

## Answer to Complaint

Dated August 31, 2016 Docket No. c-2016-2563381 PUC A-00122992

Dear Ms. Rosemary Chiavetta

NORTHEAST TOWN CAR SERVICE  
CORP, went out of business May 31, 2016 due to financial difficulties. At that time I sold our last vehicle and requested our insurance to be cancelled insurance form enclosed. Since May 31, 2016 there has been no business transactions of any kind and there has been absolutely no illegal activity of transporting passengers. Since this complaint was filed I believe I obtained the proper application form enclosed. I hope this would be enough information for the commission to withdraw this complaint.

RECEIVED

2016 SEP 12 AM 10:31

PA.P.U.C.  
SECRETARY'S BUREAU

Sincerely



Robert D. Quinn

73APS060898



## CANCELLATION REQUEST / POLICY RELEASE

 DATE (MM/DD/YYYY)  
 06/01/2016

PRODUCER <b>Schroeder Coverage, LLC</b> 27887 Clemens Rd. Suite 1 Westlake OH 44145	PHONE (A/C No. Ext): <b>440-617-9010</b> COMPANY NAME AND ADDRESS <b>National Liability &amp; Fire Ins. Co</b> NAIC CODE:																				
CODE: AGENCY CUSTOMER ID: INSURED NAME AND ADDRESS <b>North East Town Car Service Corp</b> 5077 Old Airport Rd. Hazelton PA 18202	SUB CODE: POLICY TYPE <b>Commercial Auto</b> <b>CANCELLED POLICY INFORMATION</b> POLICY NUMBER <b>73APS060898</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width: 30%;">CANCELLATION DATE</td> <td style="width: 10%;">TIME</td> <td style="width: 10%;">AM</td> <td style="width: 10%;">PM</td> </tr> <tr> <td></td> <td><b>05/31/2016</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE</td> <td colspan="3">EXPIRATION DATE</td> </tr> <tr> <td></td> <td><b>10/28/2016</b></td> <td colspan="3"><b>10/28/2016</b></td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE	TIME	AM	PM		<b>05/31/2016</b>				POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE				<b>10/28/2016</b>	<b>10/28/2016</b>		
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POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE																			
	<b>10/28/2016</b>	<b>10/28/2016</b>																			

 CANCELLATION REQUEST (Policy attached)

 POLICY RELEASE (Complete Statement Section Below)

### POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.  
 No claims of any type will be made against the Insurance Company, its agents or its representatives,  
 under this policy for losses which occur after the date of cancellation shown above.  
 Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

 LIENHOLDER  MORTGAGEE  LOSS PAYEE  LENDER'S LOSS PAYABLE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

 LIENHOLDER  MORTGAGEE  LOSS PAYEE  LENDER'S LOSS PAYABLE

 AUTHORIZED SIGNATURE  
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

### FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)	<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT						
COMPANY <b>National Liability &amp; Fire Ins. Co</b> POLICY NUMBER <b>73APS060898</b> EFFECTIVE DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FULL TERM PREMIUM</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>	FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
FULL TERM PREMIUM	\$						
UNEARNED FACTOR							
RETURN PREMIUM	\$						
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

<b>NAME AND ADDRESS</b>   	<b>REQUEST / RELEASE DISTRIBUTION</b> <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input type="checkbox"/> LENDER'S LOSS PAYABLE PRODUCER'S SIGNATURE  DATE <b>6-1-16</b>
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ROSEMARY CHIAUETTA, SECRETARY  
PA. PUBLIC UTILITY COMMISSION  
P.O. BOX 3265  
HARRISBURG, PA. 17105-3265