

**GJT ENTERPRISES INC.**

PO BOX 546  
GREENTOWN, PA 18426-0546

RECEIVED

November 4, 2015

NOV 5 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
Attn: Rosemary Chiavetta  
PO Box 3265  
Harrisburg, PA 17105-3265

Docket No. C-2015-2507337

Dear Ms. Chiavetta:

Our office is in receipt of the Complaint filed against GJT Enterprises Inc T/A Limos R US T/A Limo's R US.

The complaint states that we have failed to maintain evidence of insurance on file with the commission. Please be advised that our insurance has not been cancelled. Our payment to All Island Credit Corporation crossed paths in the mail with the Notice of Cancellation. I am enclosing the notice of reinstatement to show that we have not had any lapse in coverage.

We respectfully ask that the complaint be withdrawn as we are in full compliance with the insurance coverage.

Should you have any questions or concerns, please do not hesitate to contact my office at anytime.

Sincerely,

Colleen Hurley  
President



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

C-2015-2507337

Date of Service: October 29, 2015

RECEIVED

GJT ENTERPRISES INC T/A LIMOS R US  
T/A LIMO'S R US  
PO BOX 546  
GREENTOWN, PA 18426-0546

NOV 5 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF INVESTIGATION & ENFORCEMENT

v.

GJT ENTERPRISES INC T/A LIMOS R US  
T/A LIMO'S R US

Dear Sir/Madam:

Please be advised that the attached complaint has been filed against you by the Bureau of Investigation & Enforcement.

Detailed instructions on how to proceed are contained in the NOTICE section, and you are advised to read everything carefully or consult with your attorney.

Very truly yours,

Rosemary Chiavetta  
Secretary

Attachments

JF

BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF INVESTIGATION AND ENFORCEMENT

V.

DOCKET NO. C-2015-2507337

GJT ENTERPRISES INC T/A LIMOS R US  
T/A LIMO'S R US  
PO BOX 546  
GREENTOWN, PA 18426-0546

G O U T V

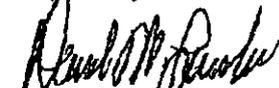
COMPLAINT

The Pennsylvania Public Utility Commission (Commission) is a duly constituted agency of the Commonwealth of Pennsylvania empowered to regulate public utilities within the Commonwealth. The Commission has delegated its authority to initiate proceedings which are prosecutory in nature to the Bureau of Investigation and Enforcement and other bureaus with enforcement responsibilities. Pursuant to that delegated authority and Section 701 of the Public Utility Code, the Bureau of Investigation and Enforcement hereby represents as follows:

1. That all authority issued to GJT ENTERPRISES INC T/A LIMOS R US, T/A LIMO'S R US, T/A Limos R Us, T/A LIMOS R US, (respondent) is under suspension effective September 16, 2015 for failure to maintain evidence of insurance on file with this Commission.
2. That respondent maintains a principal place of business at PO BOX 546, GREENTOWN, PA 18426-0546.
3. That respondent was issued a Certificate of Public Convenience by this Commission on June 17, 2008, at A-2009-2145457.
4. That respondent has failed to maintain evidence of Liability insurance on file with this Commission. The Bureau of Investigation and Enforcement's proposed civil penalty for this violation is \$500 and cancellation of the Certificate of Public Convenience.
5. That respondent, by failing to maintain evidence of insurance on file with this Commission, violated 66 Pa. C.S. §512, 52 Pa. Code §32.2(c), and 52 Pa. Code §32.11(a), §32.12(a) or §32.13(a).

WHEREFORE, unless respondent pays the penalty of \$500 or files an answer in compliance with the attached notice and/or causes its insurer to file evidence of insurance with this Commission within twenty (20) days of the date of service of this Complaint, the Bureau of Investigation and Enforcement will request that the Commission issue an Order which (1) cancels the Certificate of Public Convenience held by respondent at A-2009-2145457 for failure to maintain evidence of current insurance on file with the Commission, (2) fines Respondent the sum of five hundred dollars (\$500.00) for the illegal activity described in this Complaint, (3) orders such other remedy as the Commission may deem to be appropriate, which may include the suspension of a vehicle registration and (4) imposes an additional fine on the respondent should cancellation occur.

Respectfully submitted,



David W. Loucks, Chief  
Motor Carrier Enforcement  
Bureau of Investigation and Enforcement  
P.O. Box 3265  
Harrisburg, PA 17105-3265

RECEIVED

NOV 5 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## NOTICE

- A. **You must file an Answer within 20 days of the date of service of this Complaint.** The date of service is the mailing date as indicated at the top of the Secretarial Letter. See 52 Pa. Code §1.56(a). The Answer must raise all factual and legal arguments that you wish to claim in your defense, include the docket number of this Complaint, and be verified. You may file your Answer by mailing an original to:

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

Or, you may eFile your Answer using the Commission's website at [www.puc.pa.gov](http://www.puc.pa.gov). The link to eFiling is located under the Filing & Resources tab on the homepage. If your Answer is 250 pages or less, you are not required to file a paper copy. If your Answer exceeds 250 pages, you must file a paper copy with the Secretary's Bureau.

Additionally, a copy should either be mailed to:

Michael L. Swindler, Deputy Chief Prosecutor  
 Pennsylvania Public Utility Commission  
 Bureau of Investigation and Enforcement  
 P.O. Box 3265  
 Harrisburg, PA 17105-3265

Or, emailed to Mr. Swindler at:

[RA-PCCmpintResp@pa.gov](mailto:RA-PCCmpintResp@pa.gov)

- B. If you fail to answer this Complaint within 20 days, the Bureau of Investigation and Enforcement will request that the Commission issue an Order imposing the penalty.
- C. You may elect not to contest this Complaint by causing your insurer to file proper evidence of current insurance in accordance with the Commission's regulations and by paying the fine proposed in this Complaint by certified check or money order within twenty (20) days of the date of service of this Complaint. **ACCORD CERTIFICATES OF INSURANCE and FAXED FORM Es and Hs ARE UNACCEPTABLE AS EVIDENCE OF INSURANCE.**

The proof of insurance must be filed with the:

Compliance Office, Bureau of Technical Utility Services  
 Pennsylvania Public Utility Commission  
 P.O. Box 3265  
 Harrisburg, PA 17105-3265

Payment of the fine must be made to the Commonwealth of Pennsylvania and should be forwarded to:

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

Your payment is an admission that you committed the alleged violation and an agreement to cease and desist from further violations. Upon receipt of the evidence of insurance from your insurer, and upon receipt of your payment, the Complaint proceeding shall be closed.

- D. If you file an Answer which either admits or fails to deny the allegations of the Complaint, the Bureau of Investigation and Enforcement will request the Commission to issue an Order imposing the penalty set forth in this Complaint.
- E. If you file an Answer which contests the Complaint, the matter will be assigned to an Administrative Law Judge for hearing and decision. The Judge is not bound by the penalty set forth in the Complaint, and may impose additional and/or alternative penalties as appropriate.
- F. If you are a corporation, you must be represented by legal counsel. 52 Pa. Code §1.21.

Alternative formats of this material are available for persons with disabilities by contacting the Commission's ADA Coordinator at 717-787-8714. **Do not call this number if you have questions as to why you received this complaint. For those questions you may call 717-783-3847.**

# Insured's Notice of Cancellation



All Island Credit Corp.

PO Box 830 - Plainview, NY 11803

516-605-2835

516-605-2841 (fax)

Date of Notice	Account Number
10/26/2015	41685

Name and Address of Insured:  
 GJT ENTERPRISES INC.  
 LIMOS R US  
 111 ROBINSON ROAD  
 GREENTOWN, PA 18426

EFFECTIVE DATE OF CANCELLATION → 10/26/2015

FOR NON-PAYMENT OF PREMIUM INSTALLMENT THAT WAS DUE ON → 9/26/2015

INSTALLMENT AMOUNT PAST DUE → \$23,593.39

ACCOUNT BALANCE → \$46,611.33

**SEE IMPORTANT NOTICE ON REVERSE SIDE**

**TO THE INSURED:** You are hereby notified, in accordance with the authority given us by you, because of financing the premiums, that your policy(s) listed below is/are CANCELLED EFFECTIVE 12:01 STANDARD TIME as of the date of the cancellation shown above.

**TO THE INSURANCE COMPANY AND/OR AGENT:** A true copy of this NOTICE OF CANCELLATION has been served upon the insured. Pursuant to the Power of Attorney vested in us under the Premium Finance Agreement executed by the insured, the referred policy(s) is/are CANCELLED effective as shown above. Please forward to us the GROSS RETURN PREMIUM.

POLICY NO(S). and/or POLICY RENEWAL NO(S). BEING CANCELLED.  
 PHPK1313130

Name and Address of Insurance Broker:  
 TRANSPORTATION INSURANCE  
 PLACEMENT SERVICES  
 7178 MARSHALL ROAD  
 UPPER DARBY, PA 19082

MGAs Notified:

Insurance Companies Notified  
 PHILADELPHIA INSURANCE CO.

**IF A MOTOR VEHICLE LIABILITY POLICY IS INVOLVED: PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY THROUGHOUT THE REGISTRATION PERIOD.**

We hereby certify and declare that on the date written, we duly mailed to the named insured a NOTICE OF CANCELLATION of which this is a true copy, properly addressed and carrying sufficient postage, and deposited same in a mail box of the UNITED STATES GOVERNMENT.

INSURED COPY

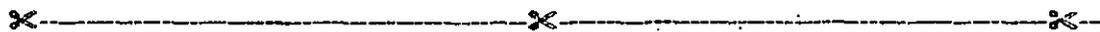


Ground Travel Associates Inc  
111 Robinson Rd  
Greentown, PA 18426

Policy Number: 05984752  
Date of Invoice: 10/22/2015  
>>>Payment Due:  
Amount Due: \$0.00

Write Amount Paid

Please return this portion with your payment.



Please retain this portion for your records.

Policy #: 05984752

Date of Invoice: 10/22/2015

Previous Balance

(\$4,167.00)

Amount Due

\$0.00

Please note that all current charges must be received at SWIF by the Payment Due date. Payments or credits received after that date will cause your policy to go into a Pending Cancel status. Payments made to a broker of record/agency do not represent a payment made to SWIF.

For Information call: Underwriting: (570) 963-4635, Accounting: (570) 963-4611 or Auditing: (570) 963-4635.

Copy To: Rovner Insurance

Be advised that you do not have Workers' Compensation Insurance Coverage with the State Workers' Insurance Fund as of 05/17/2014.

Should you desire a refund please contact the State Workers' Insurance Fund, or the credit balance of \$4,167.00 will be applied to your next premium charge.

SWIF - POL102C

Department of Labor & Industry | State Workers' Insurance Fund | 100 Lackawanna Avenue  
P.O. Box 5100 | Scranton, PA 18505-5100 | 570-963-4635 | www.dli.state.pa.us/swif  
Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program

**C. C. Young & Henkelman Ins.**

1331 Wyoming Ave.  
Scranton, PA 18509  
Phone: 570-346-7021 Fax: 570-342-8487

**Limos R Us**  
PO Box 546  
Greentown, PA 18426

<b>INVOICE NO. 14133</b>		Page
ACCOUNT NO.	OP	DATE
LIMOS-1	M2	09/16/2015
Commercial Automobile		
POLICY #		
TP253289		
COMPANY		
Northland Insurance Co.		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
05/20/2015	05/20/2016	

Itm #	Eff Date	Trn	Type	Description	Amount
258426	05/20/15	+EN	CA-S	AI added to Limos	\$50.00

258427	08/06/15	TXX	CA-S	Surplus Tax	\$1.50
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**Invoice Balance: \$51.50**

Limos.com as additional insured



# BILLING STATEMENT

Billing Date: 10/22/2015  
 Bill Number: 201T0C5YT1015  
 Bill Type: FPI  
 Work Order: 04P0C5YT

Mail Correspondence to:  
 CMR Claims Department  
 PO Box 60553  
 Oklahoma City, OK 73146

Questions? Call: (800)321-4158

DESCRIPTION OF DAMAGE  
 TYPE OF FACILITY: PLANT FACILITIES  
 LOCATION: P 1100 COUNTY LINE RD & BROOK  
 LAKEWOOD TWP, NJ

Damage Claim Number: NJPR152845  
 Date of Damage/Discovery: 08/14/2015

Charge Description	Hours	Amount
LABOR	25.13	\$ 2,417.85
ADMINISTRATIVE COST		\$ 422.32
ENGINEERING	1.02	\$ 172.98
MATERIAL		\$ 415.21
MOTOR VEHICLE COSTS		\$ 165.36
CONTRACTOR COSTS		\$ 620.60

Total Amount Due Upon Receipt \$ 4,214.32

Please write the bill number on your check. Mail bottom stub with your payment to address below.

In the event your check for payment of your Verizon Communications bill is returned by your bank for insufficient or uncollected funds, Verizon may resubmit your check electronically to your bank for payment from your checking account.



SPECIAL PROJECTS BILLING

GJT ENTERPRISES LIMOS R US

130 ESTATES RD  
 GREENTOWN, PA 18426

Claim Number NJPR152845  
 Bill Number 201T0C5YT1015  
 Total Amount Due \$ 4,214.32  
 Please Pay Upon Receipt

\$   ,

Verizon c/o CMR Claims Dept  
 P.O. Box 60553  
 Oklahoma City, OK 73146

513201T0C5YT1015FP14102220159000000000042143267

# Request for Reinstatement



All Island Credit Corp.

PO Box 830 • Plainview, NY 11803

516-605-2835

516-605-2841 (fax)

Date of Notice	Account Number
10/27/2015	41685

Refer to this Account No.  
in all correspondence

We have received payment(s) bringing this account to a current basis. If you do not approve reinstatement, please advise the insured, agent and AICC respectively.

Insured:

GJT ENTERPRISES INC.  
LIMOS R US  
111 ROBINSON ROAD  
GREENTOWN, PA 18426

INSURANCE COMPANY	POLICY NUMBER	POLICY PREMIUM
PHILADELPHIA INSURANCE CO.	PHPK1313130	\$106,957.00

Agent:

TRANSPORTATION INSURANCE  
PLACEMENT SERVICES  
7178 MARSHALL ROAD  
UPPER DARBY, PA 19082

## TO THE INSURED:

The policy(s) listed above are cancelled and are not in force until the insurance company(s) advises you to the contrary. If you are not advised promptly, contact your insurance agent. If your insurance coverage is not reinstated, all payments made following cancellation will be credited to your account. The fact that you will continue to make payments to AICC does not mean your insurance is in force. Only the insurance companies or your agent can advise you as to the status of your insurance coverage.

## TO THE INSURANCE COMPANY / GENERAL AGENT:

We hereby request reinstatement of the above captioned policy(ies) effective 10/26/2015  
Please continue without any lapse in coverage and advise all parties accordingly.

FILE COPY

# Insured's Notice of Cancellation



P. 2  
3  
All Island Credit Corp.

PO Box 830 - Plainview, NY 11803

516-605-2835

516-605-2841 (fax)

Date of Notice

Account Number

10/26/2015

41685

Name and Address of Insurance Broker:

TRANSPORTATION INSURANCE  
PLACEMENT SERVICES  
7178 MARSHALL ROAD  
UPPER DARBY, PA 19082

EFFECTIVE DATE OF  
CANCELLATION →

10/26/2015

FOR NON-PAYMENT OF  
PREMIUM INSTALLMENT  
THAT WAS DUE ON →

9/26/2015

INSTALLMENT AMOUNT  
PAST DUE →

\$23,593.39

ACCOUNT BALANCE →

\$46,611.33

**SEE IMPORTANT NOTICE  
ON REVERSE SIDE**

**TO THE INSURED:** You are hereby notified, in accordance with the authority given us by you, because of financing the premiums, that your policy(s) listed below is/are CANCELLED EFFECTIVE 12:01 STANDARD TIME as of the date of the cancellation shown above.

**TO THE INSURANCE COMPANY AND/OR AGENT:** A true copy of this NOTICE OF CANCELLATION has been served upon the insured. Pursuant to the Power of Attorney vested in us under the Premium Finance Agreement executed by the insured, the referred policy(s) is/are CANCELLED effective as shown above. Please forward to us the GROSS RETURN PREMIUM.

POLICY NO(S), and/or POLICY RENEWAL NO(S),  
BEING CANCELLED.

PHPK1313130

Name and Address of Insured:

GJT ENTERPRISES INC.  
LIMOS R US  
111 ROBINSON ROAD  
GREENTOWN, PA 18426

MGAs Notified:

**IF A MOTOR VEHICLE LIABILITY  
POLICY IS INVOLVED: PROOF OF  
FINANCIAL SECURITY IS REQUIRED  
TO BE MAINTAINED CONTINUOUSLY  
THROUGHOUT THE REGISTRATION  
PERIOD.**

Insurance Companies Notified

PHILADELPHIA INSURANCE CO.

We hereby certify and declare that on the date written, we duly mailed to the named insured a NOTICE OF CANCELLATION of which this is a true copy, properly addressed and carrying sufficient postage, and deposited same in a mail box of the UNITED STATES GOVERNMENT.

AGENT COPY

GJT-Enterprises, Inc.  
PO Box 546  
Greentown, PA 18426-0546



7015 1520 0000 0388 0224



1000



17105

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
Attn: Rosemary Chiavetta  
PO Box 3265  
Harrisburg, PA 17105-3265

U.S. POSTAGE  
PAID  
LAKE HOPATCONG, NJ  
NOV 07 1989  
AMOUNT  
**\$5.56**  
R2305K134284-05

