

2020 FEB 12 AM 9:48

PA P.U.C.  
SECRETARY'S BUREAU

02/10/2020

To whom it may concern:

I, Hipolito Castillo

Address: 1613 W. Washington St. 2 floor, rear entry, Allentown, Pennsylvania.

C-2019-3013422

Cell phone (610)515-4877

I'm letting you know through this letter, that we have always had insurance policy for our cars., We renewed in September 2019 with the CHIC company but they never sent you the FORM E and after them, our PUC has been affected something that we didn't know till we start looking for a new insurance, that's why I contact the puc to resolve this situation and Mr ,Evan Riccardo told me to respond back in writing and for that reason I'm sending you this letter.

My previous insurance company refused at this date to send them the proof of insurance , so we have made the decision to change of insurance company and as soon we do the new insurance company will fill out the FORM E , the only proof that I have of insurance for that date of September 2019 are the insurance cards of the ( 3 ) ,cars that We had for those dates, Right now I only have ( 1 ) only one car for the company , so as I will put a new insurance and he will be in charge of sending the FORM E .

I was waiting for my previous insurance company to send the form e but due that they don't want to do it I will change insurance company , Please help us to resolve any problem and misunderstanding for our business that has been greatly affected by Uber and Lyft, without anyone being able to do anything for us, since we don't have drivers, the insurance is very expensive and there is no production We can't not buy more cars, but I cannot close my business because it is the only way that helps me support my family., For that reason we will change insurance to continue with our business,

Thank you very much for your help and I wait for an answer via email to: [unitedtaxicopa@hotmail.com](mailto:unitedtaxicopa@hotmail.com)

If you have any questions, also send it via email or you can call (610)515-4877

Ask for Nuria.

Sincerely,

Hipolito Castillo

(Owner)



ps: Instead of the Ins cards.  
I attach the Insurance  
Certificate of liability  
Insurance.  
from 9/25/2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/25/2019

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 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  <b>COVER ME INSURANCE AGENCY OF NJ, INC.</b> <b>610-818 W. ST. GEORGES AVENUE</b> <b>LINDEN, NJ 07036</b> <b>908-587-2500 FAX: 908-587-1681</b>	CONTACT NAME: <b>MICHAEL J. POLLER</b>
	PHONE (A/C, No, Ext): <b>908-587-2500</b> FAX (A/C, No): <b>908-587-2615</b> E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE:      NAIC # INSURER A: <b>COMMERCIAL HIRECAR INSURANCE COMPANY</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**OVERAGES      CERTIFICATE NUMBER: 246174      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.

IR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>CHIC-6029-01</b>	<b>09/25/2019</b>	<b>09/25/2020</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>35,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			<b>N/A</b>			PER STATUTE    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)

:010 DODGE CARAVAN, VIN #: 2D4RN4DE6AR339785  
:011 DODGE CARAVAN, VIN #: 2D4RN3DG9BR690179  
:008 FORD FUSION, VIN #: 3FAHP97Z58R206337

**NOTE =** None of these cars are already in our policy. You will receive the FORM E with proof on Ins. Year 2013 car & new insurance

*Must Read*

<b>CERTIFICATE HOLDER</b>  NO ADDITIONAL INSURED	<b>CANCELLATION</b>  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  
--	--

From: UNITED TAXI COMPANY LLC  
\* Hipolito Castillo  
1613 W. Washington St.  
2fl. / Rear Entry.  
Allentown - PA,  
18102

to/: Rosemary  
Chiavetta, Secretary  
Pennsylvania Public  
Utility Commission  
400 North Street  
Harrisburg - PA. 17120