

**LIBERATOR EQUIPMENT TRANSPORT INC**

**1521 COMMERCE AVE**

**CARLISLE PA 17015**

**TEL:717-249-4001 FAX:717-249-2042**

**EIN#47-2820856**

Secretary, Pennsylvania Public Utility Commission  
P O Box 3265  
Harrisburg, PA 17105-3265

RECEIVED  
2015 MAY 21 AM 11:05  
PA P.U.C.  
SECRETARY'S BUREAU

Re: Docket # A-2015-2468775

Application of Truck Authority for entity:

Liberator Equipment Transport Inc.  
1521 Commerce Avenue  
Carlisle, PA 17015

To Whom It May Concern,

*We would like to request that you reconsider our application for Truck authority for the following reasons:*

1. We have had the required insurance in place since 02/01/2015 (please see attached declarations pages). The required bodily injury and property damage liability is covered under policy # Q02 0132118 H7 and the cargo coverage under policy # Q38 0154029H
2. For some reason the docket number did not get applied to Form E & Form H from our insurance carrier – Erie Insurance. Could you please re-send that documentation?

Thank You,



Lavana Shaw  
Liberator Equipment Transport



NEW DECLARATIONS

Agent	ITEM 2. Policy Period	Policy Number
AA7168 MICHAEL A STARR INS INC	02/01/15 TO 02/01/16	Q02 0132118 H7

**ITEM 1. Named Insured and Address**  
 LIBERATOR EQUIPMENT  
 TRANSPORT INC  
 1521 COMMERCE AVE  
 CARLISLE PA 17015-9166



90799127

**ITEM 3. Other Interest**  
 AS LISTED BELOW

\*\*\*\*\*  
 \* YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER \*  
 \* AUTOS YOU, A PARTNER OR EXECUTIVE OFFICER RENT FOR 45 DAYS OR LESS. \*  
 \* THIS IS SUBJECT TO LIMITS, TERMS AND CONDITIONS IN THE POLICY. \*  
 \*\*\*\*\*

**ITEM 4. AUTOS COVERED**

AUTO	YR	MAKE	VIN	ST	TER	SYM	CM	CL	RATING	CLASS
10	13	PETE CONVENTIO	1XPWD40X4DD187744	PA	4F	23			2	
11	13	PETE CONVENTIO	1XPWP4EX7DD187737	PA	4F	23			2	
12	13	FONT TRLR	13NE52300D3555396	PA	4F	X3			2	
13	13	FONT TRLR	13NM05103D35P0572	PA	4F	L3			2	
14	09	FONT TRLR	13NE5130693550819	PA	4F	U6			2	
15	11	FONT TRLR	13NM0510XB35P0310	PA	4F	L5			2	
16	00	HIRED AUTO	IF ANY	PA	4F					
17	00	NON-OWNED AUTO	1 - 25 EMPLS	PA	4F					

**ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-**

M EQUALS THOUSAND \$	# 10	# 11	# 12	# 13	# 14	# 15
LIABILITY PROTECTION-						
BOD INJ & PROP DAMAGE \$100M/ACC	3234	3234	128	128	128	128
FIRST PARTY BENEFITS-						
MEDICAL EXPENSE \$5M-WC DISCOUNT	5	5				
INCOME LOSS \$1M/MONTH, \$15M MAXIMUM	6	6				
FUNERAL BENEFIT \$2.5M	3	3				
UNINSURED MOTORISTS COVERAGE-						
BODILY INJURY \$35M/ACC-UNSTACKED		13				
UNDERINSURED MOTORISTS COVERAGE-						
BODILY INJURY \$35M/ACC-UNSTACKED		18	18			
PHYSICAL DAMAGE COVERAGES-						
COMPREHENSIVE - \$250 DED	988	988	195	50	103	40
COLLISION - \$500 DED	2268	2268	401	139	251	139
TOTAL ANNUAL PREMIUM FOR EACH AUTO	6535	6535	724	317	482	307

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MAR 13 2015

MICHAEL A. STARR INS. INC.



M EQUALS THOUSAND \$

# 16 # 17

HIRED AUTOS LIABILITY-		
BOD INJ & PROP DAMAGE \$1000M/ACC	46	
EMPLOYERS NON-OWNED AUTOS LIABILITY-		
BOD INJ & PROP DAMAGE \$1000M/ACC		57
TOTAL ANNUAL PREMIUM FOR EACH AUTO	46	57
TOTAL ANNUAL POLICY PREMIUM	\$ 15,003	

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS

ALL AUTOS - CAP 04/96\*, FORM SA 11/12\*, ACPA01 05/13\*, UF0190\* 06/11\*, UF2106\* 04/08\*.

- AUTO 10 - AHPU01 12/14\*, ABPN01 10/98\*, ADDB02 06/94\*.
- AUTO 11 - AHPU01 12/14\*, ABPN01 10/98\*, ADDB02 06/94\*.
- AUTO 12 - ADDB02 06/94\*.
- AUTO 13 - ADDB02 06/94\*.
- AUTO 14 - ADDB02 06/94\*.
- AUTO 15 - ADDB02 06/94\*.

MISCELLANEOUS INFORMATION

VEHICLES - RADIUS OF OPERATIONS - 251-300 MILES

-----  
010 011 012 013 014 015

ITEM 7. EACH AUTO WE INSURE WILL BE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN IN ITEM 1, UNLESS ANOTHER ADDRESS IS SHOWN BELOW.

ITEM 8. EACH AUTO WE INSURE IS USED IN THE BUSINESS AS SHOWN BELOW.

ITEM 8 TRUCKING COMPANY - FOR HIRE (HO APPROVAL REQ'D)

ITEM 9. UNLESS OTHERWISE INDICATED BELOW, THE NAMED INSURED IS THE SOLE OWNER OF EACH AUTO WE INSURE.

LIENHOLDER FOR AUTO 10  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704

LIENHOLDER FOR AUTO 11  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704

LIENHOLDER FOR AUTO 12  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704

LIENHOLDER FOR AUTO 13  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704



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ITEM 1. Named Insured and Address	ITEM 3. Other Interest
LIBERATOR EQUIPMENT TRANSPORT INC 1521 COMMERCE AVE CARLISLE PA 17015-9166	

LIENHOLDER FOR AUTO 14  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704

LIENHOLDER FOR AUTO 15  
 GENERAL ELECTRIC CAPITAL CORP  
 PO BOX 35704  
 BILLINGS MT 59107-5704

THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, AS ENACTED BY THE GENERAL ASSEMBLY, ONLY REQUIRE YOU TO PURCHASE LIABILITY AND FIRST-PARTY MEDICAL BENEFIT COVERAGES. ANY ADDITIONAL COVERAGE OR COVERAGES IN EXCESS OF THE LIMITS REQUIRED BY LAW ARE PROVIDED ONLY AT YOUR REQUEST AS ENHANCEMENTS TO BASIC COVERAGES.

	# 10	# 11	# 12	# 13	# 14	# 15
	ANNUAL PREMIUMS					
BODILY INJURY \$15M/PERSON \$30M/ACC	828	828	33	33	33	33
PROPERTY DAMAGE \$5M/ACC	894	894	35	35	35	35
FIRST PARTY BENEFITS - MEDICAL EXPENSE \$5M	9	9				





ERIE INSURANCE EXCHANGE  
ULTRAFLEX POLICY

NEW DECLARATIONS

Agent	ITEM 2. Policy Period	Policy Number
AA7168 MICHAEL A STARR INS INC	02/01/15 TO 02/01/16	Q38 0154029 H

ITEM 1. Named Insured and Address  
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ITEM 3. Other Interest  
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 MAR 19 2015

POLICY PERIOD BEGINS AND ENDS AT 12.01 <sup>MICHAEL A STARR INS INC</sup> STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

THE INSURANCE APPLIES TO THOSE PREMISES DESCRIBED AS PER THE ATTACHED SUPPLEMENTAL DECLARATIONS. THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS AND ENDORSEMENTS

DEDUCTIBLE (PROPERTY PROTECTION ONLY)- \$ 500.

COVERAGES:

PROPERTY PROTECTION - AS PER THE ATTACHED SUPPLEMENTAL DECLARATIONS	DEPOSIT PREMIUM
1. BUILDINGS	\$
2. BUSINESS PERSONAL PROPERTY AND PERSONAL PROPERTY OF OTHERS	\$ INCL
3. ADDITIONAL INCOME PROTECTION	\$ INCL
4. GLASS AND LETTERING	\$
5. SIGNS, LIGHTS AND CLOCKS	\$
LIMITS OF INSURANCE	\$ INCL

PREMIUM BASIS - COSTS, PAYROLL	
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 1,000,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000 ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT	\$ 2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000

OPTIONAL COVERAGES (SEE NEXT PAGE)

TOTAL DEPOSIT PREMIUM - - - - \$ 13,328.

APPLICABLE FORMS - SEE SCHEDULE OF FORMS



**OPTIONAL COVERAGES**

MECHANICAL & ELECTRICAL BREAKDOWN	\$	INCL
ENHANCEMENT ENDORSEMENT - CONTRACTORS ENDORSEMENT	\$	INCL
EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE-CLAIMS MADE	\$	INCL
\$ 100,000 AGGREGATE LIMIT (INCLUDES DEFENSE COSTS)		
\$ 5,000 DEDUCTIBLE PER LOSS AMOUNT (INCLUDES DEFENSE COSTS)		
ORIGINAL INCEPTION DATE 02/01/2015		
THIRD PARTY EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE-CLAIMS MADE	\$	INCL
MOTOR TRUCK CARGO OWNERS & TRUCKMENS COVERAGE	\$	INCL

Q38 0154029

CONTINUED ON NEXT PAGE



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SUPPLEMENTAL DECLARATIONS

LOCATION OF PREMISES	LOCATION 1, BUILDING 1	OCCUPANCY/OPERATIONS
----- 1521 COMMERCE AVE, S MIDDLETON TWP, CUMBERLAND CO, PA 17015		----- TRUCKING COMPANY OFFICE

INTEREST OF NAMED INSURED IN SUCH PREMISES - OWNER

COVERAGES	PROPERTY PROTECTION	CO-INS %	AMOUNT OF INSURANCE
1. BUILDINGS			
2. BUSINESS PERSONAL PROPERTY AND PERSONAL PROPERTY OF OTHERS		80	\$ 5,000
3. ADDITIONAL INCOME PROTECTION	OCCURRENCE		\$ 100,000
OPTIONAL COVERAGES - PROPERTY PROTECTION			
MECHANICAL & ELECTRICAL BREAKDOWN			\$ INCL





INLAND MARINE SCHEDULE

-----  
MOTOR TRUCK CARGO OWNERS' & TRUCKMEN'S COVERAGE - COMPREHENSIVE PERILS  
\$ 500 DEDUCTIBLE  
RADIUS OVER 100 MILES LEGAL-LIABILITY INCLUDING THEFT  
PROPERTY COV GENERAL FREIGHT \$1,000,000

MOTOR TRUCK CARGO SCHEDULE

CARLISLE, PA

\$1,000,000 - PER CASUALTY

\$1,000,000 - PER VEHICLE

CARGO CARRIED: GENERAL FREIGHT

CARRIERS:

2013 PETERBILT 388 VIN 1XPWD40X4DD187744

2013 PETERBILT 388 VIN 1XPWP4EX7DD187737



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ULTRAFLEX POLICY

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## SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
ULF	03/01 *	ULTRAFLEX PACKAGE POLICY
UFB476	06/14 *	IMPORTANT NOTICE TO POLICYHOLDERS - ULTRAFLEX PACKAGE PROGRAM
IL985G*	01/14 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
UF4406	01/15 *	IMPORTANT NOTICE TO POLICYHOLDERS - POTENTIAL CHANGES IN TERRORISM COVERAGE
IL0910	07/02 *	PENNSYLVANIA NOTICE
IL0246	09/07 *	PENNSYLVANIA CHANGES - CANCELLATION AND NONRENEWAL
GU44	03/01 *	PENNSYLVANIA AMENDATORY ENDORSEMENT
UF8705*	06/96 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
UF4810*	03/08 *	IMPORTANT NOTICE - POLICY SERVICE FEES
UF6330*	08/09 *	IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS?
FORM SA	11/12 *	SUBSCRIBERS AGREEMENT
IL0952	01/08 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UF4110	01/10 *	IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM COVERAGE - PROPERTY
FX0001	06/13 *	ULTRAFLEX COMMERCIAL PROPERTY COVERAGE PART
GU51	03/01 *	PENNSYLVANIA AMENDATORY ENDORSEMENT
ULNH	05/06 *	MECHANICAL AND ELECTRICAL BREAKDOWN COVERAGE



SCHEDULE OF FORMS (CONTINUED)

FORM NUMBER	EDITION DATE	DESCRIPTION
ULOA	06/14 *	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
ULTEPA	02/10 *	EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE ENDORSEMENT - PENNSYLVANIA
UF0168	02/11 *	EPLI POLICYHOLDER LETTER
UF0169	08/11 *	LEGAL ADVICE LINE
ULKS.	06/13 *	CONTRACTORS ERIEPLACEABLE ENHANCEMENTS ENDORSEMENT
UFB719	04/14 *	IMPORTANT NOTICE - COMMERCIAL INLAND MARINE FORMS REVISION - SUMMARY OF CHANGES
C100	02/02 *	INLAND MARINE GENERAL CONDITIONS
IMAH	08/03 *	EXCLUSION - FUNGUS, WET ROT AND BACTERIA
MT201LL	11/05 *	MOTOR TRUCK CARGO OWNERS AND TRUCKMENS COVERAGE - COMPREHENSIVE PERILS - LEGAL LIABILITY COVERAGE FOR CARGO IN TRANSIT
CG2170	01/08 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UF4111	01/10 *	IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM COVERAGE - LIABILITY
UFB785	09/14 *	IMPORTANT NOTICE TO POLICYHOLDERS - COMMERCIAL GENERAL LIABILITY PROGRAM
ULOY	06/14 *	COVERAGE FOR PUNITIVE DAMAGES
CG0001	04/13 *	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
ULED	09/05 *	EXCLUSION - ASBESTOS
FX0003	06/14 *	ULTRAFLEX EXTRA LIABILITY COVERAGES



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## ITEM 1. Named Insured and Address

LIBERATOR EQUIPMENT  
TRANSPORT INC  
1521 COMMERCE AVE  
CARLISLE PA 17015-9166

## ITEM 3. Other Interest

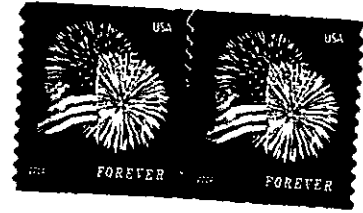
## SCHEDULE OF FORMS (CONTINUED)

FORM NUMBER	EDITION DATE	DESCRIPTION
ULQN	06/14 *	EXCLUSION - PROFESSIONAL LIABILITY
CG0099	11/85 *	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG2147	12/07 *	EMPLOYMENT-RELATED PRACTICES EXCLUSION
IL0021	09/08 *	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
GU30	03/01 *	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS
GU32	03/01 *	EXCLUSION - LEAD LIABILITY
IL0017	11/98 *	COMMON POLICY CONDITIONS
CG2167	12/04 *	FUNGI OR BACTERIA EXCLUSION
UF8385	03/95 *	IMPORTANT NOTICE
CG2196	03/05 *	SILICA OR SILICA-RELATED DUST EXCLUSION
GU136	03/09 *	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
ULTD	12/09 *	AMENDMENT OF OCCURRENCE DEFINITION FOR SUBCONTRACTED WORK
CG2106	05/14 *	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
CG2186	12/04 *	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS



11

Liberator Equipment Transport Inc  
1521 Commerce Ave  
Carlisle, PA 17015



Secretary, PA Public Utility  
Commission

PO Box 3265

Hbg. PA

17105-3265

§1.36 Verification.

**Verification**

I, Lavana Shaw, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief), and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

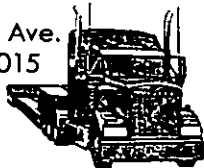
6-1-15  
Date

Lavana Shaw  
Signature

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**LIBERATOR**  
**EQUIPMENT**  
**TRANSPORT Inc.**

1521 Commerce Ave.  
Carlisle, PA 17015



HARRISBURG PA 171

02 JUN 2015 PM 4 L



Commonwealth of PA  
PA Public Utility Commission  
PO Box 3265

Hwy. PA 17105-3265

Attn: Rosemary Chiavetta

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