



RECEIVED

APR - 8 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

To: Secretary, PA Public Utility Commission  
P.O. Box 3265, Harrisburg, PA 17105-3265

C-2018-3005519  
A-6419754

**Petition asking the Commission to change its determination**

To whom it may concern,

Responding to a complaint dated December 5th, 2018 from your office; regarding submitting proof of insurance coverage, we would like to request the commission to change it's cancellation determination in the docket number above for the following reasons.

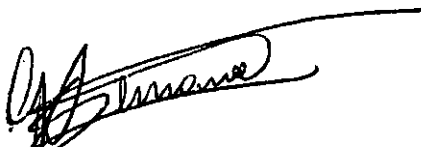
I - There has never been a lack of insurance coverage for the past 6 years of the company's operation. Please see attached past and current proof of coverage validated by our Insurance broker.

II- In the last trimester of 2018, we transferred 8 vehicles (all vehicles in the fleet transferred to update with newer models) from our BHN Limousine fleet to our Dream limousine fleet and switch from Northland Insurance to Philadelphia Insurance with no lack of coverage, See broker's letter attached.

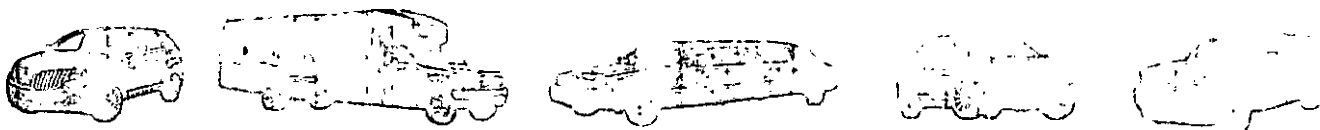
III- In January 2019, I personally spoke with your Transportation Compliance Chief, Mr. Robert Bingaman at 717-783-5375, to whom I've explain the transfer and submitted the necessary documentation/proof of continous coverage.

IV- We have reach out and followed-up with your office in January and did not receive any communication/correspondence there after.

I, Gilles Bernard, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that 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).

  
Gilles Bernard  
BHN Financial LLC DBA BHN Limousine Services

04/05/2019





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hub International Northeast Limited 180 River Road, 2nd Floor Summit NJ 07901	<b>CONTACT NAME:</b> Pat DeRienzo	
	<b>PHONE (A/C, No, Ext):</b> 908-790-6929	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Philadelphia Indemnity Insurance Company		18058
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Dream Limousine Driving Services LLC  
 821 Levick Street  
 Floor 2  
 Philadelphia PA 19111

**COVERAGES**

CERTIFICATE NUMBER: 828995715

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1916934	12/28/2018	12/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 COVERAGE EFFECTIVE AS RESPECTS ALL SCHEDULED VEHICLES ON FILE WITH COMPANY.

**CERTIFICATE HOLDER****CANCELLATION**

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/3/2019

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<b>PRODUCER</b> Hub International Northeast Limited 180 River Road, 2nd Floor Summit NJ 07901	<b>CONTACT NAME:</b> Pat DeRienzo	
	<b>PHONE (A/C, No, Ext):</b> 908-790-6929	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Philadelphia Indemnity Insurance Company		18058
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		


**COVERAGES**                      **CERTIFICATE NUMBER:** 1690256721                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1916934	12/28/2018	12/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 COVERAGE EFFECTIVE AS RESPECTS ALL SCHEDULED VEHICLES ON FILE WITH COMPANY. ATTACHED SCHEDULE FORMS PART OF THIS CERTIFICATE.

See Attached...

<b>CERTIFICATE HOLDER</b>  PA Public Utility Commission Secretary P.O. Box 3265 Harrisburg PA 17105-3265	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Hub International Northeast Limited		<b>NAMED INSURED</b> Dream Limousine Driving Services LLC 821 Levick Street Floor 2 Philadelphia PA 19111	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

- Year Make Model VIN
- 2013 Chrysler 300 2C3CCAAGXDH707800
- 2012 Chrysler 300 2C3CCACG1CH309628
- 2014 Chrysler 300 2C3CCAAGXE175546
- 2013 Lexus ES300 JTHBW1GG2D2004768
- 2015 Mercedes GL 450 4JGDF6EE6FA562569
- 2012 Lincoln MKT 2LMHJ5AT0CBL50429
- 2015 Chevrolet Suburban 1GNSKJKC5FR506225
- 2015 Chevrolet Suburban 1GNSKJKC6FR556490
- 2011 Chevrolet Suburban 1GNSCHE08BR209693
- 2015 Chevy Suburban 1GNSKJKC6FR540046
- 2015 Chevrolet Suburban 1GNSKJKC6FR597893
- 2015 Chevrolet Suburban 1GNSKJKC4FR561037
- 2013 Chevrolet Suburban 1GNSCJE00DR244948
- 2016 Chevrolet Suburban 1GNSKHKC4GR454399
- 2018 Chevrolet Suburban 1GNSKHKC2JR147675
- 2018 Chevrolet Suburban 1GNSKHKC3JR236750
- 2017 GMC Yukon 1GKS2GKC9HR396024
- 2015 GMC Yukon 1GKS2JKJ3FR206260

SOUTHWEST AUTO TAG SERVICE, INC.  
565 CONCHESTER HIGHWAY SUITE 1A  
BOOTHWYN, PENNSYLVANIA 19061-3104  
MESSENGER # 279001 Full Agent # 83-1283  
(610) 494-1618  
Email address: patrickpaul@verizon.net

To Whom it May Concern,

This letter is to confirm that Gilles Alain Bernard (member) of BHN Financial LLC Limousine LLC transferred eight vehicles from one fleet to another. Said transactions were done in 2018 and received the PUC approval stamp on August 23rd, 2018. They were submitted to PennDOT for processing and all were validated by PennDOT by the end of August, 2018.

Respectfully,  
Patrick P. Spinosa, pres.



**List of vehicles moved from Northland Insurance to Philadelphia Insurance**

Veh #	Year	Make	Model	VIN
1	2015	Chevrolet	Suburban	1GNSKJKC6FR597893
2	2015	Chevrolet	Suburban	1GNSKJKC4FR561037
3	2013	Chevrolet	Suburban	1GNSCJE00DR244948
4	2014	Chrysler	300	2C3CCAAGXEH175546
5	2013	Lincoln	MKX	2LMDJ8JK1DBL13673
6	2017	GMC	Yukon	1GKS2GKC9HR396024
7	2015	GMC	Yukon	1GKS2JKJ3FR206260
8	2016	Chevrolet	Suburban	1GNSKHKC4GR454399



Hub International Northeast

180 River Road, 2nd Floor  
Summit, NJ 07901  
P: (908) 790-6900  
F: (908) 790-6906  
www.hubinternational.com

August 2, 2018

Dream Limousine Driving Services LLC  
821 Levick Street, Floor 2  
Philadelphia, PA 19111

RE: Endorsement Request – Add Vehicle(s)  
Business Auto  
Insurer: Philadelphia Indemnity Insurance Company  
Policy #: PHPK1754182  
Policy Period: December 28, 2017 to December 28, 2018

Dear Giles,

Pursuant with your instructions, we have requested the following vehicle(s) to be added to the Business Auto policy with Philadelphia Indemnity Insurance Company effective August 3, 2018.

ADD:  
2018 Chevrolet Suburban #7893  
2018 Chevrolet Suburban #1037  
2018 Chevrolet Suburban #1046

If we may be of further assistance in this or any other matter, please contact our office at the above referenced telephone number.

Sincerely,

Pat DeRienzo  
Account Executive



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/19/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Summit, NJ-Hub International Northeast 180 River Road, 2nd Floor Summit NJ 07901	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No., Ext):</b> 908-790-6900	<b>FAX (A/C, No.):</b> 908-790-6906
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Northland Insurance Company		24015
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** **BHNFINA-02**  
**BHN Financial LLC dba BHN Limousine Services**  
821 Levick street  
Philadelphia PA 19111

### COVERAGES

**CERTIFICATE NUMBER:** 1138503167

**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			WP005926	8/28/2017	8/28/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Livery coverage effective as respects: 2015 Chev. 1GNSKJKC6FR597893; 2015 Chev. #1GNSKJKC4FR561037; 2013 Chev. #1GNSCJE00DR244948; 2014 Chrysler #2C3CCAAGXE175546; 2013 Linc. #2LMDJ8JK1DBL13673; 2011 Linc. #2LMHJ5AT9BBJ54231.  
Listed Drivers: Bernard Giles; Robert Crowder; Ronald Smith; William Gray; Yves Parisien

### CERTIFICATE HOLDER

### CANCELLATION

AVI Philadelphia International Airport Documentation office 8000 Essington Ave. Philadelphia PA 19153	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Hub International Northeast

180 River Road, 2nd Floor  
Summit, NJ 07901  
P: (908) 790-6900  
F: (908) 790-6906  
www.hubinternational.com

August 28, 2017

BHN Financial LLC dba BHN Limousine Services  
821 Levick street  
Philadelphia, PA 19111

**\*\*\*POLICY CONFIRMATION\*\*\***

RE: Commercial Automobile  
Insurer: Northland Insurance Company  
Policy #: WP005926  
Policy Period: August 28, 2017 to August 28, 2018

Dear Gilles:

Thank you for your recent bind order for the renewal of the above referenced policy. We appreciate and are pleased for the opportunity to work with you this upcoming year.

*Enclosed please find the following:*

- 1) Annual Insurance Identification Card for the insured vehicle(s)

Once again, thank you for thinking of Hub International Northeast Limited and Northland Insurance Company for your insurance needs.

Sincerely,

Pat DeRienzo  
Account Executive

Enclosed

The policy contains terms, conditions, limitations, exclusions and should be reviewed carefully by you. In addition, the policy coverage may include deductibles, co-insurance clauses and warranties. These too should be reviewed for accuracy. Please advise us immediately if there are any problems with the policy.

**POLICY CHANGE DOCUMENT**

**POLICY NO.:** PHPK1754182

---

Philadelphia Indemnity Insurance Company | 32722 | HUB International Northeast Ltd.

---

**NAMED INSURED**      Dream Limousine Driving Services LLC

**MAILING ADDRESS**      3001 Vare Ave  
Philadelphia, PA 19111

**POLICY PERIOD:**      FROM 12/28/2017      TO 12/28/2018      at  
12:01 A.M. Standard Time at your mailing address shown above.

**CHANGE EFFECTIVE** 08/22/2018                      **CHANGE #** 10                      **REVISION #** 10

---

**DESCRIPTION**

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Veh #29, 2015 GMC Yukon XL  
VIN: 1GKS2JKJ3FR206260

Veh #30, 2014, Chrysler 300  
VIN: 2C3CCAAGXE175546

Veh #31, 2013, Lincoln MKX  
VIN: 2LMDJ8JK1DBL13673

Veh #32, 2017, GMC Yukon XL  
VIN: 1GKS2GKC9HR396024

Veh #33, 2016, Chevrolet Suburban  
VIN: 1GNSKHKC4GR454399

Per attached

Path ID 12016719

Total Annual  
Additional/Return Premium \$

21,222.00  
ADDITIONAL

Total Prorate  
Additional/Return Premium \$

7,446.00  
ADDITIONAL

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

08/30/2018  
Issue Date

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS

PRIORITY MAIL EXPRESS™

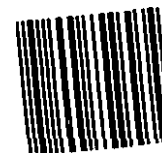
FASTEST SERVICE IN THE U.S.



PRIORITY MAIL EXPRESS®



1007



17105

U.S. POSTAGE PAID  
PME 1-Day  
PHILADELPHIA, PA  
19111  
APR 08 19  
AMOUNT

\$25.50  
R2304N118130-04



EE 457 998 664 US

**CUSTOMER USE ONLY**

**FROM:** (PLEASE PRINT) PHONE ( )

BHN LIMOUSINE  
821 LEVICK ST 2FL  
Phila. PA 19111

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
 \*Refer to USPS.com® or local Post Office™ for availability.

**TO:** (PLEASE PRINT) PHONE ( )

Secretary PA Public Utility.  
PO Box 3265 COMMISSION  
HARRISBURG PA

ZIP + 4® (U.S. ADDRESSES ONLY)  
17105-3265

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

PEEL FROM THIS CORNER

VISIT US AT USPS.COM™  
ORDER FREE SUPPLIES ONLINE

**PAYMENT BY ACCOUNT (if applicable)**

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  2-Day  Military  DPO

PQ ZIP Code 19111	Scheduled Delivery Date (MM/DD/YY) 4/19	Postage \$ 25.50
Date Accepted (MM/DD/YY) 4/18	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$
Time Accepted 2:29 PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50
Weight 8 lbs.	Acceptance Employee Initials EJS	

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, JULY 2018

PSN 7890-02-000-9996

INTERNATIONALLY,  
CUSTOMS DECLARATION  
MAY BE REQUIRED.



2013 OD: 12.5 x 9.5



001000006



UNITED STATES POSTAL SERVICE.