

# Strong's Trucking, Inc

351 May Street  
Bath, NY 14810  
Phone: 607-769-4380 Fax: 607-776-2258  
E-Mail: dstrong4@sny.rr.com

May 26, 2015

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Re: Pennsylvania Public Utility Commission, Bureau of Investigation and Enforcement v. Richard Strong,  
t/a Strong's Trucking

To Whom It May Concern:

Please be advised that Strong's Trucking Incorporated in 2012 and supporting documentation was sent to PUC at that time regarding such. We had general liability insurance for Strong's Trucking, Inc, and Richard Strong, t/a Strong's Trucking. Enclosed is Incorporation paperwork, as well as general liability paperwork from Progressive Insurance that can provide evidence of said coverage, and should clear up this matter. If you have additional questions please give me a call at (607)769-4380.

Sincerely,

Richard Strong, Owner  
Strong's Trucking, Inc.

**RECEIVED**

MAY 27 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

FILING RECEIPT

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ENTITY NAME: STRONG'S TRUCKING, INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: STEU

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FILED:01/05/2012 DURATION:PERPETUAL CASH#:120105000818 FILM #:120105000738

FILER:

EXIST DATE

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SERVICO INC.  
P.O. BOX 871

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01/05/2012

ALBANY, NY 12201

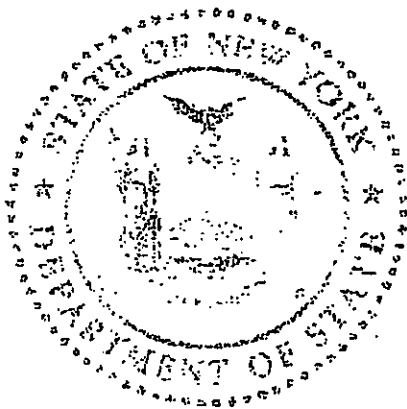
ADDRESS FOR PROCESS:

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THE CORPORATION  
351 MAY STREET  
BATH, NY 14810

REGISTERED AGENT:

STOCK:

200 NPV



RECEIVED

MAY 27 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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SERVICE COMPANY: SERVICO - 35

SERVICE CODE: 35 \*

FEEs            160.00  
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FILING           125.00  
TAX              10.00  
CERT             0.00  
COPIES           0.00  
HANDLING        25.00

PAYMENTS       160.00  
-----  
CASH             0.00  
CHECK            0.00  
CHARGE           0.00  
DRAWDOWN        160.00  
OPAL             0.00  
REFUND           0.00

43559

DOS-1025 (04/2007)





MITCHELL JOSEPH AGCY  
 PO BOX 192  
 HONEOYE FALLS, NY 14472  
 1-585-624-2180

**Policy number: 02488297-1**

Underwritten by:  
 PROGRESSIVE CASUALTY INSURANCE CO  
 May 27, 2015  
 Page 1 of 2

## Certificate of Insurance

Certificate Holder	Insured	Agent
STRONG'S TRUCKING INC. 351 MAY ST BATH, NY 14810	STRONG'S TRUCKING INC. 351 MAY ST BATH, NY 14810	MITCHELL JOSEPH AGCY PO BOX 192 HONEOYE FALLS, NY 14472

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Nov 21, 2014 Policy Expiration Date: Nov 21, 2015

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTOR VEHICLE	\$500,000 COMBINED SINGLE LIMIT INCL MANDATORY UMBI
PERSONAL INJURY PROTECTION	\$50,000 W/O WORKERS COMP
ADDITIONAL PERSONAL INJURY PROTECTION	FULL ADDITIONAL PIP \$100,000
OPTIONAL BASIC ECONOMIC LOSS	\$25,000
MOTOR TRUCKING CARGO	\$5,000 W/\$500 DED

### Description of Location/Vehicles/Special Items

Scheduled autos only			
2005 PTRB 379 1XP5DU0X45N88211B		Stated Amount	\$55,000
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2009 PTRB 388 1XPWDBEX09N769452		Stated Amount	\$75,000
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2012 PTRB 388 1NPWX4EX6CD169187		Stated Amount	\$135,000
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2014 CHEVROLET SILVERADO C1500 3GCUKSEC7EG108810		Stated Amount	\$40,000
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
RENTAL REIMBURSEMENT	\$40 PER DAY (\$1,200 MAX)		

Policy number: 02488297-1

Page 2 of 2

ROADSIDE ASSISTANCE	SELECTED		
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2012 PTRB 38B 1NPWXPEX3CD139386		Stated Amount	\$105,000
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
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2015 CHEVROLET MALIBU 1G11C5SL4FF189511			
MEDICAL PAYMENTS	\$1000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
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2005 FORD EXPLORER 1FMZU73KXSUC01515			

**Certificate number**

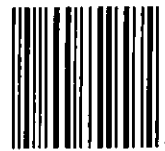
14715NET297



Form 5241 (10/02)

STANG  
351 MAY ST  
BATH NY 14810

MULLENBEEK  
NY 144  
27 MAY '15  
PM 3 L



U.S. POSTAGE  
PAID  
BATH, NY  
14810  
MAY 27, 15  
AMOUNT

\$0.70  
00035735-04

1000

17105

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
PO Box 3265, Harrisburg, PA

17105-3265

17105326565