



282 Frystown Rd * Myerstown, PA 17067

Pennsylvania Public Utility Commission :
Bureau of Investigation and Enforcement :
 :
 :
 :
 V. : Docket No. C-2021-3026232
 :
 :
 Berks Logistics LLC :
 282 Frystown Rd :
 Myerstown, PA 17067 :

ANSWER

This letter is in answer to the commission complaint C-2021-3026232 against Berk Logistics LLC, a Pennsylvania motor carrier.

Since the Berks Logistics LLC organization in 2017 we have maintained, without laps, the state and DOT require liability and cargo insurance to operate under our authority. Prior to this year our insurance has been serviced by the same agent and as part of that service our agent also filled the required documents with the state. In April of this year we received a more competitive rate with another agent and acquired insurance with them. Unfortunately, we were unaware the state filling needed to be requested rather than being a standard service. I have requested the filling and it should be submitted from Mohave, our current agent. This filling will provide proof of coverage prior to the expiration of the prior years policy.

Please advise if any additional actions need to be taken.

Respectfully submitted

TJ Young
Driver Administration and Business Manager
282 Frystown Rd
Myerstown, PA 17067

June 23, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2021

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 Transtar Insurance Brokers, Inc. 5450 E. High Street, Suite 230 Phoenix AZ 85054	CONTACT NAME: PHONE (A/C. No. Ext): 480-579-2500		FAX (A/C. No): 480-579-2404
	E-MAIL ADDRESS: serviceteam@transtarinsurance.com		
INSURED Berks Logistics LLC 282 Frystown Rd Myerstown PA 17067	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Indemnity Insurance Company of North America		43575
	INSURER B : Great American Insurance Company		16691
	INSURER C : ACE American Insurance Company		22667
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER: 644756671

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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CGOG72486183	4/21/2021	4/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MMTH25549090	4/21/2021	4/1/2022	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 \$
B C	Physical Damage Cargo			GTP3431766 IMCH25549053	4/21/2021 4/21/2021	4/1/2022 4/1/2022	Comp/Coll Ded: \$2,500 Limit \$250,000 Deductible: \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2018 Freightliner 1FUJGLDE3JLJK3519 \$93,322
 2017 Freightliner 3AKJGLDV5HSHY9182 \$28,750
 2016 Freightliner 3AKJGLD57GSHS4607 \$28,250
 2016 Utility 1UYFS2481GA746706 \$23,000
 2017 Utility 1UYVS2538HG845133 \$26,000
 2021 Utility 1UYVS2537M7336113 \$29,000

Cargo Policy Includes Reefer Breakdown
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

* For Informational Purposes

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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ADDITIONAL REMARKS SCHEDULE

AGENCY Transtar Insurance Brokers, Inc.		NAMED INSURED Berks Logistics LLC 282 Frystown Rd Myerstown PA 17067	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

DOT #: 2197476
 MC #: 019360