ANTANAVAGE FARBIARZ, PLLC

By: Russell E. Farbiarz, Esquire

Attorney Identification No. 209482

64 North Fourth St.

Hamburg, PA 19526

(610) 562-2000

Attorneys for Defendant

PENNSYLVANIA PUBLIC

: BEFORE THE PENNSYLVANIA PUBLIC

UTILITY COMMISSION BUREAU

: UTILITY COMMISSION

OF INVESTIGATION AND

ION AND

•

ENFORCEMENT

Plaintiff,

: Docket No.: C-2015-2474496

VS.

.

UPTOWN LIMOUSINE AND

CAR SERVICE, LLC

Defendant,

ANSWER TO PLAINTIFF'S COMPLAINT WITH NEW MATTER

- 1. Denied. We do not have enough information to verify.
- 2. Admitted.
- 3. Admitted.
- 4. Denied. Respondent has maintained liability insurance for all of the periods in question. Attached hereto as Exhibit "A" and incorporated herein by reference is a Certificate of Insurance demonstrating the maintenance of proper insurance.
- 5. Denied. Paragraph five (5) contains a conclusion of law to which no response of pleading is required under Pennsylvania Rules of Civil Procedure

WHEREFORE, Defendant respectfully requests that the Complaint be dismissed and that an Order be entered in favor of Respondent and against Petitioner.

NEW MATTER

- 6. Paragraphs one (1) through five (5) are incorporated as though fully set forth herein.
 - 7. Respondent has maintained insurance since at least May 19, 2014.
- 8. It is unnecessary to impose any fine or penalty on Respondent to ensure compliance.
- 9. It is unnecessary to cancel Certificate of Public Convenience as Respondent is and will remain in compliance.

WHEREFORE, Defendant respectfully requests that the Complaint be dismissed and that an Order be entered in favor of Respondent and against Petitioner.

Respectfully Submitted,

By:

Russell E. Farbiarz, Esquire Antanavage Farbiarz, PLLC Attorneys for Defendants

VERIFICATION

I, Manuel Palaguachi, Member of Uptown Limousine & Car Service, LLC, verify that I are the Defendant in the within action; that the attached Answer and New Matter is based upon facts which we have personal knowledge or information furnished to me by counsel; that the language of the document is that of counsel and not our own; and that facts set forth in the foregoing document are true and correct to the best of our knowledge and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Date: 4/20/15

By

Manuel Palaguachi, Member of

Uptown Limousine & Car Service, LLC

Exhibit "A"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT Greg Knies											
Knies Insurance Group Inc.						PHONE (A/C, No. Ext): (610) 273-3756 FAX (A/C, No): (610) 273-2382					
4641 Horseshoe Pike E-MAIL ADDRESS: greg@kniesinsurance.com											
PO Box 640						INSURER(S) AFFORDING COVERAGE					
Honey Brook PA 19344						INSURER A: Philadelphia Indemnity					
INSURED						INSURER B:					
Uptown Limousine & Car Service LLC.						INSURER C:					
926 Spring St.					INSURER D:						
					INSURER E :						
Da 10004					INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER:CL1546027			Į.	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR			POLICY EFF		LIMITS			
LIK	GENERAL LIABILITY	INSK	AAAD	POLICY NOMBER		[WWWDLH T T T T]	(WWW.DD/TTTT)	EACH OCCURRENCE S		1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	50,000	
A	CLAIMS-MADE X OCCUR		PHPK1308484	PHPK1308484		3/21/2015	3/21/2016	1 1 (Livings Co. Leas School 1 Charles	\$	10,000	
	CEANING-MADE X GCCCN	i i					8	PERSONAL & ADV INJURY		1,000,000	
							1	GENERAL AGGREGATE		2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	- 9						PRODUCTS - COMP/OP AGG		2,000,000	
	PRO-								\$	2,000,000	
A	X POLICY JECT LOC AUTOMOBILE LIABILITY			PHPK1308484		3/21/2015	3/21/2016	COMBINED SINGLE LIMIT		1 000 000	
A								(Ea accident) S BODILY INJURY (Per person)	\$ \$	1,000,000	
	ANY AUTO ALL OWNED X SCHEDULED						1	BODILY INJURY (Per accident)			
	NON-OWNED							PROPERTY DAMAGE	\$ \$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUP		_								
									\$		
	T CDAING-WADE						h)		\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY						I TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A								\$		
(Mandatory In NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS below								E, L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
PUC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
						Knies/G		Stage Bu	· ca		