

**YES LIMOUSINE LLC
One International Plaza Drive
Suite 550
Philadelphia PA 19113**

December 23rd, 2019

Secretary Chiavetta
PA PUC
PO Box 3265
Harrisburg, PA 17105

RE: C-2019-3014687

Dear Secretary Chiavetta:

I apologize for the error my insurance company made with the address. As the Commission is aware, I have bought insurance and a Form E was sent to the Commission. Unfortunately, because of an incomplete address on the form (please see attached) it was rejected.

However, I have returned to my previous agent, Estate Brokerage Services, who will be taking over the policy and he will request Progressive to amend the address and forward a new Form E as quickly as possible. It is curious that the Form E did not have the correct address as the insurance ID card does (please see attached)

Again my apology. Please rescind the complaint from my company as this error was not my fault, but perhaps that of Progressive. We will get this straightened out. Thank you.

Respectively submitted


Aziz Wardigee

RECEIVED

DEC 23 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

DOT# A2546251

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 Cos Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to YES LIMOUSINE, LLC of 1 INTERNATIONAL PLAZA, PHILDELPHIA, PA 19113-0000 a policy or policies of insurance effective from 12/12/2019 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 12th day of December, 2019

Insurance Company File No. CA 01219592
(Policy Number)

PA
PUBLIC UTILITY COMMISSION


(Authorized Company Representative)

MC1633a(08/99)

DEC 13 2019

IRB3539B

BUREAU OF
TECHNICAL UTILITY SERVICES

follow up with the insurance company to ensure that the corrected form is resubmitted in time to comply with the Commission's Secretarial Letter/Order and regulations.

Questions concerning this insurance filing may be directed to the Compliance Office, Bureau of Technical Utility Services at 717-787-1227.

Very truly yours,



Evan Riccardo
Compliance Specialist I
Bureau of Technical Utility Services
Motor Carrier Compliance Division

Attachment

RECEIVED

DEC 23 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

our ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer



PROGRESSIVE

>>> FOLD PAGE ALONG PERFORATION AND TEAR >>>

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 01219592-0 NAIC Number: 11770
Effective Date: 10/13/2019 Expiration Date: 10/13/2020
Policy Type: Commercial
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
YES LIMOUSINE, LLC
1 INTERNATIONAL PLAZA STE 550
PHILADELPHIA, PA 19113

Year	Make	Model	VIN
2017	Cadillac	Xts	2G61U5534H9139176

FOLD THIS SIDE TO BE HIDDEN
Your Agent:
SMALLS INS AGENCY 1-302-633-1980
This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:
(1) You are involved in an auto accident.
(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
(3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request a restoration of your operating privilege and/or registration privilege, which has been previously suspended or revoked.

>>> FOLD PAGE ALONG PERFORATION AND TEAR >>>

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 01219592-0 NAIC Number: 11770
Effective Date: 10/13/2019 Expiration Date: 10/13/2020
Policy Type: Commercial
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
YES LIMOUSINE, LLC
1 INTERNATIONAL PLAZA STE 550
PHILADELPHIA, PA 19113

Year	Make	Model	VIN
2016	Chevrolet	Suburban C1500	1GNSKHKC7GR219057

FOLD THIS SIDE TO BE HIDDEN
Your Agent:
SMALLS INS AGENCY 1-302-633-1980
This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:
(1) You are involved in an auto accident.
(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
(3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request a restoration of your operating privilege and/or registration privilege, which has been previously suspended or revoked.

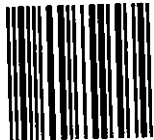


Estate Brokerage Services Inc.
7102 Frankford Ave.
Philadelphia, PA 19135

CERTIFIED MAIL®



1000



17105

U.S. POSTAGE PAID
FCM LETTER
PHILADELPHIA, PA
19135
DEC 23, 19
AMOUNT

\$6.85
R2307M152922-09

7015 0640 0003 7173 8703

Secretary Chiavetta
PA PUC
P O BOX 3265
Harrisburg, PA 17105

RETURN RECEIPT
REQUESTED

17105\$3265 8099

