

Associate
John P. Pietrovito

J. HOWARD LANGDON
ATTORNEY AT LAW
3 SOUTH MAIN STREET
MUNCY, PENNSYLVANIA 17756-1306
Email: langdonlaw75@windstream.net

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

July 16, 2015

Compliance Office of the
Motor Carrier Services and Enforcement Division
Bureau of Technical Utility Services
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: Eugene M. Snyder
t/a Snyders Mobile Services
955 Route 405 Highway
Hughesville, PA 17737
PUC No. A-8917628
A-2015-2479119

RECEIVED
2015 JUL 27 AM 11:10
PA P.U.C. BUREAU
SECRETARY'S BUREAU

Dear Secretary Chiavetta:

This letter will confirm the voicemail message I left with your office today.

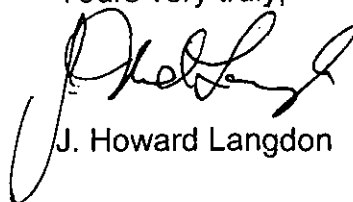
My client has received a Dismissal Notice, a copy of which is attached hereto. The cause of dismissal was the alleged failure to provide proof of insurance. This is in error.

The proof of insurance was mailed to your office on May 19, 2015. A copy of my cover letter and the Certificate of Insurance is enclosed.

I have also enclosed a new Certificate of Insurance.

Please inform my office that this misunderstanding was corrected. My hope is to avoid the formal appeal process.

Yours very truly,



J. Howard Langdon

JHL/jsg
U.S. CERTIFIED MAIL, RETURN RECEIPT REQUESTED
Enclosures
pc: Snyders Mobile Services

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May 19, 2015

A rectangular stamp with the word "COPY" in a bold, sans-serif font. The letter "C" is enclosed in a small square box.

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

RECEIVED
2015 JUL 27 AM 11:10
PA P.U.C.
SECRETARY'S BUREAU



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 5/18/15

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
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.

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 TR 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/OP 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 \$ \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
<input type="checkbox"/>	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Q42 F150478 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

	ST	TER	SYM	CM	CL	RATING	CLASS
10 00 GMC ROLLBACK	1GDM7H1C2YJ519637	PA	5H	V6			2
11 15 TAG	RT58732	PA	5H				5
12 15 TAG	RT51501	PA	5H			CPB	
13 15 TAG	RT51912	PA	5H			CPB	
14 15 TAG	RT51913	PA	5H			CPB	
15 03 CHEV PU	1GCEK19T63E234329	PA	5H	S6			6
16 00 KENW ROLLBACK	1NKDKT9X9YJ839534	PA	5H	V6			2
17 07 GMC YUKON DENA	1GKFK63847J147326	PA	5H	J I			CPB

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

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

ADDITIONAL INSURED

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

LIENHOLDER FOR ITEM 16

JERSEY SHORE STATE BANK
 ISAOA ATIMA
 300 MARKET ST
 WILLIAMSPORT PA 17701-6374

LIENHOLDER FOR ITEM 17

JERSEY SHORE STATE BANK
 ISAOA ATIMA
 300 MARKET ST
 WILLIAMSPORT PA 17701-6374

THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, AS ENACTED BY THE

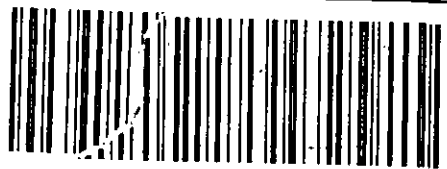
GENERAL ASSEMBLY, ONLY REQUIRE YOU TO PURCHASE LIABILITY AND FIRST-PARTY MEDICAL BENEFIT COVERAGES. ANY ADDITIONAL COVERAGE OR COVERAGES IN EXCESS OF THE LIMITS REQUIRED BY LAW ARE PROVIDED ONLY AT YOUR REQUEST AS ENHANCEMENTS TO BASIC COVERAGES.

	# 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				

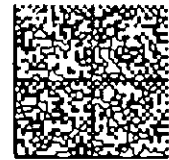
Q06 1180119

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

CERTIFIED MAIL



HARRISBURG
PA 171
20 JUL 15
PM 1 L



UNITED STATES POSTAGE
PITNEY BOWES
0271P \$ 006.95⁵
0001680570 JUL 20 2015
MAILED FROM ZIP CODE 17756

7015 0640 0006 7219 6820

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**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

17105326565

