

Associate
John P. Pietrovito

J. HOWARD LANGDON
ATTORNEY AT LAW
3 SOUTH MAIN STREET
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Email: langdonlaw75@windstream.net

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(570) 546-3104
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(570) 546-9300

July 21, 2015

RECEIVED

JUL 21 2015

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

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

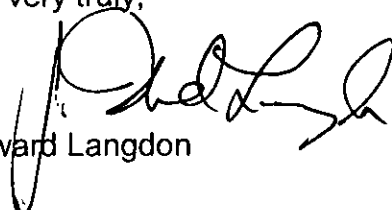
RE: PETITION FOR RECONSIDERATION
Eugene M. Snyder
T/A Snyder's Mobile Services
955 Route 405 Highway
Hughesville, PA 17737

A-2015-2479119

Dear Secretary Chiavetta:

Enclosed, please find the Petition for Reconsideration which I am filing on behalf of Eugene M. Snyder, t/a Snyder's Mobile Services.

Yours very truly,


J. Howard Langdon

JHL/jsg
U.S. CERTIFIED MAIL, RETURN RECEIPT REQUESTED
Enclosure

RECEIVED

JUL 21 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

RE:

EUGENE M. SNYDER : PENNSYLVANIA PUBLIC
T/A SNYDER'S MOBILE SERVICES : UTILITY COMMISSION
955 Route 405 Highway :
Hughesville, PA 17737 :
A-2015-2479119 :
A-8917628 :
: PETITION FOR RECONSIDERATION

PETITION FOR RECONSIDERATION

Eugene M. Snyder, t/a Snyder's Mobile Services, Petitioner, through and by his legal counsel, J. Howard Langdon, Esquire, file the following Petition For Reconsideration:

1. Petitioner, is Eugene M. Snyder, t/a Snyder's Mobile Services, A-2015-2479199. A-8917628.

2. On April 21, 2015, Petitioner sent to the Pennsylvania Public Utility Commission an Application for Motor Common Carrier of Property, with the appropriate fee.

3. In a letter dated May 4, 2015, the Pennsylvania Public Utility Commission issued an approval letter conditional upon receipt of proof of insurance. The letter was sent to J. Howard Langdon, Esquire, Attorney for Petitioner.

4. Upon receipt of the approval letter Petitioner/Applicant took a copy of the same to the agent for his insurance company and requested it to provide the proof of insurance as requested by the Public Utility Commission.

5. The Attorney for the Petitioner also on May 19, 2015, sent to the Pennsylvania Public Utility Commission a Certificate of Insurance issued by Erie Insurance Company. Copies of the cover letter and Certificate are attached hereto as Exhibit "A."

6. The Commission issued a "Dismissal Notice" to Petitioner/Applicant dated July 13, 2015.

7. In response to the Dismissal/Notice:

a. The Attorney for Petitioner/Applicant again sent on July 20, 2015, the Certificate of Insurance; and

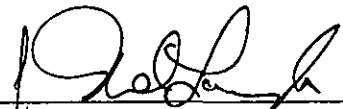
b. On the same date the Erie Insurance Company electronically sent the insurance forms to the Commission.

8. Copies of the Declaration pages of the insurance policy of the Petitioner/Applicant are attached hereto as Exhibit "B."

9. At the time of the application and since the Petitioner/Applicant has had the proper liability insurance to protect the citizens of the Commonwealth. The duties of the Commission have been fulfilled.

WHEREFORE, Petitioner/Applicant respectfully requests the Pennsylvania Public Utility Commission to reverse the dismissal notice and reinstate the certificate of public convenience of Eugene M. Snyder, t/a Snyder's Mobile Services, A-8917628.

BY:



J. Howard Langdon, Esquire
Attorney for Petitioner/Applicant
I.D. #21096
3 South Main Street
Muncy, PA 17756
(570) 546-3104
FAX (570) 546-9300

Associate
John P. Pietrovito

J. HOWARD LANGDON
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Email: langdonlaw75@windstream.net

Telephone
(570) 546-3104
FAX
(570) 546-9300

May 19, 2015

 COPY

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JUL 21 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

RE: Application of Eugene M. Snyder, t/a Snyder's Mobile Services
PUC No. A-8917628
A-2015-2479119

Dear Ms. Chiavetta:

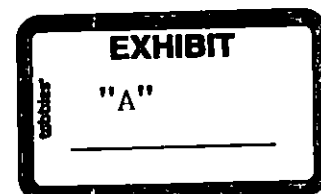
Pursuant to your letter dated May 4, 2015, enclosed please find the Certificate of Insurance which has been provided to Snyder's Mobile Services by Erie Insurance.

If you require any additional, information please do not hesitate to contact me at my office.

Yours very truly,

J. Howard Langdon

JHL/jsg
Enclosure
pc: Snyder's Mobile Services



Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY THE BLESSING INSURANCE AGY INC 1675 JOHN BRADY DR MUNCY, PA 17756-8129 (570)546-7575	AGENT'S NO. AA7472	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-In-Fact In NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED SNYDERS MOBILE SERVICES EUGENE M SNYDER T/A 955 RT 405 HWY HUGHESVILLE, PA 17737-9041	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any One Person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OR AGG \$
E <input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> GARAGE	Q06 1180119	6/11/14	6/11/15	BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ 1,000,000
<input type="checkbox"/>	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Q42 1150478 SECTION II LIABILITY COVERED BY GARAGE POLICY.

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER COMMONWEALTH OF PENNSYLVANIA PA PUC PO BOX 3265 HARRISBURG, PA 17105-3265	AUTHORIZED REPRESENTATIVE 
---	--



Policy Q06-1180119 Declaration effective 06/11/2015

GARAGE/AUTO POLICY

REVISED DECLARATIONS
AA7731 THE BLESSING AGY INC 06/11/15 TO 06/11/16 Q06 1180119 H7
SNYDERS MOBILE SERVICES AS LISTED BELOW
EUGENE M SNYDER T/A
955 RT 405 HWY
HUGHESVILLE PA 17737-9041

* 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. COVERAGES UNDER THIS POLICY INCLUDE:

- GARAGE LIABILITY PACKAGE, WHICH INCLUDES: GARAGE PREMISES-OPERATIONS/PRODUCTS-COMPLETED OPERATIONS/TENANTS LEGAL LIABILITY/TRUTH IN LENDING & LEASING/ODOMETER/AUTO DAMAGE DISCLOSURE/COMPETITIVE AUTO PARTS LAWS & FEDERAL USED CAR "BUYER'S GUIDE" REGULATION

AUTOS WE INSURE: HIRED & NON-OWNED AUTOS

- CUSTOMERS AUTOS - LOCATION(S) SHOWN BELOW
- DESCRIBED AUTOS - VEHICLES SHOWN BELOW

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM OR "INCL" (INCLUDED) IS SHOWN FOR THE COVERAGE.

STATE RATING TERR
PA. 5H

TOTAL NUMBER OF EMPLOYEES/OWNERS

FULL-TIME 1

PART-TIME

M EQUALS THOUSAND \$

PREMIUM

SERVICE OPERATIONS LIABILITY COVERAGES-

PERSONAL INJ AND PROPERTY DAMAGE \$1000M/ACC 454
PREMISES MEDICAL PAYMENTS \$2M/PERSON INCL

STATE: PA LOCATION: 01 RATING TERRITORY: 5H

CUSTOMERS AUTOS - DIRECT PRIMARY

COMPREHENSIVE \$ 100 DED/AUTO \$ 500 DED/LOSS 159
LIMIT \$35M

COLLISION \$ 500 DED/AUTO LIMIT \$35M 78

ITEM 4. AUTOS WE INSURE/ALSO INSURED - GARAGE PREMISES-OPERATIONS/PRODUCTS-COMPLETED OPERATIONS/TENANTS LEGAL LIABILITY/TRUTH IN LENDING & ODOMETER LAW LIABILITY

Table with columns: ST, TER, SYM, CM, CL, RATING, CLASS. Rows 10-17 listing vehicle details like GMC ROLLBACK, TAG, CHEV PU, KENW ROLLBACK, GMC YUKON DENA.

ANNUAL PREMIUMS

M EQUALS THOUSAND \$

10 # 11 # 12 # 13 # 14 # 15

LIABILITY PROTECTION-

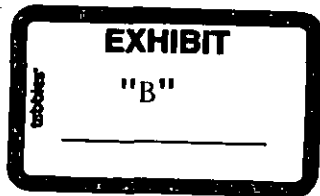
PERS INJ & PROPERTY DAMAGE \$1000M/ACC 654 281 281 281

FIRST PARTY BENEFITS-

MEDICAL EXPENSE \$5M 7 18 18 18

INCOME LOSS \$1M/MONTH, \$5M MAXIMUM 4 6 6 6

ACCIDENTAL DEATH \$5M 2 2 2 2



FUNERAL BENEFIT \$1.5M	1	1	1	1	
UNINSURED MOTORISTS COVERAGE-					
BODILY INJURY \$1000M/ACC-STACKED	36	29	29	29	
UNDERINSURED MOTORISTS COVERAGE-					
BODILY INJURY \$1000M/ACC-STACKED	288	312	312	312	
PHYSICAL DAMAGE COVERAGES-					
COMPREHENSIVE - \$500 DED	209				63
COLLISION - \$1M DED	466				136
TOTAL ANNUAL PREMIUM FOR EACH UNIT	675	992	649	649	649
M EQUALS THOUSAND \$	# 16	# 17			
PHYSICAL DAMAGE COVERAGES-					
COMPREHENSIVE - \$500 DED	223	104			
COLLISION - \$1M DED	501	199			
TOTAL ANNUAL PREMIUM FOR EACH UNIT	724	303			
TOTAL ANNUAL POLICY PREMIUM	\$ 5,531				

ERIE INSURANCE EXCHANGE
GARAGE/AUTO POLICY

REVISED DECLARATIONS

AA7731 THE BLESSING AGY INC 06/11/15 TO 06/11/16 Q06 1180119 H7
 SNYDERS MOBILE SERVICES
 EUGENE M SNYDER T/A
 955 RT 405 HWY
 HUGHESVILLE PA 17737-9041

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

ALL AUTOS - GAP 11/96, AGPA01 11/14*, FORM SA 11/12, UF0190* 06/11,
 UFB305 11/14*, UF2106* 04/08, ABAZ10 06/11.

- AUTO 10 - ADBB02 06/94*.
- AUTO 11 - AHPU01 12/14*, ABPN01 10/98.
- AUTO 12 - AHPU01 12/14*, ABPN01 10/98.
- AUTO 13 - AHPU01 12/14*, ABPN01 10/98.
- AUTO 14 - AHPU01 12/14*, ABPN01 10/98.
- AUTO 16 - ADBB02 06/94*.
- AUTO 17 - AMMGA5 10/95.

+++FORMERLY MOBIL SERVICES

PASSIVE RESTRAINT DISCOUNT APPLIES - MULTIPLE AIRBAGS AUTO 17

ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO 17

EXPLANATION OF COMMERCIAL PASSENGER RATING CLASS

- AUTO 12 - COMMERCIAL - BUSINESS USE
- AUTO 13 - COMMERCIAL - BUSINESS USE
- AUTO 14 - COMMERCIAL - BUSINESS USE
- AUTO 17 - COMMERCIAL - BUSINESS USE

MISCELLANEOUS INFORMATION

TRUCKS TRACTORS TRAILERS RADIUS OF OPERATIONS

50 MILES UNLESS OTHERWISE SPECIFIED

ITEM 8 SERVICE OPERATION/REPAIR SHOP

ITEM 10 LOC 1 SEE ITEM 1

AUTO 16 ITEM 9 EUGENE M SNYDER

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER
 FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR
 MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT
 FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

ADDITIONAL INSURED

ADDITIONAL INSURED

BUREAU OF MOTOR VEHICLES
 VEHICLE INSPECT CTR
 PO BOX 8697
 HARRISBURG PA 17105

CLEVELAND BROTHERS
 EQUIPMENT CO INC
 4565 WILLIAM PENN HWY
 MURRYSVILLE PA 15668-2003

LIENHOLDER FOR ITEM 16

LIENHOLDER FOR ITEM 17

JERSEY SHORE STATE BANK

JERSEY SHORE STATE BANK

ISAOA ATIMA

ISAOA ATIMA

300 MARKET ST

300 MARKET ST

WILLIAMSPORT PA 17701-6374

WILLIAMSPORT PA 17701-6374

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	306	168	78	78	78	75
PROPERTY DAMAGE \$5M/ACC	326	179	69	69	69	80
FIRST PARTY BENEFITS - MEDICAL EXPENSE \$5M	7	7	18	18	18	7
	# 16	# 17				
	ANNUAL PREMIUMS					
BODILY INJURY \$15M/PERSON \$30M/ACC	385	72				
PROPERTY DAMAGE \$5M/ACC	410	63				
FIRST PARTY BENEFITS - MEDICAL EXPENSE \$5M	7	13				

Q06 1180119

VERIFICATION

I, EUGENE M. SNYDER, verify that the statements made in the foregoing Petition For Reconsideration are true and correct to the best of my information, knowledge and belief. I understand that any false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Dated: July 21, 2015



Eugene M. Snyder

RECEIVED

JUL 21 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

CERTIFIED MAIL

J. HOWARD LANGDON
John P. Petrovito, Associate
ATTORNEYS AT LAW
3 SOUTH MAIN STREET
MUNCY, PENNSYLVANIA 17756-1306



7015 0640 0006 7219 6837

HARRISBURG
PA 171
21 JUL '15
PM 3 L



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 006.95⁵
0001680570 JUL 21 2015
MAILED FROM ZIP CODE 17756

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

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**



17105326565

