

SUSAN P. HALPERN

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SUITE 300

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October 13, 2017

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

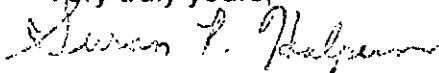
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SECRETARY'S BUREAU

**RE: Pennsylvania Public Utility Commission  
Bureau of Investigation and Enforcement v  
Michael Richard Grab t/a Grab a Cab  
Docket ~~2017-2590241~~ C-2017-2590241**

Dear Ms. Chiavetta:

Enclosed is an original and one copy of Defendant's Answer to Plaintiff's Complaint for filing. Please return a time stamped copy in the enclosed self-addressed, stamped envelope.

Very truly yours,



SUSAN P. HALPERN  
SPH:DR  
Enclosures

BEFORE THE PENNSYLVANIA PUBLIC UTILITIES COMMISSION

**RICHARD M. MELTZER, ESQUIRE**

Identification No. 4108  
150 Monument, Suite 207  
Bala Cynwyd, PA 19004  
610-547-9930

**SUSAN P. HALPERN, ESQUIRE**

Identification No: 40570  
Suite 300, 1420 Walnut Street  
Philadelphia, PA 19102  
(215)545-2303

Attorney for Defendants

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PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF INVESTIGATION AND ENFORCEMENT

Docket 2017-2590241

V

**MICHAEL RICHARD GRAB t/a GRAB A CAB**  
5 A ANTIETAM RD  
TEMPLE, PA 19560

C-2017-2590241

Respondent, Grab a Cab, hereby responds to Complaint of PUC as follows:

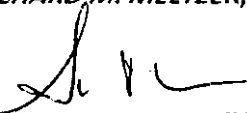
1. Admitted.
2. Admitted.
3. Denied. Respondent has no recollection of the described letter. However, it is denied that insurance became effective on February 17, 2017. By way of further response, Respondent had effective insurance on February 8, 2017. Respondent's insurer filed a Form E with the PUC on February 3, 2017 for insurance to become effective on February 8, 2017. See Ex A. The PUC improperly rejected the Form E because it contained the fictitious name Grab-A-Cab and not *Michael Richard Grab t/a Grab A Cab*. The insurance company submitted the correct name after receipt of the rejection of the first Form E. See Ex B. However, it erroneously submitted the effective date as of February 17, 2017 (the date of submission) rather than the correct effective date of February 8, 2017. Respondent did not receive from its insurance carrier or agent the Form E filed and was unaware of the erroneous filings. Upon the filing of the Complaint on September 27, 2017, the insurance carrier immediately corrected the erroneous filing and filed the Form E with the correct effective date of February 8, 2017. See Ex C. This filing has been accepted by the PUC and demonstrates acceptance of the correct effective date for insurance. Ex D. Attached as Ex E is the Declaration of Insurance for the effective date of February 8, 2017.
4. Admitted and Denied. It is admitted that trips were taken between February 8 and February 16, 2017 and that an investigation was conducted. By way of further response, it is denied that respondent had been operating while under suspension since there was effective insurance on

said dates, a proper Form E has been filed and accepted, and the initial Form E was incorrectly rejected. At no time did the investigator or PUC advise Respondent it had been suspended.

5. (6) Denied. The allegations are conclusions of law requiring no response. The Respondent denies it was in violation of the cited regulations and statutory authority for the reasons described above. See Ex A-E.

**WHEREFORE**, for all the above reasons, the Complaint must be dismissed and judgment entered in favor of Respondent.

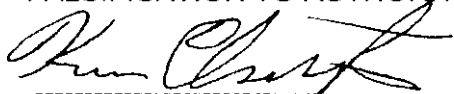
  
\_\_\_\_\_  
RICHARD M. MELTZER, ESQUIRE

  
\_\_\_\_\_  
SUSAN P HALPERN, ESQUIRE  
Attorneys for Respondent

VERIFICATION

CLAYTOR

KEVIN ~~CLAYTON~~ HEREBY STATES THAT HE IS MANAGER OF RESPONDENT  
MICHAEL RICHARD GRAB ~~via~~ GRAB A CAB AND IS AUTHORIZED TO MAKE THIS  
VERIFICATION ON ITS BEHALF AND VERIFIES THAT THE STATEMENTS MADE IN  
THE FOREGOING ANSWER ARE TRUE AND CORRECT TO THE BEST OF HIS  
INFORMATION, KNOWLEDGE AND BELIEF. THE UNDERSIGNED  
UNDERSTANDS THAT THE STATEMENTS ARE MADE SUBJECT TO  
PENALTIES OF 18 PA. C.S. SECTION 4904 RELATING TO UNSWORN  
FALSIFICATION TO AUTHORITIES.



KEVIN ~~CLAYTON~~

CLAYTOR

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**EXHIBIT "A"**

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

DOT# A00112718

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to GRAB-A-CAB of 5A ANTIETAM ROAD, TEMPLE, PA 19560 a policy or policies of insurance effective from 02/08/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 3rd day of February, 2017

Insurance Company File No. CA05891166  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

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**EXHIBIT "B"**

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

DOT# A00112718

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MICHAEL RICHARD GRAB T/A GRAB-A-CAB of 5A ANTIETAM ROAD, TEMPLE, PA 19560 a policy or policies of insurance effective from 02/17/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

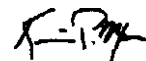
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 17th day of February, 2017

Insurance Company File No. CA05891166  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

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SECRETARY'S BUREAU

**EXHIBIT "C"**

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

DOT# A00112718

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MICHAEL RICHARD GRAB T/A GRAB-A-CAB of 5A ANTIETAM ROAD, TEMPLE, PA 19560 a policy or policies of insurance effective from 02/08/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

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Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 29th day of September, 2017

Insurance Company File No. CA 05891166

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

DOT# A00112718

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

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Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 29th day of September, 2017

Insurance Company File No. CA 05891166  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

DOT # A00112718

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Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 29th day of September, 2017

Insurance Company File No. CA 05891166

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

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**EXHIBIT "D"**

10/6/2017

PUC - Utility Detail View



**PENNSYLVANIA**  
PUBLIC UTILITY COMMISSION

CONSUMERINFO UTILITY&INDUSTRY FILING&RESOURCES ABOUTPUC CONTACTUS

ABOUT PUC Utility/Authority Search Utility Detail View

The Utility Detail View displays the Utility Information (identified by Utility Code - **631228**), authorities, and case information associated with that utility.

**Basic Utility Information**

Utility Name: MICHAEL RICHARD GRAB  
Utility Code: 631228  
Utility Type: Taxi  
Utility Status: Active  
Carrier ID: A-00112718

**Utility Contact Information**

Main Mailing Address: 5A ANTIETAM ROAD  
TEMPLE, PA 19560  
Phone: 610-478-1111  
Fax:  
Website:  
Email:

**Authority Information**

Service Type	Authority Status	Date Certified	Suspension Date	Suspension Expiration	Application Number	Trade Name
Taxi	Active	4/25/1996 4:00:00 AM			A-00112718	GRAB-

**Insurance Information**

Insurance Type	Insurance Status	Insurance Status Date	Insurance Effective Date	Insurance Lapse Date
Liability	Form E Received	10/1/2017 4:00:00 AM	2/8/2017 5:00:00 AM	

Number of cases retrieve: 26, results limited to 1000 cases. If you require information for a particular case not listed, please contact Secretary's Bureau at 717-772-7777.



Docketed Cases



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**EXHIBIT "E"**

EXQUIZIT INSURANCE  
2720 E. ALLEGHENY AVE  
PHILADELPHIA, PA 19134  
1-215-600-1230



Policy number: 05891166-0

Underwritten by:  
UNITED FINANCIAL CASUALTY COMP  
October 10, 2017  
Page 1 of 1

## Certificate of Insurance

### Certificate Holder

MICHAEL RICHARD GRAB T/A  
5A ANTIETAM ROAD  
TEMPLE, PA 19560

### Insured

MICHAEL RICHARD GRAB T/A  
GRAB-A-CAB  
5A ANTIETAM ROAD  
TEMPLE, PA 19560

### Agent

EXQUIZIT INSURANCE  
2720 E. ALLEGHENY AVE  
PHILADELPHIA, PA 19134

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights on the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, conditions of these policies.

Policy Effective Date: Feb 8, 2017

Policy Expiration Date: Feb 8, 2018

### Insurance coverage(s)

### Limits

BODILY INJURY/PROPERTY DAMAGE

\$35,000 COMBINED SINGLE LIMIT

MEDICAL EXPENSE

\$25,000 W/O WORKERS COMP

INCOME LOSS

\$1,000 PER MO/\$15,000 MAX - W/O WORKERS COMP

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2010 FORD CROWN VIC POL I 2FABP7BV1AX124762

2010 FORD CROWN VIC POL I 2FABP7BV7AX101440

2008 FORD CROWN VIC POL I 2FAHP71V78X128403

2009 FORD CROWN VIC POL I 2FAHP71V09X136358

2009 FORD CROWN VIC POL I 2FAHP71V09X115039

### Certificate number

28317NET166



Susan P. Halpern, Esquire  
1420 Walnut Street  
Suite 300  
Philadelphia, PA 19102



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