damage in any one occurrence under this Additional Coverage until the total amount of adjusted loss or damage exceeds the applicable Deductible shown in the above Schedule. We will then pay the amount of loss or damage in excess of the Deductible up to the applicable Limit of Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPERATURE, SPOILAGE AND BREAKDOWN COVERAGE CHANGES

This endorsement modifies insurance provided under the following:

CARRIERS CARGO PAK
CARGO AND LOGISTICS PAK

A. SCHEDULE

Covered Property at the "Terminal" or "Facility" located	Limit of Insurance
1.	\$ NOT COVERED
2.	\$
3.	\$
4.	\$
 Covered Property While In Or On Any Covered Conveyance or Property At Other Locations:	 \$ NOT COVERED
Deductible:	\$ NOT COVERED

B. The following is added to Part 2., in Section B – Exclusions:

We will not pay for loss caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss:

- a. Heat, cold or extremes in temperature;
- b. Spoilage; or
- c. Breakdown or failure of temperature control equipment;

Including when caused by loss of power, however caused, from any source.

But we will pay for such loss if it is the result of fire, explosion or collision of the vehicle.

C. The following is added to Part 4., Additional Coverages, in Section A – COVERAGE, but only for Covered Property while at a "terminal", "facility", in or on any covered conveyance, or other location for which a Limit of Insurance is shown in the Schedule above.

Mechanical or Electrical Breakdown

We will pay for direct physical loss of or damage to Covered Property caused by or resulting from sudden and accidental mechanical or electrical breakdown to temperature control equipment. But we will not pay for loss caused by or resulting from lack of fuel or power or the incorrect setting of switches or controls.

The most we will pay in any one occurrence under this Additional Coverage is the applicable Limit of Insurance shown in the Schedule above. This limit is included within, and does not increase, the applicable Limit of Insurance shown in the Declarations.

We will not pay for loss or damage in any one occurrence under this Additional Coverage until the total amount of adjusted loss or damage exceeds the applicable Deductible shown in the above Schedule. We will then pay the amount of loss or damage in excess of the Deductible up to the applicable Limit of Insurance.

POLICY NUMBER: QT-660-5E987653-TIL-14

COMMERCIAL INLAND MARINE
ISSUE DATE: 05-06-14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LISTED COMMODITIES

This endorsement modifies coverage provided under the following:

CARRIERS CARGO PAK
CARGO AND LOGISTICS PAK

The following type(s) of property are added to Part 2., Property Not Covered in Section A – COVERAGE when an 'X' is indicated in the applicable box below.

- a. Cigarettes.
- b. Pharmaceuticals and prescription drugs.
- c. Cellular telephones, televisions; video and digital game equipment, including software and data; sound systems and audio equipment; computers, related equipment, software, media and data.
- d. Alcoholic beverages.
- e. Other, as described below:

METAL STOCK AND SCRAP METAL



Report Claims Immediately by Calling*

1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires Written Notice or Reporting

COMMERCIAL INSURANCE

A Custom Insurance Policy Prepared for:

**DEVAULT GROUP INC
500 JESSUP ROAD
WEST DEPTFORD NJ 08066**

Presented by: THE MARTIN COMPANY

June 24, 2014

RECEIVED

NOV 14 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, Pennsylvania 17105-3265

Attention: Rosemary Chiavetta
Secretary

Re: DeVault Group
A-2013-2364458

Enclosed herewith find endorsement to Travelers Insurance Company policy QT 660
5E987653-TIL-14 amending the mailing address as requested by you.

If you should require anything additional, please do not hesitate to contact this office.

Very truly yours,

THE MARTIN COMPANY

Carol A. Nardi

Encls.

Cc: DeVault Group
C/O Dan Goodwin

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

It is agreed that:

1. The certification of the policy as proof of 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 provision 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 on the reverse side hereof.
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. **QT-660-5E987653-TIL-14**
issued by **TRAVELERS PROP. CASUALTY CO. OF AMERICA** herein called Company,
of One Tower Square, Hartford, Connecticut
to **DEVAULT GROUP INC**
of **98 JACKSONVILLE RD,**
WARMINSTER, PA 18974

Dated at **300 ARBORETUM PLACE, RICHMOND, VA 23236** this **06** day of **MAY** **14**

Countersigned by **STEVE AUSTIN**
Authorized Company Representative

INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER
CARGO CERTIFICATE OF INSURANCE HAS BEEN FILED.

<input type="checkbox"/> ALA.	<input type="checkbox"/> HAWAII	<input type="checkbox"/> MASS	<input type="checkbox"/> N.M.	<input type="checkbox"/> S.D.
<input type="checkbox"/> ALASKA	<input type="checkbox"/> IDAHO	<input type="checkbox"/> MICH.	<input type="checkbox"/> N.Y.	<input type="checkbox"/> TENN.
<input type="checkbox"/> ARIZ.	<input type="checkbox"/> ILL.	<input type="checkbox"/> MINN.	<input type="checkbox"/> N.C.	<input type="checkbox"/> TEX.
<input type="checkbox"/> ARK.	<input type="checkbox"/> IND.	<input type="checkbox"/> MISS.	<input type="checkbox"/> N.D.	<input type="checkbox"/> UTAH
<input type="checkbox"/> CAL.	<input type="checkbox"/> IOWA	<input type="checkbox"/> MO.	<input type="checkbox"/> OHIO	<input type="checkbox"/> VT.
<input type="checkbox"/> COL.	<input type="checkbox"/> KAN.	<input type="checkbox"/> MONT.	<input type="checkbox"/> OKLA.	<input type="checkbox"/> VA.
<input type="checkbox"/> CONN.	<input type="checkbox"/> KY.	<input type="checkbox"/> NEB.	<input type="checkbox"/> ORE.	<input type="checkbox"/> WASH.
<input type="checkbox"/> DEL.	<input type="checkbox"/> LA.	<input type="checkbox"/> NEV.	<input checked="" type="checkbox"/> PA.	<input type="checkbox"/> W.VA.
<input type="checkbox"/> D.C.	<input type="checkbox"/> ME.	<input type="checkbox"/> N.H.	<input type="checkbox"/> R.I.	<input type="checkbox"/> WISC.
<input type="checkbox"/> FLA.	<input type="checkbox"/> MD.	<input type="checkbox"/> N.J.	<input type="checkbox"/> S.C.	<input type="checkbox"/> WYO.
<input type="checkbox"/> GA.				

May 13, 2014

DeVault Group Inc.
3025 Castor Avenue
Philadelphia, Pennsylvania 19134

Attention: Dan Goodman

Re: Motor Truck Cargo

Dear Dan:

Enclosed herewith find Travelers Insurance Company policy covering Cargo coverage for DeVault effective 5-1-14. The filing has been done with PUC on your behalf. Also enclosed is our invoice in the amount of \$2,200.00.

Any questions, please give me a call.

Very truly yours,

THE MARTIN COMPANY

Carol A. Nardi

Cn
Encls.

May 13, 2014

Commonwealth of Pennsylvania
Department of Transportation
Bureau of Motor Vehicles
PO Box 68674
Harrisburg, Pennsylvania 17106-8674

Re: DeVault Group, Inc.
2008 GMC F409667
License Plate # YYM6499

Enclosed herewith find evidence of coverage for the above vehicle issued March 1, 2014 to 2015 thru Wesco Insurance Company, Policy #WPP1141498 00.

If you should require anything additional please advise at your earliest convenience.

Very truly yours,

THE MARTIN COMPANY

Carol A. Nardi

Cc: Mr. Dan Goodman
DeVault Group, Inc.

Encls.



Wesco Insurance Company
 800 Superior Avenue East, 21st Fl.
 Cleveland, OH 44114

Policy Number:
 WPP1141498 00
 Named Insured:
 Devault Group Inc.

**COMMERCIAL PACKAGE POLICY
 BUSINESS AUTO COVERAGE PART**

ITEM ONE

Policy Number: WPP1141498 00 Policy Period: From 3/1/2014 To 3/1/2015
12:01 a.m. Standard Time at the Named Insured's Address

Transaction	New Business
Named Insured and Address	Agent
Devault Group Inc, 98 Jacksonville Road Ivyland PA 18974-1514	THE MARTIN CO INSURANCE AGENCY 500 Jessup Road West Deptford NJ 08066 Telephone: (856) 845-3636

MAR 10 2014

Business Description	Type of Business	Audit Period
Cement Contractor	Organization including a Corporation	Annual

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 coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1 /	\$1,000,000 per accident	\$11,537.00
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)		Separately stated in each P.P.I. endorsement minus Deductible	
AUTO MEDICAL PAYMENTS		Each Insured	
UNINSURED MOTORISTS	2 /	\$1,000,000 Each Accident	\$128.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$1,000,000 Each Accident	INCL
PHYSICAL DAMAGE COMPREHENSIVE	2	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	\$338.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$25 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION	2	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$1,289.00
PHYSICAL DAMAGE TOWING AND LABOR (not available in California)		for each disablement of a private passenger "auto"	
Premium for Endorsements			\$250.00
Estimated Total Premium			\$13,822.00

Forms and Endorsements Applicable to this policy

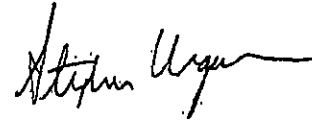
See Forms and Endorsements Schedule

THIS POLICY COVERS COLLISION DAMAGE TO RENTAL VEHICLES ONLY FOR THOSE "AUTOS" SHOWN AS COVERED "AUTOS" IN ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS, BY THE ENTRY OF COVERED AUTO SYMBOLS 1, 8 OR 9, FROM THE COVERED AUTO SECTION OF THE BUSINESS AUTO COVERAGE FORM, NEXT TO COVERAGES, PHYSICAL DAMAGE COLLISION.

IN WITNESS WHEREOF, the company has caused this policy to be executed and attested by its President and Secretary at Cleveland, Ohio, and this policy shall not be valid unless countersigned by an authorized representative of the company.



President



Secretary





Wesco Insurance Company
 800 Superior Avenue East, 21st Floor
 Cleveland, OH 44114

Policy Number:
 WPP1141498 00
 Named Insured:
 Devault Group Inc.

BUSINESS AUTO

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

Unit #	DESCRIPTION Year, Make & Model, Serial No. or Vehicle Identification Number				PURCHASED		LOCATION	
					Original Cost New	Actual Cost & NEW (N) USED (U)	State	Territory
1	2004 GMC C5500 TRACTOR	1GDE5C1164F509377 ✓	\$42,500		PA	143		
2	2004 GMC C5500 TRACTOR	1GDE5C1938F409667 ✓	\$64,169		PA	143		
3	2004 MACK CX600 TRACTOR	1M1AE06Y24N016535 ✓	\$37,000		PA	143		
4	2009 MACK CX600 TRACTOR	1M1AW07Y89N006305 ✓	\$75,000		PA	143		

Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		
1	23199	Local	Commercial	10,001-20,000 GVW	1.40	0.85	0.00	F
2	23199	Local	Commercial	10,001-20,000 GVW	1.40	0.85	0.00	F
3	50189	Local		Over 45,000 GCW	2.35	1.00	-0.05	F
4	50189	Local		Over 45,000 GCW	2.35	1.00	-0.05	A

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus Deductible shown Below	Premium
1	\$1,000,000	\$1,991					
2	\$1,000,000	\$1,991					
3	\$1,000,000	\$3,621					
4	\$1,000,000	\$3,621					
		\$11,224					

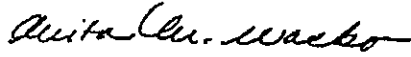
COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	UNINSURED MOTORIST		UNDERINSURED MOTORIST		AUTO MED PAY		
	Limit	Premium	Limit	Premium	Limit	Premium	
1							
2							
3							
4							
		\$128		\$280			

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)							
Unit #	COMPREHENSIVE		SP CAUSE OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible Shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible Shown below	Premium	Limit per Disablament	Premium
1	\$1,000	\$76		\$1,000	\$212		
2	\$1,000 ✓	\$76		\$1,000 ✓	\$212		
3	\$1,000	\$70		\$1,000	\$205		
4	\$1,000	\$116		\$1,000	\$660		
		\$338			\$1,289		

Issued Date: 3/4/2014
 DEC PA 0408

If you believe your insurance coverage was terminated in error or you did not receive proper notice of your insurance termination, you should file a complaint with the Pennsylvania Insurance Department, Bureau of Consumer Services. Complaints can be filed via the website at www.insurance.pa.gov or mailed to the Pennsylvania Insurance Department, Bureau of Consumer Services 1209 Strawberry Square, Harrisburg, PA 17120. Please include your insurance company name and policy number with your complaint.

By Order of



Director
Bureau of Motor Vehicles
Department of Transportation

Information	(8:00 AM to 5:00 PM)
Pennsylvania	800-932-4600
Out of State	717-412-5300
TDD Pennsylvania	800-228-0676
TDD Out of State	717-412-5380

00-000 67692208

==

PAY THIS AMOUNT -----\$50.00
--- BY CHECK OR MONEY ORDER

--- PAYABLE TO PA DEPT OF TRANSPORTATION

676922080006050.00

DO NOT SEND CASH

DEVAULT GROUP INC
98 JACKSONVILLE RD
IVYLAND, PA 18974

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION
BUREAU OF MOTOR VEHICLES
PO BOX 68674
HARRISBURG, PA 17106-8674
www.dmv.state.pa.us

WID# 14124999015726 001
TITLE# 67692208
PROCESSING DATE 140504
TRANSACTION CODE 00060

DEVAULT GROUP INC
98 JACKSONVILLE RD
IVYLAND, PA 18974

OFFICIAL NOTICE

MAIL DATE: 05/11/14

Dear Customer:

The Department recently requested that you provide us with proof of financial responsibility (insurance) for the following vehicle:

MAKE: GMC YEAR: 2008 BODY TYPE: TRUCK
LICENSE PLATE#: YYM6499 TITLE#: 67692208 VIN#: 1GDR5C1938F409667

This information was requested because SENTINEL INSURANCE CO, LTD notified us that the insurance policy covering the vehicle listed above was terminated on 03/01/14. Either no response was received or the information you provided was not acceptable.

As a result, the registration for the vehicle listed above will be suspended for three months effective 06/15/14 at 12:01 A.M. as authorized by Section 1786(d) of the Vehicle Code.

THIS IS A FINAL ORDER OF SUSPENSION. You are required to return your current registration plate, sticker and card to the Department immediately. Credit toward serving this suspension will not begin until the Department receives your registration products. Additionally, you are required to pay a restoration fee in the amount of \$50 to the Department in accordance with Section 1960 of the Vehicle Code. Please make check or money order payable to the PA Department of Transportation. Do not send cash. You can also pay by credit card online at www.dmv.state.pa.us by selecting "Pay Your Financial Responsibility Restoration Fee". Within 30 days of your eligibility date for restoration, you will also be required to show proof of insurance for this vehicle.

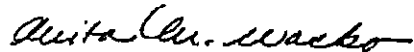
We have enclosed a self-addressed envelope for your use when corresponding and a mailing label to assist with the return of your registration plate, sticker and card. When the Department receives your registration products, we will send you a letter within 3 weeks confirming that they were received. If, after 3 weeks of mailing your registration plate, sticker and card to the Department you do not receive a letter stating your registration products were received, please contact us immediately.

You have the right to appeal this suspension to the Court of Common Pleas of the county of your residence within thirty(30) days of the mail date of this letter. If you file an appeal in the County Court, the Court will give you a time-stamped certified copy of the appeal. In order for the appeal to be valid, you must send this time stamped certified copy of the appeal by certified mail to:

Pennsylvania Dept of Transportation
Office of Chief Counsel
1101 S Front Street-3rd Floor
Harrisburg, PA 17104-2516

If you believe your insurance coverage was terminated in error or you did not receive proper notice of your insurance termination, you should file a complaint with the Pennsylvania Insurance Department, Bureau of Consumer Services. Complaints can be filed via the website at www.insurance.pa.gov or mailed to the Pennsylvania Insurance Department, Bureau of Consumer Services 1209 Strawberry Square, Harrisburg, PA 17120. Please include your insurance company name and policy number with your complaint.

By Order of



Director
Bureau of Motor Vehicles
Department of Transportation

Information	(8:00 AM to 5:00 PM)
Pennsylvania	800-932-4600
Out of State	717-412-5300
TDD Pennsylvania	800-228-0676
TDD Out of State	717-412-5380

00-000 67692208

PAY THIS AMOUNT -----\$50.00
--- BY CHECK OR MONEY ORDER

--- PAYABLE TO PA DEPT OF TRANSPORTATION

676922080006050.00

DO NOT SEND CASH

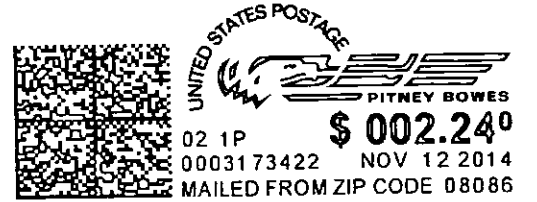
DEVAULT GROUP INC
98 JACKSONVILLE RD
IVYLAND, PA 18974

M

THE MARTIN COMPANY
INSURANCE SERVICES

500 JESSUP ROAD
WEST DEPTFORD, NJ 08066-1924

RECEIVED
2014 NOV 14 AM 11:05
PA P.U.C.
SECRETARY'S BUREAU



the  Martin company

INSURANCE SERVICES

500 Jessup Road • West Deptford, New Jersey 08066-1924

TO: Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, Pa. 17105-3265
Attention: Rosemary Chiavetta
Secretary
FIRST CLASS MAIL