

**KDB TRANS SERVICE, INC.**

466 Deerwood Lane  
Quakertown, PA 18951

RECEIVED  
2016 MAR 10 AM 9:58  
PA.P.U.C. BUREAU  
SECRETARY'S BUREAU

March 5th, 2016

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

**RE: DOCKET NO. C-2016-2530183**

PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF INVESTIGATION AND ENFORCEMENT

V.

KDB TRANS SERVICE, INC.  
466 DEERWOOD LANE  
QUAKERTOWN, PA 18951

Dear Mr. Loucks,

With respect to the above referenced Complaint & Docket No., please find the attached letter from Kennett Insurance Services, Inc, dated March 2, 2016 and the attached copy of Certificate Of Liability Insurance also dated March 2, 2016.

This letter confirms that I have NOT had a lapse in Insurance as I changed carriers effective 1/7/2016. This letter also explains a missing Form H that needed to be filed by my Insurance Company Service. The Form H was immediately filed upon receipt of this Complaint by my Insurance Company Service as is stated in same letter.

The attached copy of my Cert. Of Liability Insurance Policy, states my policy #02817202-0 in effect as of 1/7/2016 with United Financial Casualty Company.

Whereas, there has not been any illegal activity performed by me or my company, KDB Trans Service, Inc., and I have maintained Insurance continuously and throughout, I would request a reversal of the fine in the amount of \$500.00 to be dissolved with respect to this matter.

I thank you sincerely for your attention and consideration.

Best regards,  
Brent A. Meyer  
President KDB Trans Service Inc.



Kennett Insurance Services, Inc.  
Truckers Insurance Services

Agents & Brokers

Telephone: (610) 444-0800  
Fax: (610) 444-9436

706 East Baltimore Pike  
PO Box 99  
Kennett Square, Pa. 19348

March 2, 2016

PUC c/o  
KDB Trans Service, Inc.  
466 Deerwood Lane  
Quakertown, Pa. 18951

Re: Commercial Auto Insurance.

To whom it may concern,

The above referenced insured has been doing business with no lapse in coverage. My self the agent and the insured had changed insurance companies due to finding a much better rate. During the transfer I have missed the Form H filing that needed to be done and that is why it hasn't been done. I apologize. Also enclosed is a certificate of insurance. Should you need any further information, I will be more than happy to provide it. I have contacted the insurance company and immediately had a Form H filing done.

Regards,  
Jonathan Palmos

*Serving truckers that serve America"*



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
3/2/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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).


PRODUCER <b>KENNETT INSURANCE SERVICES INC</b> PO Box 99 Kennett Square, PA 19348-0099	CONTACT NAME: PHONE (A/C No. Ext): <b>(610) 444-0800</b>	FAX (A/C No.): <b>(610) 444-9436</b>	
	E-MAIL ADDRESS: <b>CERTIFICATES@TRKINS.COM</b>		
INSURED <b>KDB TRANS SERVICE, INC.</b> 466 DEERWOOD LANE QUAKERTOWN, PA 18951	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: <b>UNITED FINANCIAL CASUALTY COMPANY</b>		<b>24015</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES                      CERTIFICATE NUMBER                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>02817202-0</b>	<b>1/7/16</b>	<b>1/7/17</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEF    RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>MOTOR TRUCK CARGO</b>			<b>02817202-0</b>	<b>1/7/16</b>	<b>1/7/17</b>	<b>\$10,000 LIMIT</b> <b>\$1,000 DEDUCTIBLE</b>

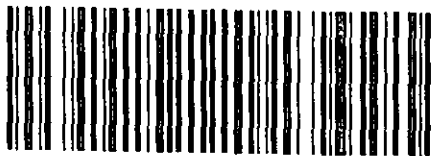
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  TO WHOM IT MAY CONCERN FOR A CERTIFICATE IN YOUR NAME CALL (610) 444-0800	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**

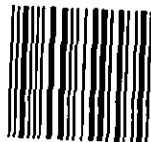
**KDB Trans Service Inc.  
466 Deerwood Ln  
Quakertown, PA 18951**



7015 1520 0000 2812 6895



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17105

U.S. POSTAGE  
PAID  
OTTSVILLE, PA  
18942  
MAR 07 18  
AMOUNT

**\$3.94**

R2305M145884-11

DAVID W. Loucks, Chief  
Motor Carrier Enforcement  
Bureau of Investigation & Enforcement  
P.O. Box 3265  
HARRISBURG, PA 17105-3265

17105-3265

