

**RICHARD M. MELTZER
ATTORNEY AT LAW
1420 WALNUT STREET
SUITE 300
PHILADELPHIA, PA 19102**

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**Ph. 610-547-9930
ID # 4108
rmmeltz@yahoo.com**

January 15, 2019

Via Certified & Regular

Rosemary Chiavetta, Secretary, PUC
P.O. Box 3265
Harrisburg, PA 17105

**RE: PUC BIE v Medic Transit Inc. d/b/a Medic Transit
Docket No. C-2018-3004459**

Dear Secretary Chiavetta:

Please find enclosed Petition to Reconsider Cancellation in the above matter.

Very truly yours,

**RICHARD M. MELTZER, ESQUIRE
Counsel for Petitioner, Medic Transit Inc.
RMM:DR**

Enclosure

**CC: Robert Bingaman
Commerce Keystone Building
Harrisburg, PA 17120**

**Bureau of Investigation & Enforcement
Commonwealth Keystone Building
Harrisburg, PA 17120**

**Medic Transport
331 North Oak Street
Lititz, PA 17543**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

RICHARD M. MELTZER, ESQUIRE
Identification No. 4108
1420 Walnut Street, Suite 300
Philadelphia, PA 19102
rmmeltz@yahoo.com
610-547-9930

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Pennsylvania Public Utility Commission :
Bureau of Investigation and Enforcement :
v :
Medic Transit Inc. :
d/b/a Medic Transit :

Docket No. C-2018-3004459

**PETITION/REQUEST FOR RECISSION OF CANCELLATION NOTICE
AND REINSTATEMENT OF CERTIFICATE**

Petitioner, Medic Transit Inc.,d/b/a/ Medic Transit requests a rescission of the Cancellation Notice filed under C-2018-3004459 for the following reasons:

1. Petitioner timely obtained insurance within the appropriate limits on or about August 25, 2018. See **Exhibit " A"**.
2. Petitioner's insurer filed a Form E with the Commission as required. However, unknown to Petitioner or its insurer the Form E was rejected only because the reference to Petitioner's "d/b/a" of Medic Transit was inadvertently omitted. See **Exhibit " B"**.
3. Notices sent to Petitioner were returned as non-deliverable. See **Exhibits C and D**.
4. Petitioner's owner was out of the country because of a family death during the time period notices were sent. Thus, Petitioner had no knowledge of the Form E rejection or the filing of the BIE Complaint.
5. At all times Petitioner had required insurance with American Country.
6. The omission of the DBA from the Form E was only an inadvertent oversight and Petitioner did, in fact, possess the requisite insurance from August 25, 2018.
7. Had Petitioner received notices it would have immediately corrected the omission.

8. Petitioner requests that the cancellation be rescinded and that Petitioner be allowed to file a corrected Form E with the reference to its d/b/a in a period of time as determined by the Commission.
9. A copy of said request has been sent to Robert Bingaman as he has requested.

Respectfully Submitted,



RICHARD M MELTZER, ESQUIRE
Counsel for Petitioner

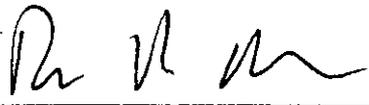
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VERIFICATION

I verify that the statements made in the foregoing Petition/Request for Recission of Cancellation Notice and Reinstatement of Certificate are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. Section 4904, relating to unsworn falsification to authorities.

BY: 

RICHARD M. MELTZER, ESQUIRE
Counsel for Petitioner

DATE: 1/15/19

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EXHIBIT "A"

BUSINESS AUTO DECLARATIONS

POLICY NO.: CA43302P2018

American Country Insurance Company 953 American Lane, 3rd Floor Schaumburg, IL 60173	EXQUIZIT INSURANCE SERVICES, LLC 90890 2720 EAST ALLEGHENY AVENUE, FLOOR 1 PHILADELPHIA, PA 19134
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ITEM ONE			
NAMED INSURED:	MEDIC TRANSIT INC		
MAILING ADDRESS:	P.O. BOX 552 LANCASTER, PA 17604		
POLICY PERIOD:	From 08/25/2018	to 08/25/2019	at 12:01 A.M. Standard Time at your mailing address shown above.
PREVIOUS POLICY NUMBER:	CA30624P2017		

FORM OF BUSINESS:

CORPORATION LIMITED LIABILITY COMPANY INDIVIDUAL
 PARTNERSHIP OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$100.00
*ESTIMATED TOTAL PREMIUM	\$5,380.00

*This policy may be subject to final audit.

Premium shown is payable:	\$ 5,380.00	at inception.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

- IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
- IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

COUNTERSIGNED _____ 08/25/2018 _____ BY _____
 (Date) (Authorized Representative)

NOTICE

THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES!

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$1,000,000 CSL	\$4,375.00
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$0 DED.	\$905.00
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$0 DED.FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS		\$5,000	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX/ SURCHARGE/ FEE	
		PREMIUM FOR ENDORSEMENTS	\$100.00
		*ESTIMATED TOTAL PREMIUM	\$5,380.00

*This policy may be subject to final audit.

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EXHIBIT "B"



You have submitted the following motor carrier insurance filings. Your application will be sent to the corresponding state agency automatically and **your account will be billed \$5.50.**

If you filed a paper filing, please print out the form now and either mail or fax it to the state. *Paper filings are not submitted to states via the system.*

Filing Summary

Insurance Information

Insurance Company
American Country Insurance Company

Authorized Signature Bruce Giles

Insurance Agent Id

Form Type Form E

Reinstate No

Certificate of Insurance

Policy Number CA43302P2018

USDOT #

FMCSA #

Underlying Limit

Liability Limit 1,000,000.00

Effective Date 08/25/2018

Motor Carrier Information - Electronic Filing States

Pennsylvania

Insurer #

State MC ID 6419602

Legal Name MEDIC TRANSIT INC.

DBA

Address P.O. BOX 552

City LANCASTER

State PA

Zip 17604

Country

Notes

Motor Carrier Information - Non-Electronic Filing States

No non-electronic filing states submitted.

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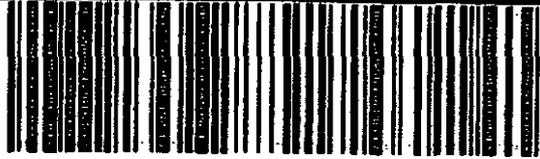
EXHIBIT "C"

FORM UCGD-12 8M (Rev. 08/04)
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA
PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

C&A

ADDRESS SERVICE REQUESTED

CERTIFIED MAIL



9171 9690 0935 0205 9674 02

Hasler

FIRST-CLASS MAIL

09/12/2018

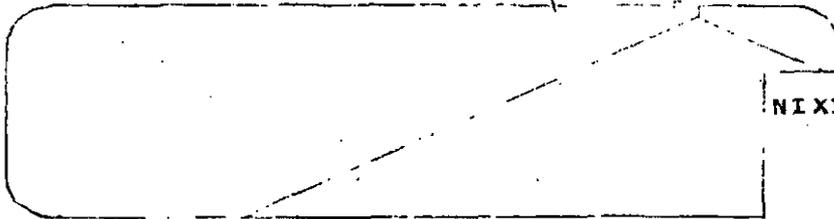
US POSTAGE \$005.42⁰



ZIP 17120
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9/14

BIE vs Medic Transit, Inc.
C-2018-3004459



NIXIE

176 DE 1

0010 03/18

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

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PA PUC

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BC: 17105326563

*0219-01209-12-38

1754340583 8383



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EXHIBIT "D"

FORM UCGD-12 8M (Rev. 08/04)
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA
PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

C&A
ADDRESS SERVICE REQUESTED

XX10/17/2018 HBG 170XX

C-2018-3004459
BIE v Medic Transit Inc
T/A Medic Transit
Complaint

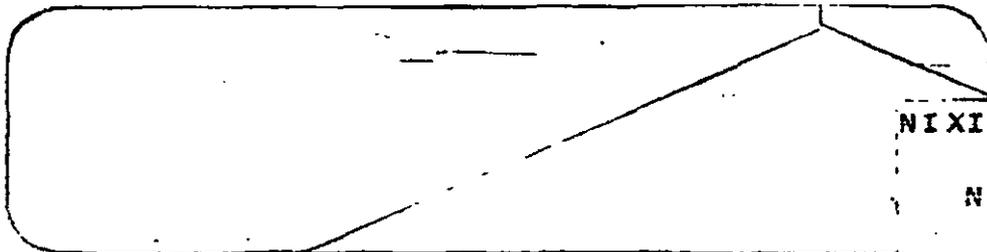
MAILED AT
READING PA
DROP SHIPMENT
AUTHORIZATION 2E 8

Hasler FIRST-CLASS MAIL
10/17/2018 AUTO
US POSTAGE \$000.37⁸



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NIXIE 176 FE 1260 0010/26/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 17105326565 *1119-05461-26-25
171053265
HBCC95B 17543

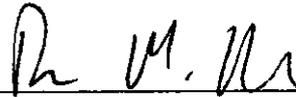
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CERTIFICATE OF SERVICE

I hereby certify that I have served a true copy of Petitioner, Medic Transit, Inc.'s, Petition/Request for Recission of Cancellation Notice and Reinstatement of Certificate, upon all interested parties or their counsel vis U.S. Regular Mail.



RICHARD M. MELTZER, ESQUIRE
Counsel for Petitioner

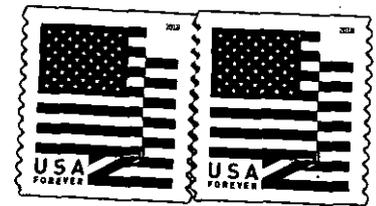
RICHARD M. MELTZER

Attorney At Law

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Philadelphia, PA 19102



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