

VIP Transport of Philadelphia LLC
2104 Derby Dr
Cinnaminson NJ 08077

Pennsylvania Public Utility Commission
Bureau of Investigation and Enforcement

Date 11/12/19

Respond to complaint, C-2019-3013374
Docket No: C-2019-3013374
PUC # A-6417927

To whom it may concern,

During the month of August, VIP Transport of Philadelphia was not operating any business. Due to a family emergency, I, Adel Chaouch, owner of VIP Transport of Philadelphia, had to leave the United States to travel to my home country. During that same period, unfortunately, I was diagnosed with severe pneumonia along with other medical issues that required a long hospitalization overseas.

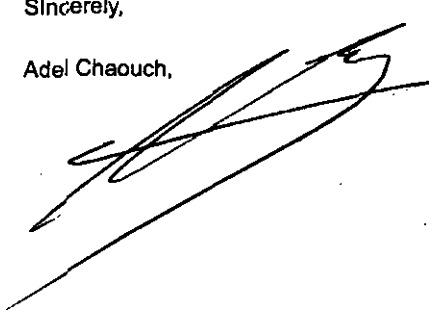
Upon return to the United States, I Adel Chaouch, noticed that my business insurance had just expired, I attempted to reinstate the insurance but it was very difficult and almost impossible to get insurance issued. To get the appropriate insurance, I needed to apply to two different agencies; one for general liability and the other for auto insurance. Due to the complexity of combining both liability and auto insurance from two different agencies the process took longer than expected.

Finally, Starting October, 17th 2019, both auto and liability insurances are active and in good standing. Attached please find a copy for proof of insurance. Please take in consideration all the above mentioned hard times that I went through. I take my business very seriously. I would appreciate if my PUC number is reinstated and if the fine is waived since this is the first occurrence.

Thank you in advance for your time, I am looking forward to hearing back from you.

Sincerely,

Adel Chaouch,



RECEIVED
2019 NOV 15 AM 10:23
PA PUC
SECRETARY'S BUREAU



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2019

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).

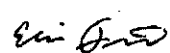
PRODUCER Holman Insurance Services, LLC 444 East Kings Highway Suite 100 Maple Shade NJ 08052		CONTACT NAME: Jaclyn Hutton PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: jhutton@holmaninsures.com	
INSURED VIP Transport of Philadelphia, LLC 930 Pembroke Road Jenkintown PA 19046		INSURER(S) AFFORDING COVERAGE INSURER A: GENERAL STAR INDEMNITY COMPANY NAIC # 37362J INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	

COVERAGES **CERTIFICATE NUMBER:** 19-20 Master **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		JG930484	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 includes loading/unloading

CERTIFICATE HOLDER VIP Transport of Philadelphia LLC	CANCELLATION 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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VIPTRAN-01

GMOSIER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/12/2019

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PRODUCER CLG Insurance - Clifton Park 3 Corporate Drive Suite 200 Clifton Park, NY 12065	CONTACT NAME: PHONE (A/C, No, Ext): (518) 371-0075	FAX (A/C, No): (518) 371-0675
	E-MAIL ADDRESS:	
INSURED VIP Transport of Philadelphia 930 Pembroke RD Jenkintown, PA 19046	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United Specialty Insurance Company	NAIC # 12537
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		FEN159100683	10/17/2019	10/17/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

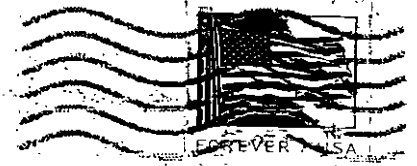
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	AUTHORIZED REPRESENTATIVE

VIP Transport of Philadelphia LLC
2104 Derby Dr
Cinnaminson NJ 08077

SOUTH JERSEY NJ 080

12 NOV 2019 PM 7 L



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

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2019 NOV 15 AM 10:22

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SECRETARY'S BUREAU

17120-020505

