

5/2/16

Dear Commonwealth of PA
P.U.C.:

I was not aware that I
wasn't in compliance and therefore
I request my fine cancelled.

C-2015-2488870 Thank You
A-00123748 Sincerely

Lester Sander

Contact Lester
at 570 274 0083

Lester Sander

RECEIVED
2016 MAY -4 AM 9:47
PA P.U.C.
SECRETARY'S BUREAU

**Eastern Atlantic Insurance Company
5300 Derry Street
Harrisburg, PA 17111**

COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS

POLICY NO.: TGL37 0011515

RENEWAL OF NO.:

Named Insured and Mailing Address

**LESTER SAUDER
60 VALLEY VIEW ROAD
LIVERPOOL, PA 17045**

Agent/Broker Number and Address

**W N TUSCANO AGENCY INC
PO BOX 1027
950 HIGHLAND AVE
GREENSBURG, PA 15601**

Policy Period: From 4/27/2015 to 4/27/2016 12:01 A.M. Standard Time at your mailing address shown above

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

BUSINESS DESCRIPTION:

Forms of Business:

Individual Limited Liability Company Joint Venture Partnership Corporation Other

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)-----	\$2,000,000	
Products - Completed Operations Aggregate Limit-----	\$2,000,000	
Personal and Advertising Injury Limit-----	\$1,000,000	Any One Person or Organization
Each Occurrence Limit Other Than Products - Completed Operations-----	\$1,000,000	
Each Occurrence Limit Products - Completed Operations-----	\$2,000,000	
Fire Damage Limit-----	\$100,000	Any One Fire
Medical Expense Limit-----	\$5,000	Any One Person

RETROACTIVE DATE (only)

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Date First Entered Into Uninterrupted Claims-Made Coverage)

FORMS AND ENDORSEMENTS applying to this Coverage Part and made part of this policy at time of issue:

FORM#	EDITION	TITLE
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See attached schedule

Policy Holder Notices

See attached schedule

PREMIUM

COMMERCIAL GENERAL LIABILITY COVERAGE-----	<u>Advance Premium</u> \$450.00
CERTIFIED ACTS OF TERRORISM-----	Not Covered
Municipal Tax/Surcharge-----	\$.00

AUDIT PERIOD (IF APPLICABLE): ANNUALLY SEMI-ANNUALLY QUARTERLY MONTHLY

Total Advance Annual Premium \$450.00

Date: 5/08/2015

By  Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

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INSURANCE BINDER

DATE (DDMMYYYY)
04/27/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY W.H. Tuccano Agency Inc. PO Box 1027, 950 Highland Ave. GREENSBURG PA 15601		COMPANY Eastern Atlantic Ins. Company TEA374793	
NAME: _____ TAX ID: 17241 838-1610 FAX: 17241 838-1433 STATE: _____ ZIP: _____	DATE: 04/27/2015 TIME: 12:01 AM DAY: FR	DATE: 05/27/2015 TIME: _____ DAY: _____	THIS BINDER IS POLICED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY POLICY (ISSUANCE POLICY #)
INSURED LESTER SAUDER 60 VALLEY VIEW ROAD LIVERPOOL PA 17045		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 2014 DODGE 4500 TRUCK VIN# 3C7WRLE6G286487 2011 T HILL TRAILER VIN# T80	

COVERAGES	BUSINESS DESCRIPTION	Auto Property	LIMITS
PROPERTY TYPE OF BUSINESS: _____ CAUSE OF LOSS: _____ NAME: _____ <input checked="" type="checkbox"/> MAJOR TRUCK CARGO	BROAD FORM COVERAGE	1000	60,000
GENERAL LIABILITY CYBER/FOIA, GENERAL LIABILITY CLAIMS MADE: _____ OTHER: _____ RETRO DATE FOR CLAIMS MADE: _____		EACH OCCURRENCE AGGREGATE MED EXP. AND BEN. LIMITS PERSONAL & NON-EMPL OFFICIAL ACCIDENT UNDERWRITING CONTRACTS	
VEHICLE LIABILITY ANY AUTO ALL OTHERS A, B, C BODILY INJURY AND PROPERTY DAMAGE NON-OWNED AUTO <input checked="" type="checkbox"/> Non-Stacked UM & UIM	Medical Expense Benefits 5,000	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL AUTO PROT UNINSURED MOTORIST UNDERWRITING	1,000,000 50,000 50,000 5,000 30,000 35,000
VEHICLE PHYSICAL DAMAGE COV <input checked="" type="checkbox"/> COLLISION 1000 <input checked="" type="checkbox"/> OTHER THAN COLL: 500	ALL VEHICLES: <input checked="" type="checkbox"/> SCHEDULED VEHICLES OTC - COMPREHENSIVE	ACTUAL CASH VALUE <input checked="" type="checkbox"/> REPLACEMENT COST	50,000
LIARAGE LIABILITY ANY AUTO		AUTO ONLY - (A ACCIDENT) OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE: _____		EACH OCCURRENCE AGGREGATE INC. & EXCLUDED SETTING ON	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		INC. STATUTORY LIMITS PER EACH OCCIDENT PER OCCIDENT - EA EMPLOYEE PER OCCIDENT - POLICY LIMIT	
SPECIAL CONSIDERATIONS OTHER COVERAGES SUBJECT TO TERMS AND CONDITIONS OF THE QUOTE.		FEES TURNS ESTIMATED TOTAL PREMIUM	60.00 4,385.00

NAME & ADDRESS

COMMONWEALTH OF PA

MORTGAGE: _____
 LOSS PAYEE: _____
 STATE: _____

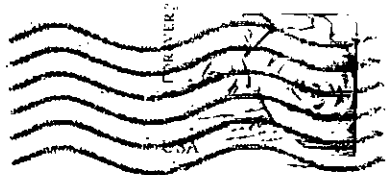
AUTHORIZED REPRESENTATIVE: *R. Tuccano*



Mr. Lester Sauder
60 Valley View Rd.
Liverpool, PA 17045

HARRISBURG PA 171

02 MAY 2016 PM 3 L



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

