

C-2018-3002060

RECEIVED

August 06, 2018

2018 AUG -8 AM 11:04

Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement

PA PUC
SECRETARY'S BUREAU
FRONT DESK

Rosemary Chiavetta, Secretary,

Re: Proof of Insurance

Three J's Enterprises, LLC's insurance was canceled by me, the owner because the business was being closed on or about March of 2018.

As a new business owner, I had no knowledge of having to notify your bureau of our closing and withdrawal/cancelation of the company insurance.

I have enclosed a copy of my Cancellation Request/Policy Release.

If any further information is needed, please do not hesitate to contact me, Jimetta Matthews at 717-342-1782.

Respectfully submitted,

Jimetta Matthews


Three J's Enterprises, LLC



OP ID: JMK

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
04/10/18

PRODUCER Christian-Baker Company P.O. Box 158 Camp Hill, PA 17001-0158 James D. Pace		PHONE (AGC. No. Ext):	COMPANY NAME AND ADDRESS Eastern Atlantic Insurance Company 5300 Derry Street Harrisburg, PA 17111-3598		NAIC CODE:
CODE: BROKERS MISC.	SUB CODE:	POLICY TYPE General Liability Policy			
AGENCY CUSTOMER ID: THREE-2		CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Three J's Enterprises LLC 908 S 16th St Harrisburg, PA 17104		POLICY NUMBER TGL370034817			
		EFFECTIVE DATE AND HOUR OF CANCELLATION 04/04/18	CANCELLATION DATE 04/04/18	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 08/01/17	EXPIRATION DATE 08/01/18	

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
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)		
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:6 I)		

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

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION	
<input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	<input type="checkbox"/> FULL TERM PREMIUM \$
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	<input type="checkbox"/> UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE		<input type="checkbox"/> RETURN PREMIUM \$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Out of business

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.

NAME AND ADDRESS Three J's Enterprises LLC 908 S 16th St Harrisburg, PA 17104		REQUEST / RELEASE DISTRIBUTION	
	<input checked="" 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	
PRODUCER'S SIGNATURE <i>James D. Pace</i>		DATE 04/10/18	

Certificate Of Completion

Envelope Id: A339098558504271859BC2F9B2F806A6
 Subject: SKMBT_28318041009090.pdf
 Source Envelope:
 Document Pages: 1
 Certificate Pages: 1
 AutoNav: Enabled
 Envelope Stamping: Disabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
 James HOLLINGHEAD
 threejsent17@gmail.com
 IP Address: 162.248.186.11

Record Tracking

Status: Original
 4/13/2018 7:28:26 AM

Holder: James HOLLINGHEAD
 threejsent17@gmail.com

Location: DocuSign

Signer Events

JAMES HOLLINGHEAD
 threejsent17@gmail.com
 James HOLLINGHEAD
 Security Level: Email, Account Authentication
 (None)

Signature

JAMES HOLLINGHEAD

Using IP Address: 73.187.174.235

Timestamp

Sent: 4/13/2018 7:28:27 AM
 Viewed: 4/13/2018 7:28:38 AM
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 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent Hashed/Encrypted
 Certified Delivered Security Checked
 Signing Complete Security Checked
 Completed Security Checked

4/13/2018 7:28:27 AM
 4/13/2018 7:28:39 AM
 4/13/2018 7:29:48 AM
 4/13/2018 7:29:48 AM

Payment Events

Status

Timestamps