

I-HAUL LLC

12/21/16

C-2016-2576635

TO:

Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement

To whom it may concern, My name is Christopher DePascale owner of I-Haul. I am responding to Docket # C-2016-2576635 my company was issued a suspension and \$500 fine for failure to show proof of cargo. My insurance company told me it was filed, I carried cargo for past 5 years, and this is the second time this has happened, and by no means my fault. My new policy started September 2016 and is good for a year, I have a letter attached stating suspension was lifted, insurance company finally got it right. I apologize for my insurance company they are the ones at fault, but I did my part and hope we can waive this fine, I am looking to switch companies, being this happened twice. I will also attach my declaration page, hope this helps and sorry for inconvenience.

THANKS Chris DePascale

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DEC 22 2016

RECEIVED



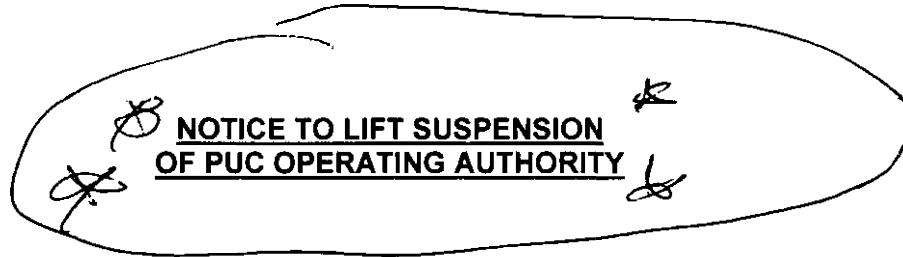
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

December 10, 2016

A-2011-2220987

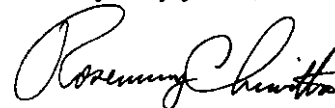
I-HAUL LLC
821 CRESCENT DRIVE
GLENOLDEN, PA 19036



This is to notify you that, as of the above date, the suspension of your operating authority is hereby **lifted**. We have received evidence of Cargo insurance coverage. **You may immediately resume operations.**

If you have any questions regarding this notice, please contact the Motor Carrier Services and Enforcement Division in the Bureau of Investigation and Enforcement at 717-787-1227.

Very truly yours,


Rosemary Chiavetta
Secretary

pc: Bureau of Investigation and Enforcement - Safety Office
Bureau of Technical Utility Services - Compliance Office, Insurance Section



Auto, Home & Health Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

I-HAUL LLC
821 CRESCENT DRIVE
GLENOLDEN PA 19036

Policy Number: 2003330157
Named Insured:
I-HAUL LLC
ihaulitall4u@aol.com
Policy Period: 12:01 A.M.
9/15/2016 - 9/15/2017
Date of Notice: 9/8/2016
Policy Underwritten By:
Integon General Insurance Corporation
24 Hour Claim Reporting: 1-800-468-3466
For Policy Information: 1-877-468-3466
www.NationalGeneral.com

Your Agent:
GMI NA Inc
99 Starr St.
Phoenixville PA 19460
(610) 933-4679

PA COMMERCIAL VEHICLE DECLARATIONS PAGE

Endorsement Effective 9/15/2016

The following changes were made to your policy - Vehicle(s) Deleted, Policy Level Change, Driver Information Updated

NOTICE: A RENTAL AUTO WILL BE COVERED FOR COLLISION DAMAGE IF:

1. YOU HAVE PURCHASED COLLISION COVERAGE FOR AT LEAST ONE AUTO ON THE POLICY AS SHOWN ON YOUR DECLARATIONS PAGE; AND
2. THE AUTO IS RENTED BY YOU FOR 60 DAYS OR LESS UNDER A WRITTEN RENTAL AGREEMENT FROM A COMMERCIALLY LICENSED RENTAL AGENCY; AND
3. THE AUTO IS BEING OPERATED BY YOU OR ANY FAMILY MEMBER AT THE TIME OF LOSS.

Drivers, Employees and Household Residents

#1 Christopher Depasquale

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Owner Driver	XXX3591	PA	12/18/1974	Male	Married	0	23

Accidents/Violations Description

#1	Date: 2/11/2015	Not at fault accident
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#2 Joseph Dougherty

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX9737	PA	11/14/1972	Male	Married	0	20

#3 Joseph Schaffer Jr

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX6174	PA	2/24/1993	Male	Married	4	5

Accidents/Violations Description

#3	Date: 10/30/2015	At fault bodily injury accident
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#5 Dennis M Guglielmo Jr

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX9495	PA	6/22/1973	Male	Single	0	26

Insured Vehicle(s) and Schedule of Coverages

#1	2007 CHEV 4500 W45042	VIN: J8BC4B16777002837-113	Usage: Business Use Only	Radius: 200
	Garaging Location:	19036		
	Policy Coverage Level	ScheduledAuto		



10039PA (05012014)

Coverages Provided		Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit		\$750,000 Combined Single Limit	\$3,970.00
Underinsured Combined Single Limit - Nonstacked		\$750,000 Combined Single Limit	\$90.00
Uninsured Combined Single Limit- Nonstacked		\$750,000 Combined Single Limit	\$48.00
Medical Expense		\$5,000 w/ Work Comp Per Occurrence	\$72.00
Comprehensive		Stated Amount \$8,940 - \$1,000 Deductible	\$84.00
Collision		Stated Amount \$8,940 - \$1,000 Deductible	\$248.00
Total for this Vehicle			\$4,512.00
#2	2007 INTL 4000 SERIES 4300	VIN: 1HTMMAAM07H469634-114	Usage: Business Use Only Radius: 200
Garaging Location:		19036	
Policy Coverage Level		ScheduledAuto	
Coverages Provided		Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit		\$750,000 Combined Single Limit	\$4,340.00
Underinsured Combined Single Limit - Nonstacked		\$750,000 Combined Single Limit	\$90.00
Uninsured Combined Single Limit- Nonstacked		\$750,000 Combined Single Limit	\$48.00
Medical Expense		\$5,000 w/ Work Comp Per Occurrence	\$72.00
Comprehensive		Stated Amount \$15,561 - \$1,000 Deductible	\$119.00
Collision		Stated Amount \$15,561 - \$1,000 Deductible	\$432.00
Total for this Vehicle			\$5,101.00
#4	2016 FRHT M2 106 MEDIUM DUTY	VIN: 1FVACWDT8GHGY5645-114	Usage: Business Use Only Radius: 200
Garaging Location:		19036	
Policy Coverage Level		ScheduledAuto	
Coverages Provided		Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit		\$750,000 Combined Single Limit	\$4,929.00
Underinsured Combined Single Limit - Nonstacked		\$750,000 Combined Single Limit	\$90.00
Uninsured Combined Single Limit- Nonstacked		\$750,000 Combined Single Limit	\$48.00
Medical Expense		\$5,000 w/ Work Comp Per Occurrence	\$72.00
Comprehensive		Stated Amount \$86,600 - \$1,000 Deductible	\$281.00
Collision		Stated Amount \$86,600 - \$1,000 Deductible	\$735.00
Total for this Vehicle			\$6,155.00
#5	2015 INTL 4000 SERIES 4300	VIN: 3HAMMMML2FL729254-114	Usage: Business Use Only Radius: 200
Garaging Location:		19036	
Policy Coverage Level		ScheduledAuto	
Coverages Provided		Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit		\$750,000 Combined Single Limit	\$4,845.00
Underinsured Combined Single Limit - Nonstacked		\$750,000 Combined Single Limit	\$90.00

Uninsured Combined Single Limit- Nonstacked	\$750,000 Combined Single Limit	\$48.00
Medical Expense	\$5,000 w/ Work Comp Per Occurrence	\$72.00
Comprehensive	Stated Amount \$66,696 - \$1,000 Deductible	\$252.00
Collision	Stated Amount \$66,696 - \$1,000 Deductible	\$685.00
Total for this Vehicle		\$5,992.00

Additional Policy Coverages	Limits/Deductibles	Premium
Cargo	\$100,000 Each Accident / \$500 Deductible	\$4,746.00
Combined Vehicle Premium		\$21,760.00
Combined Policy Coverages Premium		\$4,746.00
Acquisition Expense		\$20.00
Additional Insured Charge		\$25.00
Additional Insured Charge		\$25.00
Federal Filing Fee		\$50.00
Form E Filing Charge		\$0.00
Total 12 Month Policy Premium		\$26,626.00

Discounts Applied

Policy Level

Business Experience
AutoPay Discount

Surcharges Applied

Policy Level

Motor Carrier Filing

Important Notice

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Additional Policy Information

Insured email: ihaulitall4u@aol.com

Rated Commodities

Consumer Goods

Additional Insured

Beavex Incorporated

3715 Northside Parkway Northcreek 200 Suite 300, Atlanta GA 30327

Enterprise Holdings Inc, Its Subsidiary And Affiliated Companies, Limited Liability Companies And Ean Trust

170 N.radnor Chester Rd Suite 200, Radnor PA 19087

Tier 4

Disclosure of Possible Additional Charges

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Cancellation Charge	\$15.00
Convenience Fee	\$5.00
Late Charge	\$10.00
Nonsufficient Funds Charge	\$35.00
Reinstatement Charge	\$20.00
Waiver of Subrogation	\$25.00



Forms and Endorsements

Endorsement	Edition	
10141	01012014	ADDITIONAL INSURED COVERAGE
10148	01012014	CARGO COVERAGE
10851	07012013	MOTOR CARRIER MCS-90
11279	04012014	NUCLEAR ENERGY LIABILITY EXCLUSION
11207	01012014	COMMERCIAL AUTO POLICY - PA



Authorized Signature

National General 

Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

I-HAUL LLC
821 CRESCENT DRIVE
GLENOLDEN PA 19036

Policy Number: 2003330157

Named Insured:

I-HAUL LLC

Policy Period: 12:01 A.M.

9/15/2015 - 9/15/2016

Date of Notice: 6/10/2016

Policy Underwritten By:

Integon General Insurance Corporation**24 Hour Claim Reporting: 1-800-468-3466****For Policy Information: 1-877-468-3466****www.NationalGeneral.com**

Your Agent:

GMI NA Inc

99 Starr St.

Phoenixville PA 19460

(610) 933-4679

Cargo on
BACK

22780 111516
117371

PA COMMERCIAL VEHICLE DECLARATIONS PAGE

Endorsement Effective 6/10/2016

The following changes were made to your policy - Policy Level Change, Vehicle(s) Information Updated

NOTICE: A RENTAL AUTO WILL BE COVERED FOR COLLISION DAMAGE IF:

1. YOU HAVE PURCHASED COLLISION COVERAGE FOR AT LEAST ONE AUTO ON THE POLICY AS SHOWN ON YOUR DECLARATIONS PAGE; AND
2. THE AUTO IS RENTED BY YOU FOR 60 DAYS OR LESS UNDER A WRITTEN RENTAL AGREEMENT FROM A COMMERCIALY LICENSED RENTAL AGENCY; AND
3. THE AUTO IS BEING OPERATED BY YOU OR ANY FAMILY MEMBER AT THE TIME OF LOSS.

Drivers, Employees and Household Residents

#1 Christopher Depasquale

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Owner Driver	XXX3591	PA	12/18/1974	Male	Married	0	22

Accidents/Violations Description

#1	Date: 2/11/2015	Not at fault accident
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#3 Joseph Dougherty

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX9737	PA	11/14/1972	Male	Married	3	19

Accidents/Violations Description

#1	Date: 12/9/2012	Alcohol Related Convictions
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#4 Joseph Schaffer Jr

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX6174	PA	2/24/1993	Male	Married	0	4

#5 Jose Polanto

Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
Employee	XXX6606	PA	10/19/1975	Male	Single	0	10

Insured Vehicle(s) and Schedule of Coverages

#1	2007 CHEV 4500 W45042	VIN: J8BC4B16777002837-113	Usage: Business Use Only	Radius: 100
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Garaging Location: 19036

Policy Coverage Level: ScheduledAuto

Coverages Provided

Limits/Deductibles

Premium



10039PA (05012014)

Bodily Injury / Property Damage - Combined Single Limit	\$750,000 Combined Single Limit	\$3,607.00
Underinsured Combined Single Limit - Nonstacked	\$750,000 Combined Single Limit	\$82.00
Uninsured Combined Single Limit- Nonstacked	\$750,000 Combined Single Limit	\$43.00
Medical Expense	\$5,000 w/ Work Comp Per Occurrence	\$63.00
Comprehensive	Stated Amount \$8,940 - \$1,000 Deductible	\$68.00
Collision	Stated Amount \$8,940 - \$1,000 Deductible	\$249.00
Total for this Vehicle		\$4,112.00

#2	2007 INTL 4000 SERIES 4300	VIN: 1HTMMAAM07H469634-114	Usage: Business Use Only	Radius: 100
Garaging Location:		19036		
Policy Coverage Level		ScheduledAuto		
Coverages Provided	Limits/Deductibles	Premium		
Bodily Injury / Property Damage - Combined Single Limit	\$750,000 Combined Single Limit	\$3,943.00		
Underinsured Combined Single Limit - Nonstacked	\$750,000 Combined Single Limit	\$82.00		
Uninsured Combined Single Limit- Nonstacked	\$750,000 Combined Single Limit	\$43.00		
Medical Expense	\$5,000 w/ Work Comp Per Occurrence	\$63.00		
Comprehensive	Stated Amount \$15,561 - \$1,000 Deductible	\$97.00		
Collision	Stated Amount \$15,561 - \$1,000 Deductible	\$434.00		
Total for this Vehicle		\$4,662.00		

#5	2014 INTL 4000 SERIES 4300	VIN: 3HAMMAAL6EL028699-114	Usage: Business Use Only	Radius: 100
Garaging Location:		19036		
Policy Coverage Level		ScheduledAuto		
Coverages Provided	Limits/Deductibles	Premium		
Bodily Injury / Property Damage - Combined Single Limit	\$750,000 Combined Single Limit	\$4,020.00		
Underinsured Combined Single Limit - Nonstacked	\$750,000 Combined Single Limit	\$82.00		
Uninsured Combined Single Limit- Nonstacked	\$750,000 Combined Single Limit	\$43.00		
Medical Expense	\$5,000 w/ Work Comp Per Occurrence	\$63.00		
Comprehensive	Stated Amount \$21,675 - \$1,000 Deductible	\$115.00		
Collision	Stated Amount \$21,675 - \$1,000 Deductible	\$496.00		
Total for this Vehicle		\$4,819.00		

Additional Policy Coverages	Limits/Deductibles	Premium
Cargo	\$100,000 Each Accident / \$500 Deductible	\$3,545.00

Combined Vehicle Premium	\$13,593.00
Combined Policy Coverages Premium	\$3,545.00
Acquisition Expense	\$20.00
Additional Insured Charge	\$25.00
Additional Insured Charge	\$25.00
Federal Filing Fee	\$50.00
Form E Filing Charge	\$50.00

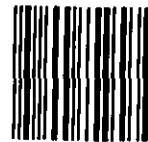
Total 12 Month Policy Premium \$17,308.00

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★ MAIL ★



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17105

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19017
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\$6.45

R2305M143596-09

FROM: I-HAUL LLC (Chris Depasovic)
821 Crescent Dr. Glenolden PA 19036

ENVELOPE IS IDEAL

AND MORE.

Expected Delivery Day: 12/27/2016

USPS TRACKING NUMBER



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

WHEN L Label 228, March 2016
A CUS. LABEL MAY BE REQUIRED

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