

LB TRANSPORTATION LLC  
855 NORTH PARK ROAD APT AA301  
WYOMISSING, PA 19610

JUNE 17, 2019

Rosemary Chiavetta Secretary  
Pennsylvania Public Utility Commission  
400 North Street  
Harrisbury, PA 17120

RECEIVED  
2019 JUL 19 AM 9:41  
P.U.C.  
SECRETARY'S BUREAU

Re: docket 3 C-2019-3010418

LB Transportation LLC  
855 North Park Road Apt 3 AA301  
Wyomissing, PA 19610

Dear Sirs:

I am in receipt of a complain regarding the filing of Form H and Form E by my insurance company. I have attached a copy of each with this letter.

I have had continuous Liability Insurance Coverage with no lapse in coverage. My insurance company is Progressive. They have informed me that they sent proof of the two filings to your organization. I would like to request that you please review this complaint and dismiss any penalties that I am being charged because of the situation. Please understand that I have always done everything correct and this penalty would impose a tremendous financial burden on me and LB Transportation LLC. I pay high premiums for insurance and do not understand why this misunderstanding happened.

Please review the filings I am sending you and confirm that they were done and I would greatly appreciate this complaint to be dismissed. I will now follow up every year immediately on renewal to make sure the all filings are done on a timely matter with the Pennsylvania Public Utility Commission.

Sincerely

  
Luis Ortiz

# FAX

**To: Jenny**

Company:

Fax: 2016612895

Phone:

**From: Progressive Insurance**

Fax:

Phone:

E-mail: [progressivecommercial@email.progressive.com](mailto:progressivecommercial@email.progressive.com)

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**NOTES:**

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**Date and time of transmission: Wednesday, June 5, 2019 9:01:50 AM**  
**Number of pages including this cover sheet: 04**



COMMONWEALTH OF PENNSYLVANIA  
 PENNSYLVANIA PUBLIC UTILITY COMMISSION  
 400 NORTH STREET, HARRISBURG, PA 17120

SAFETY PLANS  
 WITH TRUCKS

May 27, 2010

A 2010-8001201

LB TRANSPORTATION LLC  
 825 NORTH PARK ROAD APT AA381  
 WYOMISSING, PA 19610

**NOTICE OF SUSPENSION OF PUC TRUCK OPERATING AUTHORITY**  
 Effective 05/30/2010

For expiration/cancellation of  
 Liability

As of 05/30/2010, your PUC operating authority is **SUSPENDED** due to your failure to maintain evidence of insurance on file with this Commission. You may not operate while under suspension. Operating while under suspension is subject to prosecution, which may result in cancellation of your authority.

Your insurer must file appropriate evidence of insurance with the Commission. Appropriate evidence of insurance is a FORM E for bodily injury and property damage liability insurance, a FORM N for cargo liability insurance, or a Surety Bond. These forms must be filed with the PUC by the insurance Company or Agent, not by you. Incomplete forms, incorrect forms and fax transmittals will NOT be accepted. The Commission does permit electronic filing of these forms.

If this Commission does not receive acceptable evidence of insurance within ten (10) days of the suspension date, a Complaint will be instituted against you for failure to comply with this Commission's insurance requirements. The Complaint may result in the cancellation of your PUC operating authority.

If your insurer timely files appropriate evidence of insurance, you will receive Notice from the PUC authorizing you to resume operations. You may not resume operations until you receive this Notice from the Commission.

Please notify the Commission if you are no longer in business.

If you believe that you have received this Notice of Suspension in error or if you have any questions regarding the suspension of your authority, please contact the Motor Carrier Services and Enforcement Division in the Bureau of Investigation and Enforcement at 717-787-

1227

Very truly yours,

*Rosemary Chiavetta*  
 Rosemary Chiavetta  
 Secretary

Bureau of Investigation and Enforcement - Safety Office  
 Bureau of Technical Utility Services - Compliance Office, Insurance Section

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

DOT# NONE

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 LB TRANSPORTATION LLC of 855 N PARK ROAD BLDG AA 301, WYOMISSING, PA 19610-0000 a policy or policies of insurance effective from 06/04/2019 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.

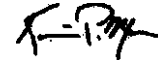
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 5th day of June, 2019

Insurance Company File No. CA 00584095  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR835398

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

DOT# NONE

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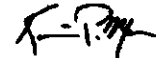
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this 5th day of June, 2019

Insurance Company File No. CA 00584095  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR83539B

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

DOT# NONE

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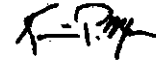
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Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 5th day of June, 2019

Insurance Company File No. CA 00584095  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR835398

# FAX TRANSMITTAL

Date 06-17-19 Time \_\_\_\_\_

To Jenny Fax # 201-661-2895

Address/Box # \_\_\_\_\_ Phone/Network # \_\_\_\_\_

From Progressive Fax # 800-556-0014

Address/Box # \_\_\_\_\_ Phone/Network # \_\_\_\_\_

# of Pages Transmitted \_\_\_\_\_

Message CA0584095

2019 JUL 19 AM 9:41  
SECRETARY'S OFFICE

RECEIVED

For 24/7 customer service, call:  
1-800-PROGRESSIVE or visit us online at  
progressive.com

For 24/7 Progressive claims service, call:  
1-800-PROGRESSIVE

## PROGRESSIVE®

*Think Easier. Think Progressive.™*

0001100 112040

**Form H  
UNIFORM MOTOR CARRIER CARGO  
CERTIFICATE OF INSURANCE**

DOT# A201830012

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

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to LB TRANSPORTATION LLC, of 855 N PARK ROAD BLG AA 301, WYOMISSING, PA 19610-0000 a policy or policies of insurance effective from 06/14/2019 12:01 a.m., standard time at the address of the Insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo 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.

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Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 14th day of June, 2019

Insurance Company File No. CA 00584095  
(Policy Number)

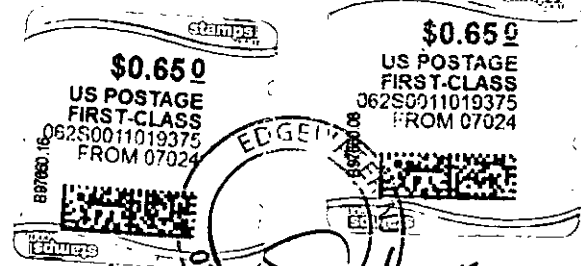
MC2443a (09/99)



(Authorized Company Representative)

M.D.S.  
P.O. Box 58  
Fort Lee, NJ 07024

B.K.



ROSEMARY CHIAVETTA  
Pennsylvania Public Utility Comm.  
400 North St.  
Harrisburg, PA 17121