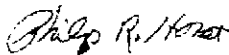


Dear Secretary of the Commission,

Philip R Horst US DOT # 1906944 MC # 697016 completed a name change to PR Horst Hauling LLC. US DOT# 1906944 MC# 697016 is now operating under the new name of PR Horst Hauling LLC. We submitted in a Name change request and it was received by the PUC on October 26th. Adam Galante had called Multiple times leaving multiple messages with no contact back until November 15, 2017 from Robert Bingeman. I got a rejection notice to fix the verification letter which has be corrected and submitted to Allyson Leonard for processing the name change. Once the Name change is completed, my insurance agent will get my schedule E and H filed immediately. I am requesting to have the complaint and fine of \$500.00 removed.

Thanks,

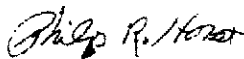


Philip R Horst

PR Horst Hauling LLC

Verification

I, Philip R Horst, hereby state the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and the I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).



Signature

11/15/17

Date

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF INVESTIGATION AND ENFORCEMENT

V.

DOCKET NO. C-2017-2631880

PHILIP R HORST
800 METZLER ROAD
EPHRATA, PA 17522

COMPLAINT

The Pennsylvania Public Utility Commission (Commission) is a duly constituted agency of the Commonwealth of Pennsylvania empowered to regulate public utilities within the Commonwealth. The Commission has delegated its authority to initiate proceedings which are prosecutory in nature to the Bureau of Investigation and Enforcement and other bureaus with enforcement responsibilities. Pursuant to that delegated authority and Section 701 of the Public Utility Code, the Bureau of Investigation and Enforcement hereby represents as follows:

1. That all authority issued to PHILIP R HORST, (respondent) is under suspension effective October 23, 2017 for failure to maintain evidence of insurance on file with this Commission.
2. That respondent maintains a principal place of business at 800 METZLER ROAD, EPHRATA, PA 17522.
3. That respondent was issued a Certificate of Public Convenience by this Commission on March 04, 2010, at A-8911596.
4. That respondent has failed to maintain evidence of Liability insurance and Cargo insurance on file with this Commission. The Bureau of Investigation and Enforcement's proposed civil penalty for this violation is \$500 and cancellation of the Certificate of Public Convenience.
5. That respondent, by failing to maintain evidence of insurance on file with this Commission, violated 66 Pa. C.S. §512, 52 Pa. Code §32.2(c), and 52 Pa. Code §32.11(a), §32.12(a) or §32.13(a).

WHEREFORE, unless respondent pays the penalty of \$500 or files an answer in compliance with the attached notice and/or causes its insurer to file evidence of insurance with this Commission within twenty (20) days of the date of service of this Complaint, the Bureau of Investigation and Enforcement will request that the Commission issue an Order which (1) cancels the Certificate of Public Convenience held by respondent at A-8911596 for failure to maintain evidence of current insurance on file with the Commission, (2) fines Respondent the sum of five hundred dollars (\$500.00) for the illegal activity described in this Complaint, (3) orders such other remedy as the Commission may deem to be appropriate, which may include the suspension of a vehicle registration and (4) imposes an additional fine on the respondent should cancellation occur.

Respectfully submitted,

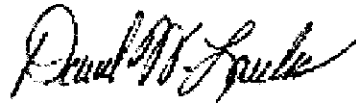


David W. Loucks, Chief
Motor Carrier Enforcement
Bureau of Investigation and Enforcement
P.O. Box 3265
Harrisburg, PA 17105-3265

VERIFICATION

I, David W. Loucks, Chief, Motor Carrier Enforcement, Bureau of Investigation and Enforcement, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief and that I expect that the Bureau will be able to prove same at any hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date: 11/8/2017

A handwritten signature in black ink, appearing to read "David W. Loucks". The signature is written in a cursive style with a large initial "D".

David W. Loucks, Chief
Motor Carrier Enforcement
Bureau of Investigation and Enforcement

NOTICE

- A. **You must file an Answer within 20 days of the date of service of this Complaint.** The date of service is the mailing date as indicated at the top of the Secretarial Letter. See 52 Pa. Code §1.56(a). The Answer must raise all factual and legal arguments that you wish to claim in your defense, include the docket number of this Complaint, and be verified. You may file your Answer by mailing an original to:

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

Or, you may eFile your Answer using the Commission's website at www.puc.pa.gov. The link to eFiling is located under the Filing & Resources tab on the homepage. If your Answer is 250 pages or less, you are not required to file a paper copy. If your Answer exceeds 250 pages, you must file a paper copy with the Secretary's Bureau.

Additionally, a copy should either be mailed to:

Michael L. Swindler, Deputy Chief Prosecutor
Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement
P.O. Box 3265
Harrisburg, PA 17105-3265

Or, emailed to Mr. Swindler at: RA-PCCmplntResp@pa.gov

- B. If you fail to answer this Complaint within 20 days, the Bureau of Investigation and Enforcement will request that the Commission issue an Order imposing the penalty.
- C. You may elect not to contest this Complaint by causing your insurer to file proper evidence of current insurance in accordance with the Commission's regulations and by paying the fine proposed in this Complaint by certified check or money order within twenty (20) days of the date of service of this Complaint. ACCORD CERTIFICATES OF INSURANCE and FAXED FORM Es and Hs ARE **UNACCEPTABLE** AS EVIDENCE OF INSURANCE.

The proof of insurance must be filed with the:

Compliance Office, Bureau of Technical Utility Services
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

Payment of the fine must be made to the **Commonwealth of Pennsylvania** and should be forwarded to:

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

Your payment is an admission that you committed the alleged violation and an agreement to cease and desist from further violations. Upon receipt of the evidence of insurance from your insurer, and upon receipt of your payment, the Complaint proceeding shall be closed.

- D. If you file an Answer which either admits or fails to deny the allegations of the Complaint, the Bureau of Investigation and Enforcement will request the Commission to issue an Order imposing the penalty set forth in this Complaint.
- E. If you file an Answer which contests the Complaint, the matter will be assigned to an Administrative Law Judge for hearing and decision. The Judge is not bound by the penalty set forth in the Complaint, and may impose additional and/or alternative penalties as appropriate.
- F. If you are a corporation, you must be represented by legal counsel. 52 Pa. Code §1.21.

Alternative formats of this material are available for persons with disabilities by contacting the Commission's ADA Coordinator at 717-787-8714. ***Do not call this number if you have questions as to why you received this complaint. For those questions you may call 717-783-3847.***

NORTHERN INS SPEC
58 COPPERFIELD CIRCE
LITITZ, PA 17543

PROGRESSIVE
COMMERCIAL

Named insured

PR HORST HAULING LLC
800 E MEZLER RD
EPHRATA, PA 17522

Policy number: 04125994-0

Underwritten by:
United Financial Casualty Company
September 12, 2017
Policy Period: Sep 11, 2017 - Sep 11, 2018
Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-717-625-0066

NORTHERN INS SPEC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary This is your Declarations Page

Your coverage began the later of September 11, 2017 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on September 11, 2018 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852PA (03/11), 1652PA (03/11), Z434 (08/11), MCS90 (01/17), 4881PA (03/11), 4852PA (10/04) and Z228 (01/11).

The named insured organization type is a corporation.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$14,339
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist - Nonstacked	\$35,000 combined single limit		77
Underinsured Motorist - Nonstacked	\$35,000 combined single limit		153
Basic First Party Benefit - Full Tort			319
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Extraordinary Medical Benefits	Rejected		--
Income Loss Benefits	Rejected		--
Funeral Expense Benefits	Rejected		--
Accidental Death Benefits	Rejected		--
Subtotal policy premium			\$14,888

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1,000	\$2,007
Subtotal policy premium			\$2,007
Fees			35
Total 12 month policy premium and fees			\$16,930

Rated drivers

1. PHILIP HORST
2. RUTH HORST

Rated commodities

1. LUMBER
2. MACHINERY
3. AUTOMOBILES

Auto coverage schedule

1. **1999 Intl 810**

VIN: 1HSHBAHN6XH627372 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	UM BI	UIM BI	PIP	Auto Total
	\$5,078	\$18	\$36	\$68	\$5,200

2. **1979 Trail Trailer**

VIN: V31322 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	PIP	Auto Total
	\$233	\$7	\$240

3. **1998 Intl 490**

VIN: 1HTSDAAN3WH549766 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	UM BI	UIM BI	PIP	Auto Total
	\$3,186	\$18	\$36	\$73	\$3,313

4. **2001 Dodge Ram 3500**

VIN: 1B7MF33761J599086 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	UM BI	UIM BI	PIP	Auto Total
	\$2,882	\$23	\$45	\$91	\$3,041

5. **1992 Intl 460**

VIN: 1HTSBZRM3NH451674 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	UM BI	UIM BI	PIP	Auto Total
	\$2,867	\$18	\$36	\$73	\$2,994

6. **2015 PK Trailer**

VIN: 4P5LS2526F3015130 Garaging Zip Code: 17522 Radius: 100

Liability Premium	Liability	PIP	Auto Total
	\$93	\$7	\$100


Premium discounts

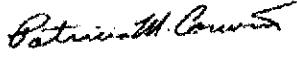
Policy	Business Experience and CDL Experience
04125994-0	

Penalty for Insurance Fraud

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.

Company officers


 President


 Secretary



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

IN REPLY PLEASE
REFER TO OUR FILE

C-2017-2631880

Date of Service: November 8, 2017

PHILIP R HORST
800 METZLER ROAD
EPHRATA, PA 17522

**PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF INVESTIGATION & ENFORCEMENT**

**v.
PHILIP R HORST**

Dear Sir/Madam:

Please be advised that the attached complaint has been filed against you by the Bureau of Investigation & Enforcement.

Detailed instructions on how to proceed are contained in the NOTICE section, and you are advised to read everything carefully or consult with your attorney.

Very truly yours,

A handwritten signature in black ink, appearing to read "Rosemary Chiavetta", is written over a light blue circular stamp.

Rosemary Chiavetta
Secretary


Attachments

NW

Entity# : 6540371
Date Filed : 04/10/2017
Pedro A. Cortés
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
Anthony P. Schimaneck, Esquire
Name
P.O. Box 4886
Address
Lancaster PA 17604-4886
City State Zip Code
 Return document by email to: _____

Certificate of Organization
Domestic Limited Liability Company
DSCB:15-8821 (rev. 2/2017)

TML170413JF1016

Read all instructions prior to completing. This form may be submitted

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: P. R. Horst Hauling, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

<u>800 East Metzler Road</u>	<u>Ephrata</u>	<u>PA</u>	<u>17522</u>	<u>Lancaster</u>
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: N/A
Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Anthony P. Schimaneck

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

PA DEPT. OF STATE
APR 10 2017

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

6th day of April, 2017.

Anthony P. Schimaneck Signature

Signature

Signature

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Docketing Statement – New Entity
DSCB:15-134A
(rev. 2/2017)



1. Entity Name:

P. R. Horst Hauling, LLC

In the case of a foreign association which must use an alternate name to register to do business in Pennsylvania, the alternate name should be given.

2. Tax Responsible Party

Name of individual responsible for initial tax reports: Philip R. Horst

Mailing address of individual responsible for initial tax reports:

<u>800 East Metzler Road</u>	<u>Ephrata</u>	<u>PA</u>	<u>17522</u>	<u>Lancaster</u>
Number and street	City	State	Zip	County

3. Description of Business Activity:

truck hauling

4. FEIN [Employer Identification Number/Federal Tax Identification Number]: _____ - _____

FEIN enables agencies to confirm that Commonwealth accounts are properly matched and that this request is processed without added delay. If the business entity does not currently have an FEIN, it can get a FEIN immediately by applying online at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-EINs>.

5. FYE [Tax Year or Fiscal Year End]: 1 2 / 3 1
Month / Day

A fiscal year (FY) is a period that a company or government uses for accounting purposes and preparing financial statements. For tax purposes, the Internal Revenue Service (IRS) allows companies to be either calendar-year taxpayers or fiscal-year taxpayers. Supply month and day for intended tax year end, e.g. 1/31, 2/28, 3/31, 4/30, 5/31, 6/30, 7/31, 8/31, 9/30, 10/31, 11/30 or 12/31.