



# Exchange Underwriters

*A Community Bank Company*

2111 North Franklin Dr., Suite 100 • Washington, PA 15301  
Local (724) 745-1600 • Fax (724) 745-0224  
Toll Free 1-800-392-4264  
www.exchangeunderwriters.com



INSURANCE AGENTS November 8, 2019

C-2019-3013489

To:  
Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg Pa 17105-3265

Re:  
Nittany Party Bus Services LLC  
159 Malone Avenue  
Aliquippa, PA 15001  
A-6415012

To Whom It May Concern:

Enclosed you will find a copy of the current Commercial Auto Declarations page and the Form E for Nittany Party Bus Services LLC 159 Malone Avenue Aliquippa, PA 15001 A-6415012.

Should you have any questions or need any additional information, please reach out to me directly.

Sincerely,

Kate Thompson  
Kate Thompson  
Account Manager Commercial Lines

**Exchange Underwriters**  
*A Community Bank Company*

2111 N. Franklin Dr. Suite 100  
Washington, PA 15301  
1-800-392-4264  
724-745-1600 ext 224  
Fax 724-745-0224  
cthompson@exchangeunderwriters.com

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PA PUC  
SECRETARY'S BUREAU

70APR369122

RENEWAL NUMBER

CROSS REFERENCE NUMBER

70 APR 380997

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS
NITTANY PARTY BUS SERVICES LLC
159 MALONE AVE
ALIQIPPA, PA 15001

Producer
Exchange Underwriters
2111 North Franklin Drive, Suite 100
Washington, PA 15301

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: LIMO BUS SERVICE

POLICY PERIOD: Policy covers FROM 10/01/2019 12:01 AM TO 10/01/2020 12:01 A.M. Standard Time at the Named Insured's Address stated above.

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

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE (COMPREHENSIVE COVERAGE, SPECIFIED CAUSES OF LOSS, COLLISION COVERAGE, TOWING AND LABOR), FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION, and POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.

\* THIS POLICY DOES NOT COVER COLLISION DAMAGE TO VEHICLES RENTED TO THE INSURED

W. N. Tuscano Agency, Inc.
Greensburg, PA

Countersigned At

By

AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

[Handwritten signature]

Secretary

[Handwritten signature]

President

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE  
(Electronic Filing)

Filed with Pennsylvania Public Utility Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the National Indemnity Company NAIC# -  
(Name of Company)  
(herein after called Company) of 1314 Douglas Street, Omaha, 68102  
(Home Address of Company)

has issued to Nittany Party Bus Services LLC of 159 Malone Avenue, Aliquippa, PA, 15001  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 10/01/2019 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at PO Box 1027, GREENSBURG, PA, 15601 This 27th day of Sep 20 19  
(Address) (Day) (Month) (Year)

Insurance Company File No. 70APR380997  
(Policy No)

Robert Tuscano  
(Authorized Company Representative)

Liability Limit : 1,000,000.00

# Exchange Underwriters

A Community Bank Company

2111 North Franklin Dr., Suite 100  
Washington, Pennsylvania 15301

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SECRETARY'S BUREAU

PITTSBURGH

PA 150

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PITNEY BOWES

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NOV 08 2019

MAILED FROM ZIP CODE 15301

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
PO Box 3265  
Harrisburg PA 17105-3265

Attn: Rosemary Chivettz

17105-326565

