

MCCONNELL TRANSPORT LLC
211 INDIAN STEPS ROAD
AIRVILLE, PA 17302
PUC # A-8912362

RECEIVED

JUL 12 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

July 5, 2016

Rosemary Chiavetta, Secretary
PA Public Utilities Commission
PO Box 3265
Harrisburg, PA 17105-3265

Ref: C-2015-2479235

Ms. Chiavetta,

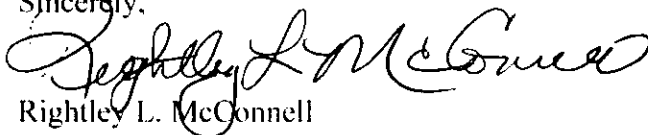
This letter will hereby serve as an official appeal to any PUC imposed penalties involving McConnell Transport LLC and complaint REF C-2015-2479235 as per 52 Pa. § 5.22

Pursuant to 52 Pa. §5.61, McConnell Transport LLC did respond to complaint in reference and provided proof of compliance within the 20 day period. For this reason, the \$500 fine imposed by the PUC shall be contested by McConnell Transport LLC.

As per your documents, the referenced complaint was received on May 11, 2015. Through no liability of McConnell Transport LLC the requested documents were received by the PUC on May 12, 2015. Said documents provided proof of insurance coverage prior to and beyond the above mentioned complaint. For this reason the above complaint can be limited to nothing more than a clerical error and should be written off as a notice. An imposed fine of \$500 for something subsequently insignificant could be perceived as extortion on behalf of the PUC, and should this matter not be rescinded, will be addressed as such.

All claims of admission on behalf of the PUC in regards to the above complaint have been falsely interpreted and skewed to the benefit of the PUC. McConnell Transport LLC has proven without a doubt that it abides by all motor carrier laws set forth by the commonwealth, and in no way acknowledges any wrongdoing in reference to said complaint.

Sincerely,


Rightley L. McConnell
Owner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/5/2016

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 Marshall & Sterling, Inc. 2 High Street Monticello NY 12701 INSURED McConnell Transport LLC 211 Indian Steps Road Airville PA 17302		CONTACT Diana Foster PHONE (845) 794-5544 (A/C, No, Ext): E-MAIL dfoster@marshallsterling.com ADDRESS:		FAX (845) 794-0430 (A/C, No):
INSURER(S) AFFORDING COVERAGE				
INSURER A Maxum Indemnity Company		NAIC # 26743		
INSURER B Lancer Insurance Company		26077		
INSURER C Great American Insurance Co.		16691		
INSURER D:				
INSURER E:				
INSURER F:				

COVERAGES CERTIFICATE NUMBER: CL167519247 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BDG300963701	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							OTH \$
B	AUTOMOBILE LIABILITY			MC600647#1	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Motor Truck Cargo			IMP4257902-00	4/1/2015	4/1/2016	In any one loss but not more than on any one Veh in Transit \$50,000
	Ded \$2,500						

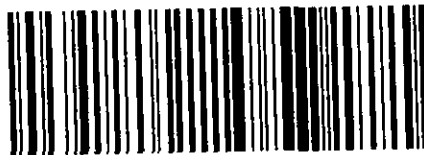
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Commonwealth of Pennsylvania Pennsylvania Public Utility Commission PO Box 3265 Harrisburg, PA 17105	CANCELLATION 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 Kevin Viana/DFOSTE
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McConnell Transport LLC
211 Indian Steps Road
Airville, PA 17302

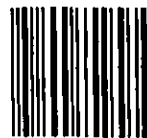
CERTIFIED MAIL



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17105

ROSEMARY CHIAVETTA, SECRETARY
PA PUBLIC UTILITIES COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

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