



HUNTINGTON INSURANCE, INC.

June 2, 2016

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

Re: Northeast Energy Management Incorporated  
C-2016-2545581

Dear Ms. Chiavetta,

Please allow this letter to serve as an Answer to the Complaint filed by the Pennsylvania Public Utility Commission, Bureau of Investigation & Enforcement against Northeast Energy Management Incorporated.

We are the insurance agent for Northeast. Please be advised that they have had continuous insurance coverage in place. There has been no lapse in coverage. As of March 3, 2016, their insurance carrier is St. Paul Fire & Marine Insurance Co., Policy No. ZLP-31M57273-16-N4. I am attaching a copy of the Form F that is part of the commercial auto policy issued to Northeast that states insurance has been filed with the State Commission.

This is an oversight with the insurance carrier and we have requested that they file the necessary form with the State ASAP. Since Northeast clearly is not at fault for carrier not making the necessary filing, we are requesting that the \$500.00 penalty be waived.

Sincerely,

Carolyn M. Salapa  
Huntington Insurance  
724-313-0902  
[csalapa@huntington.com](mailto:csalapa@huntington.com)

RECEIVED  
2016 JUN -6 AM 11:15  
PA.P.U.C.  
SECRETARY'S BUREAU

cc: Tony Long, Operations Manager, Northeast Energy Management

NOT A DEPOSIT | NOT FDIC INSURED | NOT GUARANTEED BY THE BANK | MAY LOSE VALUE | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

Insurance products are offered through Huntington Insurance, Inc., a subsidiary of Huntington Bancshares Incorporated, and underwritten by third-party insurance companies not affiliated with Huntington Insurance, Inc. Investment products are offered through The Huntington Investment Company, Registered Investment Advisor, Member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Incorporated.

and Huntington are federally registered service marks of Huntington Bancshares Incorporated.

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Form F

UNIFORM MOTOR CARRIER BODILY INJURY AND  
PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

The following spaces preceded by an (\*) need not be completed if this endorsement and the policy have the same inception date.

ATTACHED TO AND FORMING PART OF POLICY NO.	*EFFECTIVE DATE OF ENDORSEMENT	*ISSUED TO
ZLP-31M57273-16-N4	03/08/16	Northeast Energy Management, Inc.

IN WITNESS WHEREOF, the Company has caused this endorsement to be signed by a duly authorized representative of the Company.

\_\_\_\_\_ Authorized Representative

It is agreed that:

1. The certification of the Policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the Policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the Insured agrees to reimburse the Company for any payment made by the Company which it would not have been obligated to make under the terms of this Policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated on the reverse side hereof.
3. This endorsement may not be canceled without cancelation of the Policy to which it is attached. Such cancelation may be effected by the Company or the Insured giving 60 days' notice in writing to the State Commission with which such certificate has been filed, such 60 days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Policy, other than as above stated.

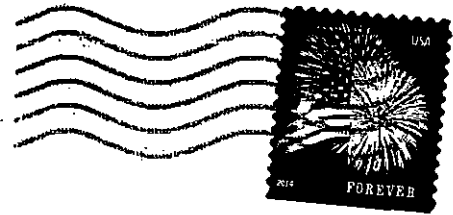
INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER  
BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN  
FILED

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ALABAMA                 | <input type="checkbox"/> IDAHO         | <input type="checkbox"/> MISSOURI       | <input checked="" type="checkbox"/> PENNSYLVANIA |
| <input type="checkbox"/> ALASKA                  | <input type="checkbox"/> ILLINOIS      | <input type="checkbox"/> MONTANA        | <input type="checkbox"/> RHODE ISLAND            |
| <input type="checkbox"/> ARIZONA                 | <input type="checkbox"/> INDIANA       | <input type="checkbox"/> NEBRASKA       | <input type="checkbox"/> SOUTH CAROLINA          |
| <input type="checkbox"/> ARKANSAS                | <input type="checkbox"/> IOWA          | <input type="checkbox"/> NEVADA         | <input type="checkbox"/> SOUTH DAKOTA            |
| <input type="checkbox"/> CALIFORNIA              | <input type="checkbox"/> KANSAS        | <input type="checkbox"/> NEW HAMPSHIRE  | <input type="checkbox"/> TENNESSEE               |
| <input type="checkbox"/> COLORADO                | <input type="checkbox"/> KENTUCKY      | <input type="checkbox"/> NEW JERSEY     | <input type="checkbox"/> TEXAS                   |
| <input type="checkbox"/> CONNECTICUT             | <input type="checkbox"/> LOUISIANA     | <input type="checkbox"/> NEW MEXICO     | <input type="checkbox"/> UTAH                    |
| <input type="checkbox"/> DELAWARE                | <input type="checkbox"/> MAINE         | <input type="checkbox"/> NEW YORK       | <input type="checkbox"/> VERMONT                 |
| <input type="checkbox"/> DISTRICT OF<br>COLUMBIA | <input type="checkbox"/> MARYLAND      | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> VIRGINIA                |
| <input type="checkbox"/> FLORIDA                 | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> NORTH DAKOTA   | <input type="checkbox"/> WASHINGTON              |
| <input type="checkbox"/> GEORGIA                 | <input type="checkbox"/> MICHIGAN      | <input type="checkbox"/> OHIO           | <input type="checkbox"/> WEST VIRGINIA           |
| <input type="checkbox"/> HAWAII                  | <input type="checkbox"/> MINNESOTA     | <input type="checkbox"/> OKLAHOMA       | <input type="checkbox"/> WISCONSIN               |
|  | <input type="checkbox"/> MISSISSIPPI   | <input type="checkbox"/> OREGON         | <input type="checkbox"/> WYOMING                 |



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