

8/2/2019

Matthew Bennetch
6 Main St
Womelsdorf, PA 19567

RECEIVED
2019 AUG -8 AM 9: 52
PA PUC
SECRETARY'S BUREAU

Re: PA Public Utility Commission Complaint

Docket No C-2019-3011529

To Whom it May Concern:

I've received a complaint regarding the filing of auto insurance. I've subsequently received a Notice to Lift Suspension.

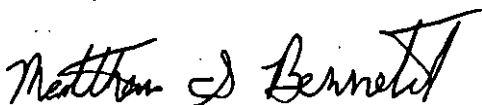
This year I changed insurance companies from Erie Insurance Policy Q05 1730677 H7 to State Auto Mutual Policy 1000506133. The transition from one company to the other was done effective 5/17/2019. There was no lapse in coverage.

I've included a copy of my current, new insurance policy which is paid in full through 5/17/2020.

I hope this will clear up the matter of my evidence of insurance.

Please contact me if anything further is needed. My phone number is 484-256-4753

Thank you,



Matthew S Bennetch

PUC # A-2012-2292899



Kathy Barry Agency, LLC
 949 W Penn Ave
 Robesonia, PA 19551-9521
 (610) 693-5000

Common Policy Declaration
 Business Auto Policy
 New Business

Total Policy Premium

\$3,221.00

Named Insured and Mailing Address:

Matthew S. Bennetch
 6 MAIN ST
 WOMELSDORF, PA 19567

Policy Number	Policy Period	Coverage is provided by the following State Auto Company
1000506133	05/17/19 - 05/17/20	State Automobile Mutual Insurance Company

The coverage and these declarations are effective at 12:01 a.m. standard time on 05/17/2019 at the above mailing address.



Questions?

Visit us at StateAuto.com
 or call (800) 288-4425 for customer service.

Contact your independent agent at (610) 693-5000.

Item One:

Business Information

Business Type	Business Description	Entity Type
Business Auto Coverage	Gravel sales and laying	Sole Proprietorship / Individual

Audit

This policy consists of coverage parts or policies for which a premium is indicated. This premium may be auditable and subject to adjustment.
 Audit Period: Annual

Notice to Pennsylvania Insured:

If this policy affords physical damage collision coverage and a covered auto symbol 1 or 8 is shown next to the physical damage collision on the applicable auto declarations, we provide collision damage to rental vehicles. If not shown, We do not afford collision damage coverage to rental vehicles. Any such Insurance provided is excess over any other collectible insurance.

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In return for the payment of the premium when due, and subject to all the terms of the policy, we agree with you to provide the insurance as stated by this policy. This premium may be subject to adjustment.

Item Two: Schedule Of Coverages

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 Auto Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit - The Most We Will Pay For Any One Accident Or Loss	Premium
Liability Insurance	07 08 09 19	\$1,000,000 Each Accident	\$1,989.00
Basic First Party Benefits - PA	05	See Endorsement	\$8.00
Uninsured Motorists Coverage - PA	02	\$1,000,000 Each Accident	\$132.00
Underinsured Motorists Coverage - PA	02	\$1,000,000 Each Accident	\$326.00
Collision	07	See Schedule	\$634.00
Other than Collision	07	See Schedule	\$132.00
Total Premium			\$3,221.00

Covered Autos

Veh#	Year	Make & Model	VIN	Class Code	Terr	Garage State	Cost Basis Type	Cost Basis	Business Use	GVW/Seating Capacity
1	1987	MACK RW632	2M2AY40Y8HC002735	33189	122	PA	OCN	\$68,408	Commercial	35,000
2	1984	PETERBILT 359	1XP9DB9X0EN162937	40189	122	PA	OCN	\$71,809	Commercial	46,000
3	1973	Spec Flatbed Trailer	TP4801PA	69189	122	PA	N/A	N/A	Commercial	2,000
4	1988	Roger Trailer	1RBH42204JAR21057	69189	122	PA	N/A	N/A	Commercial	2,000

****Cost Basis Key: OCN= Original Cost New, SA=Stated Amount****

Item Three: Schedule of Covered Autos You Own

Physical Damage Other than Collision Coverage - Limit of Insurance: The Most We Will Pay: Actual cash value, or cost of repairs, whichever is less, minus the deductibles shown below 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 Collision Coverage - Limit of Insurance: The Most We Will Pay: Actual cash value, or cost of repairs, whichever is less, minus the deductibles shown below for each covered auto. See Item Four for hired or borrowed autos.

	Veh#1	Veh#2	Veh#3	Veh#4
Coverages	Premium	Premium	Premium	Premium
Liability	\$664.00	\$945.00	\$95.00	\$95.00
Basic First Party Benefits	\$4.00	\$4.00	N/A	N/A
Uninsured Motorists Coverage	\$57.00	\$57.00	\$9.00	\$9.00
Underinsured Motorists Coverage	\$142.00	\$142.00	\$21.00	\$21.00
Collision	\$254.00	\$380.00	N/A	N/A
Other than Collision	\$53.00	\$79.00	N/A	N/A
Total Premium	\$1,174.00	\$1,607.00	\$125.00	\$125.00
Coverages	Deductible	Deductible	Deductible	Deductible
Collision	\$500	\$500	N/A	N/A
Other than Collision	\$500	\$500	N/A	N/A

Item Four: Schedule of Hired Autos

Schedule for Hired or Borrowed Covered Auto Coverage And Premiums Liability Insurance - Rating Basis, Cost of Hire

State	Cost of Hire - Primary	Cost of Hire - Excess	Premium
PA	\$1	N/A	\$100.00
Total Premium			\$100.00

Cost of hire means the total amount you incur for the hire of "autos" you do not own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Item Five: Schedule for Non-Ownership Liability

Other Than a Garage Risk

Name Insured's Business	Rating Basis	Number	Premium
Other Than a Social Service Agency - PA	Number of Employees	1	Included
Total Premium			\$90.00

Drivers

Driver Name	Driver Status
Matthew Bennetch	Included

Please review this list of drivers and notify your agent immediately of any additional drivers or corrections. All drivers, both principal and occasional, should be listed. This list is for underwriting purposes only and does not grant insured status or coverage. Please refer to the contract for specific coverage information.

Forms and Endorsements

Number	Edition Date	Name
CA 00 01	10/13	Business Auto Coverage Form
IL 00 03	09/08	Calculation Of Premium
IL 00 17	11/98	Common Policy Conditions
SI 90 01	05/17	Common Policy Jacket
BA 10 24	12/15	Comprehensive Coverage Deductible
CA 04 42	10/13	Exclusion Of Federal Employees Using Autos In Government Business
CA 23 84	10/13	Exclusion Of Terrorism
CA 23 01	10/13	Explosives
ACORD61PA	02/14	Important Notice
CA 99 17	10/13	Individual Named Insured
IL 00 21	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL N 129	02/06	Pennsylvania Auto Fraud Statement
CA 22 37	10/13	Pennsylvania Basic First-Party Benefit
CA 01 80	06/16	Pennsylvania Changes
IL 02 46	09/07	Pennsylvania Changes - Cancellation And Nonrenewal
IL 01 20	10/13	Pennsylvania Changes - Defense Costs
BA50-PA	05/18	Pennsylvania Financial Responsibility Identification Card
IL 09 10	07/02	Pennsylvania Notice
CA 21 91	10/13	Pennsylvania Underinsured Motorists Coverage - Stacked
IL U 006	02/12	Pennsylvania Underinsured Motorists Coverage Selection/Rejection
CA 21 06	10/13	Pennsylvania Uninsured Motorists Coverage - Stacked
IL U 005	02/12	Pennsylvania Uninsured Motorists Coverage Selection/Rejection
AGR002	01/16	Policy Account Billing Conditions
CA 23 45	11/16	Public Or Livery Passenger Conveyance And On-Demand Delivery Services Exclusion
CA 23 04	10/13	Rolling Stores
CA 23 94	10/13	Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure
CA 23 05	10/13	Wrong Delivery Of Liquid Products

This declaration page with policy forms and endorsements completes the policy. This policy will continue in force for the period indicated upon valid payment of the premium, when due.

Bennetch
6 Main St
Womelsdorf, PA 19567



Commonwealth of PA
PA PUC
400 North St
Harrisburg, PA 17120

17120\$0211 0000

