

TWO MEN AND A TRUCK®

Each franchise independently owned and operated

51 LaCrue Ave
Glen Mills, PA 19432
PUC: 00119632 DOT: 914733

“Movers Who Care®”

Tel: (610) 499-2021
www.twomen.com

C-2015-2512344

ADDRESS change for Parrott head transportation dba two men and a truck

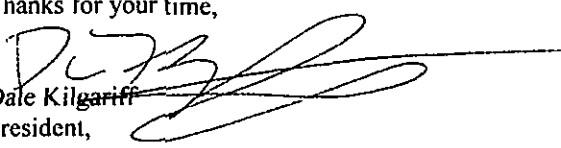
^A
puc #00119632

The insurance company has are address as

P.O. Box 230 in Concordville, PA 19331

We need to change address with the puc insurance files got kicked back due to the po box address.

Thanks for your time,


Dale Kilgariff
President,

RECEIVED

DEC 1 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ATTENTION PLEASE: DO NOT REPLY TO THIS E-MAIL. THIS MESSAGE IS SYSTEM GENERATED. REPLIES TO THIS E-MAIL WILL BE BLOCKED BY THE SYSTEM.

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The Insurance Policy '024057258' (Form : 'Form H') you filed to PENNSYLVANIA has been rejected

Reason/Comments: INCORRECT ADDRESS. OUR RECORDS SHOW THE FOLLOWING: 98 LACRUE AVENUE, SUITE 200, GLEN MILLS, PA, 19342. IF THE CARRIER'S ADDRESS HAS CHANGED, THEN THE CARRIER IS REQUIRED TO NOTIFY THE PA PUBLIC UTILITY COMMISSION IN WRITING. THANK YOU

McInfo URL : http://www.mcinfo.org/nor/user

IF YOU HAVE QUESTIONS ABOUT THIS EMAIL:

CONTACT THE STATE AGENCY--To resolve filing questions. Filing questions include issues related to filing status, filing procedure or correctness of a filing. Only state agencies can answer questions about filings.

CONTACT NOR--To resolve technical questions about the MCInfo system. Technical questions include issues related to how MCInfo works and how to use MCInfo. These questions may be answered in your USER or ADMINISTRATOR manual. Please, first refer to your manual, then if needed, contact National Online Registries customer support at mcinfosupport@egov.com.

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**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: **PHPLEX**
TRANSMISSION NUMBER: **WEB81736**
TRANSMITTED ON: **11/25/2015 03:31:47**

COMPANY NAME: **ILLINOIS NATIONAL INSURANCE CO.**
SUMMITTED BY: **AIG-LEXINGTON (02580-06)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-464677	BMC-91X/BIPD	064597045	03/28/2015	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: **PARROT HEAD TRANSPORTATION, INC**
DBA Name: **TWO MEN AND A TRUCK**
Address: **98 LACRUE AVE**
GLEN MILLS PA US 19342

91X Coverage(Type/Max/Underlying): **Primary / \$1,000,000 / \$0**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-464677	BMC-34/CARGO	024057258	03/28/2015	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: **PARROT HEAD TRANSPORTATION, INC**
DBA Name: **TWO MEN AND A TRUCK**
Address: **98 LACRUE AVE**
GLEN MILLS PA US 19342

91X Coverage(Type/Max/Underlying):

Total: 2

RECEIVED

DEC 1 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

Total: 2

The se
" 30 E: 10

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **TMT** PHONE: **610 499-2021**
SILACRE Ave
Glen Mills PA 19342

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. _____ Federal Agency Acct. No. or Postal Service™ Acct. No. _____

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available*)

10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

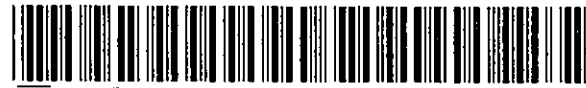
TO: (PLEASE PRINT)

PHONE () _____

Rosemary Chiavetta
PA PUC
PO Box 3265
Harrisburg PA
17105-3265

ZIP - 4® (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 Insurance included.



EL 199267265 US



**PRIORITY
 * MAIL *
 EXPRESS™**

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 19395	Scheduled Delivery Date (MM/DD/YY) 12-2-15	Postage \$ 16.95	
Date Accepted (MM/DD/YY) 12-1-15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$ -	COD Fee \$ -
Time Accepted 2:29 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$ -	Return Receipt Fee \$ -	Live Annual Transportation Fee \$ -
Weight 3.9 lbs. <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee \$ -	Total Postage & Fees \$ 16.95	
	Acceptance Employee Initials J3		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature