

**BEFORE THE**  
**PENNSYLVANIA PUBLIC UTILITY COMMISSION**

IN RE:            Barry Mills Moving and Hauling LLC:        Docket No. A-8911832

**PETITION FOR REINSTATEMENT**

Petitioner, Barry Mills Moving and Hauling LLC, by and through their attorney, David P. Temple, Esquire, hereby respectfully requests that the Certificate of Public Convenience for the above referenced carrier be reinstated for the following reasons:

1. Petitioner is Barry Mills Moving and Hauling LLC with principal place of business located at 935 West Lancaster Avenue, Bryn Mawr, Pennsylvania 19010.
2. The Petitioner was issued a Certificate of Public Convenience on July 28, 2010 under Docket No. A-8911832.
3. The Petitioners rights were cancelled on or about November 19, 2019 for failure to maintain evidence of cargo insurance with the Public Utility Commission. A true and correct copy of the cancellation notice is attached as Exhibit A
4. On August 7, 2019 the Bureau of Investigation and Enforcement initiated a Complaint against the Petitioner for failure to maintain insurance with an understanding that it would re rescinded if insurance was filed.

5. On or about August 22, 2019 the Petitioners insurance carrier filed an E Form with the Commission. A true and correct copy of the E Form is attached hereto as Exhibit B
6. The E Form was not rejected but it apparently did not include the requisite Cargo Insurance.
7. It does not appear that anyone was notified of this error.
8. On or about November 18, 2019 the Commission issued a cancellation notice to the Petitioner for his failure to respond to the Complaint.
9. In the letter the Commission acknowledges that the E Form was received but that the \$5000.00 cargo insurance rider was lacking
10. As of the receipt of the letter the Petitioner believed the requisite cargo insurance had been filed and the Complaint rescinded and the authority to be compliant.
11. The Petitioner immediately contacted his insurance broker to see why this issue persisted.
12. The insurance broker insisted that they instructed the Company as to what filings were required for this carrier but that it was their error that resulted in the misstep.
13. Immediately prior to COVID the carrier tried to correct the insurance filing but it could not be accepted because of the cancellation
14. Following the beginning of COVID 19 closures in March of 2020 it was difficult to coordinate anything between carriers and Commission for non routine matters.

15. During this period carrier did secure counsel to attempt to rectify the insurance issue.
16. The Petitioner maintained cargo insurance at all times under his policy at a liability limit five times that required by the Commission despite the failure to file the E Form by the carrier. A true and correct copy of the policy reflecting cargo insurance is attached hereto as Exhibit C
17. The amount of cargo insurance required by the Commission is only \$5,000 and would not be a reason to risk the operation of the business
18. Due to the suspension and subsequent cancellation of his authority the Petitioner has been unable to file evidence of insurance with the Commission.
19. The Petitioner is prepared to immediately file an E Form with the Commission evidencing insurance as required.
20. The Petitioner, while not fully aware that the insurance company did not correct their filing as requested has now assigned the President the responsibility of confirming all filing requirements on top of the insurance broker and the respective company.
21. The Petitioner has presented a valid rationale for this decision because he is believed that the insurance requirement was resolved when his insurance company instructed him that the appropriate E Form had been filed in response to the Commission letter.
22. The Petitioner has taken steps to assure that this does not happen again by taking personal responsibility for all Commission correspondence and orders and follow up thereafter.

23. The Petitioner has had an excellent record of compliance with the Commission and has no outstanding fines or assessments.
24. Petitioner asserts that reinstatement gives the public greater choices and such competition benefits the public interest.
25. While petition is a little late COVID-19 changes and closures made it difficult for access to information and coordination between the different companies, attorneys and carriers.

WHEREFORE, Petitioner Barry Mills Moving and Hauling, LLC, by and through their attorney respectfully request reinstatement of his Certificate of Authority with the Public Utility Commission.

Respectfully,

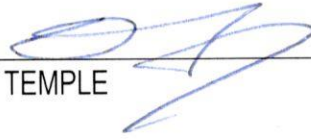


David P. Temple, Esquire  
Attorney for Petitioner  
Barry Mills Moving and Hauling, LLC

**VERIFICATION**

DAVID TEMPLE, Attorney for Barry Mills Moving and Hauling, LLC verifies that he is acquainted with the facts and information set forth in the foregoing pleadings are true and correct to my knowledge, information and belief. I expect to be able to prove the same at any hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DAVID TEMPLE



DATE:

5/14/21

# **EXHIBIT**

**A**



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE  
REFER TO OUR FILE

November 18, 2019

C-2019-3012040  
A-8911832

CANCELLATION NOTICE

**BARRY MILLS MOVING AND HAULING LLC**  
935 WEST LANCASTER AVENUE  
BRYN MAWR PA 19010

**Re: Pennsylvania Public Utility Commission, Bureau of Investigation & Enforcement v.  
BARRY MILLS MOVING AND HAULING, LLC**

Respondent:

On **August 7, 2019**, the Bureau of Investigation and Enforcement instituted a Complaint against **Barry Mills Moving And Hauling, LLC**, Respondent, for failure to maintain evidence of Liability Insurance and Cargo Insurance on file with this Commission, a violation of 66 Pa. C.S. §512, 52 Pa. Code §32.2(c), and 52 Pa. Code §32.11(a).

In accordance with 52 Pa. Code §5.61, the Bureau of Investigation and Enforcement notified the Respondent that an Answer to the Complaint must be filed within twenty (20) days of the date of service. The Notice further specified that, if Respondent failed to answer the Complaint within twenty (20) days, the Bureau of Investigation and Enforcement would request that the Commission cancel Respondent's Certificate of Public Convenience.

The Complaint was served on Respondent, **Barry Mills Moving And Hauling, LLC**, by certified mail on **August 9, 2019**. On August 23, 2019, the Respondent's insurer filed evidence of Liability Insurance effective on August 22, 2019; however, Respondent's insurer has failed to file Cargo Insurance. To date, more than twenty (20) days later, Respondent has failed to file an Answer to the Complaint and has failed to have his insurer file evidence of insurance with this Commission.

Therefore, the allegations in the Complaint are deemed to be admitted. The Complaint is hereby sustained and the **Certificate of Public Convenience**, issued to Respondent at **A-8911832 is hereby CANCELLED**.

Respondent is assessed a fine of \$500 for failure to maintain evidence of insurance on file with this Commission as required at 52 Pa. Code §32, as well as a fine in the amount of \$100 for failing to file an answer to the Complaint as required by 52 Pa. Code §5.61, for a total fine of \$600. Payment must be made by certified check or money order payable to the Commonwealth of PA, and mailed to Pa. Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.

Furthermore, this Commission will request the Pennsylvania Department of Transportation to put an administrative hold on Respondent's vehicle registrations. Respondent will **NOT** be able to register any new vehicles or renew any existing vehicle registrations until all past due assessments are paid, all past due fines are paid, all insurance filings are up to date, and it holds an active Certificate of Public Convenience issued by this Commission.

This Secretarial Cancellation Letter will also be served on:

The Department of Revenue  
Bureau of Audit Programs  
Sales and Use Taxes  
Tenth Floor, Strawberry Square  
Harrisburg, PA 17128-1061

Respondent is hereby notified to cease and desist from further violations of the Public Utility Code, 66 Pa. C.S. §§1.1 et seq., and the regulations of the Commission, 52 Pa. Code §§1.1 et seq. In view of the **cancellation of respondent's Certificate of Public Convenience**, it is specifically prohibited from rendering service as a common carrier by motor vehicle in intrastate commerce in the Commonwealth of Pennsylvania.

#### APPEAL RIGHTS

If you disagree with this determination, you may send a Petition for Reconsideration from Staff Action (Petition) to: Secretary, PA Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265. Such a Petition is a written statement asking the Commission to change its determination.

The Petition must be filed with the Commission within twenty (20) days of the date of this letter. If no timely request for reconsideration is made, this action will be deemed to be the final action of the Commission.

The Petition MUST include: (1) a written statement (divided into numbered paragraphs) outlining the reasons for the request, (2) the case docket number(s) (they are provided for you at the top right-hand corner of this letter), (3) the name of the person on whose behalf the petition is made, (4) copies of relevant documentation, and (5) a verification with original signature. See 52 Pa. Code §§1.31 and 5.44. Below is a sample Verification:

#### VERIFICATION

I, (YOUR NAME GOES HERE), hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

(SIGN AND DATE)

If you believe that you have received this letter in error, please contact the Compliance Office of the Motor Carrier Services and Enforcement Division in the Bureau of Technical Utility Services at 717-787-1227 within ten (10) days of the date of this letter.

Very truly yours,



Rosemary Chiavetta,  
Secretary

CC: PA Department of Transportation  
PA Department of Revenue



**EXHIBIT**  
**B**



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

Filed with: Pennsylvania Public Utility Commission PA (hereinafter called Agency)  
(Name of Agency)

This is to certify, that the: Integon General Insurance Corporation  
(Name of Company)

(hereinafter call Company) of: PO Box 3199, Winston Salem, NC 27102-3199  
(Address) PA

Has issued to: BARRY MILLS MOVING AND HAULING LLC **PUBLIC UTILITY COMMISSIO**  
(Name of Motor Carrier)

of: 935 W LANCASTER AVE, BRYN MAWR PA 19010 **AUG 23 2019**  
(Address of Motor Carrier)

A policy or policies of insurance effective from: 8/22/2019 12:01 A.M. Standard time at the address of the insured as stated in said policy or policies and continuing until canceled 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 commission a duplicate original of said policy or policies and all the endorsements thereon. This certificate and the endorsement described herein may not be canceled 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 agency, such thirty (30) days' notice to commence to run from the date notice is actually in the office of the Commission.

Countersigned at 5630 University Pkwy, Winston Salem, NC 27102-3199  
(Street Address) (City) (State) (Zip)

This 16th day of August, 2019

Insurance Company File No: 2005485365 A20102162077  
(Policy Number) (Docket Number)

*Berta A Castellano*

Berta Castellano  
 Authorized Company Representative

Liability Coverage: Combined single limits Liability Limit: \$300,000  
 42121 (11012014)

**EXHIBIT**  
**C**



Auto, Home & Health Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

BARRY MILLS MOVING AND HAULING LLC  
935 W LANCASTER AVE  
BRYN MAWR, PA 19010

**Date:** 07/03/2019  
**Policy Number:** 2005485365  
**Named Insured:**  
BARRY MILLS MOVING AND HAULING LLC  
**Policy Period:** 08/22/2019 - 08/22/2020  
**Policy Underwritten By:**  
Integon General Insurance Corporation

Agent:  
Rovner Insurance Group Llc  
7178 Marshall Rd  
Upper Darby PA 19082  
(610) 622-1954

### It's time to renew your insurance policy!

A renewal offer is enclosed. We've outlined a number of items below which need your attention.

**IMPORTANT NOTICE: Money received will apply to any outstanding balances first. This renewal will not become active until all outstanding balances have been paid. Your payment must be received on or before the effective date of your renewal offer to assure continuous coverage, otherwise your coverage will expire on 08/22/2019.**

You can view, save and print your insurance policy documents by going to [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Just look for the "Policy Documents" link. To have these documents mailed to you, please call us at 1-877-468-3466 or your agent at (610) 622-1954.

**COMMERCIAL VEHICLE CONTENT** - As a condition of renewal, the policyholder must:

- List anyone who uses an insured vehicle;
- Notify us if any vehicles are used across state lines;
- Notify us if the vehicle is operated outside a 50 mile radius from its garaging territory.

Failure to do so may result in reduced coverage or lack of coverage in the event of a claim.

Thank you again for choosing National General Insurance. We appreciate your business!

## National General Insurance Group Privacy Notice

The National General Insurance Group\* is giving you this notice to tell you how we may collect and share nonpublic personal information about you and the accounts you have with a company (or companies) in the National General Insurance Group. This notice also advises you of your right to keep this information from being shared with affiliates of the National General Insurance Group\*\* or other business associates (non-affiliates) under certain circumstances and your right to limit marketing, in some cases.

### What Nonpublic Personal Information Do We Collect About You?

We collect non-public personal information about you and the members of your household from the following sources:

- Information we receive from you, such as information on applications or other forms, which may include your name, address, e-mail address, social security number and driving history.
- Information about your transactions with us, our affiliates, or others, such as your account balance and payment history.
- Information we receive from outside sources such as consumer reporting agencies, insurance agencies and state motor vehicle departments which may provide information on your credit history, credit score, driving and accident history, or prior insurance coverage in place. Please note that the information obtained from outside sources may be retained by those outside sources and disclosed to other persons without our knowledge.
- Information about your computer hardware and software that may be collected by us if you contact our Website electronically. This information can include: your IP address, browser type, domain names, access times, and referring Website addresses. This information is used for the operation of the website, to maintain quality of the website, and to provide general statistics regarding use of our Website.
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations regarding your health.

### How Do We Protect The Information That We Collect About You and Your Accounts?

To protect the privacy and security of nonpublic personal information we collect about you, we restrict access to the information to our employees, agents and subcontractors who need this information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable federal and state laws and regulations to guard your non-public personal information. We strive to keep our information about you accurate. We require those individuals to whom we permit access to your customer information to protect it and keep it confidential. You may review the information we have collected on your account and if you tell us of an error, we will update our records promptly. If you wish to review or correct personal information on your account, please write to us at the address on your account statement or other account materials.

### Do We Share The Information We Collect About You and Your Accounts?

Yes, to provide you with superior service, inform you of product and service opportunities that may be of interest to you, or for other business purposes, **we may share** all of the nonpublic personal information we collect about you and your accounts, as described above, as permitted by law. Our sharing of information about you is subject to Your Rights, described below. However, we do not sell, rent or lease our customer lists to third parties.

We will disclose your personal information, without notice, only if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on us; (b) protect and defend our rights or property; (c) act under exigent circumstances to protect the personal safety of our customers, or the public; and (d) to process insurance claims.

**For Vermont Residents Only:** Based on Vermont law, we do not share nonpublic personal information about you with affiliates or non-affiliated third parties, other than as permitted by law. We automatically treat your accounts as if you made the Information Sharing and Affiliate Marketing opt out elections described below.

### What Types of Affiliates and Non-affiliated Third Parties Do We Share Information About You With?

Subject to Your Rights, detailed below, **we may share** nonpublic personal information about you with the following types of affiliates and non-affiliated third parties:

- Financial service providers, such as, credit card issuers, insurance companies, and insurance agents.
- Non-financial companies, such as credit reporting agencies, manufacturers, motor vehicle dealers, retailers, direct marketers, telecommunications companies, airlines, management companies, attorneys in fact, and publishers.
- Companies that perform marketing services on our behalf or with other institutions with which we have joint marketing agreements.
- Others, such as educational institutions.

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**We may also share** nonpublic personal information about you with affiliates and non-affiliated third parties, as permitted by law, including consumer report information, such as information from credit reports and certain application information that we have received from you and from third parties, such as consumer reporting agencies and insurance support organizations

**\*Reference to the National General Insurance Group in this notice includes the following companies:** National General Insurance Company, National General Assurance Company, National General Insurance Online, Inc., Integon Casualty Insurance Company, Integon General Insurance Corporation, Integon Indemnity Corporation, Integon National Insurance Company, Integon Preferred Insurance Company, New South Insurance Company, MIC General Insurance Corporation, Home State County Mutual Insurance Company – (Administered by Integon National Insurance Company, National General Insurance Company, Imperial Fire & Casualty Insurance Company or Integon Indemnity Corporation), National General Motor Club, Inc., National Health Insurance Company, Agent Alliance Insurance Company, National General Premier Insurance Company, Imperial Fire & Casualty Insurance Company, Adirondack Insurance Exchange, Mountain Valley Indemnity Company, New Jersey Skylands Insurance Association, New Jersey Skylands Insurance Company, Century-National Insurance Company, Standard Property and Casualty Insurance Company, Direct Insurance Company, Direct General Insurance Company, Direct General Insurance Company of Louisiana, Direct General Insurance Company of Mississippi, Direct National Insurance Company, Direct General Life Insurance Company, and Old American County Mutual Fire Insurance Company (Administered by Direct General Insurance Agency).

**\*\*Affiliates of the National General Insurance Group include:** companies in the National General Insurance Group referenced in this notice, and companies that now or in the future control, are controlled by, or are under common control with a company in the National General Insurance Group.

### **Do We Share Information About Former Customers?**

Yes, subject to Your Rights - detailed below, **we may share** all of the nonpublic personal information described above about our former customers with the same types of affiliates and non-affiliated third parties, as described above, as permitted by law.

### **Your Rights:**

#### **Information Sharing**

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

#### **Affiliate Marketing**

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group**. This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

### **Modifications to our privacy policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties. Before we do that, we will provide you with a revised privacy notice and give you the opportunity to opt-out of that type of information sharing.

### **How to Opt Out of Information Sharing or Limit Affiliate Marketing:**

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:  
  
National General Insurance  
PO Box 3199  
Winston-Salem, NC 27102-3199
- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.

If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

00000001728570800010172805090004800002030019000020000E

I direct my information not be shared with affiliates or with non-affiliated third parties, and to limit Affiliate Marketing, other than as permitted by law.

BARRY MILLS MOVING AND HAULING LLC  
Named Insured

2005485365  
Account (Policy) Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: No action is required if you wish to permit information sharing as described in this notice. If you have already told us not to share your information on this account, you do not need to tell us again.

0000001728570900010172605090004800002030019000030003



Auto, Home & Health Insurance

PO Box 3199 • Winston Salem, NC 27102-3199

BARRY MILLS MOVING AND HAULING LLC
935 W LANCASTER AVE
BRYN MAWR, PA 19010

Date of Notice: 7/3/2019
Policy Period: 8/22/2019 - 8/22/2020
Agent:

Rovner Insurance Group LLC
(610) 622-1954



Register online and go paperless! Save money
and discover your exclusive online benefits at
www.MYNatGenPolicy.com

This is your renewal bill and your policy documents are enclosed. Your current policy will expire on 08/22/2019 at 12:01 A.M. We are pleased to offer to renew your policy for another term. Your renewal payment must be received by 7/27/2019 in order to maintain continuous coverage.

Table with 2 columns: POLICY DETAILS, Policy Number. Row: Commercial Vehicle Policy, 2005485365

Table with 3 columns: PAYMENT OPTIONS, Description, Pay Now. Rows: Pay in Full (\$3,829.00), Automatic Payments (\$412.75), Installment (\$416.78)

Summary table with 3 columns: Description, Current Amount Due, Outstanding Balance Due, Minimum Amount Due. Values: \$3,571.00, \$258.00, \$3,829.00

\*The Pay in Full amount may include a Paid in Full discount in some states.
\*\*Approximate amounts for installment plans; actual figures may vary based on state and product.
Note: If received in our office after the due date, a \$15.00 late charge may apply.
If payment is processed with a customer service representative a \$5.00 convenience charge may apply.

-- Please see reverse side for additional information --
If mailing, please detach the coupon below and return with your payment. Please mail 7 days in advance.

Payment Coupon
Commercial Vehicle Policy:

2005485365

Our records show the following:

Email: mrovnerins@aol.com
Phone: 610-888-3251

For automated payments please visit
www.MyNatGenPolicy.com or call 1-877-468-3466

If mailing, please make check payable to:
National General Insurance

Amount Due: \$3,571.00
Payment Due Date: 7/27/2019

Amount Enclosed: [Grid of boxes for entering amount]

Named Insured:

BARRY MILLS MOVING AND HAULING LLC
935 W LANCASTER AVE
BRYN MAWR, PA 19010

Check for address change or paperless enrollment. Please note your changes on reverse side.

NATIONAL GENERAL INSURANCE
PO BOX 89431
CLEVELAND OH 44101-6431



02005485365027000000357100003571005



**PAYMENT SCHEDULE OPTIONS**

Due Date	Scheduled Amount	Payments
7/27/2019	\$3,571.00	
8/22/2019	\$412.75	11 automatic payments of \$340.75*
8/22/2019	\$416.78	11 billed installments of \$351.02*

\*Approximate amounts for installment plans; actual figures may vary based on state and product. Automatic payment amounts are based on automatic payments from your checking/savings account.

Please note in accordance with Federal Reserve guidelines we may process your payment electronically via the automated clearing house (ACH).

**Enrolling for Automatic Payments**

**Step 1:** Make your upcoming payment online at [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com), by mail or with your agent.

**Step 2:** Complete the Automatic Payments authorization form by phone at 1-877-468-3466 or contact your agent.

After your Automatic Payments enrollment has been processed on your policy, we will send you an Automatic Payments schedule.

To avoid a cancellation of your coverage, please make sure that your payment is received by the due date. The Company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any other reason, a Notice of Cancellation will be immediately processed.

If you have questions or need assistance with your policy, please call your agent at the phone number listed at the top of your statement or call customer service at 1-877-468-3466.

Thank you for choosing National General Insurance. We appreciate the opportunity to give you the coverage you need and the service you deserve.

Has your address or email changed? Please update your contact information below.

Insured First Name  Initial  Last Name

Street Address or PO Box

City  State  Zip  -


Home Phone  -  -

Garaging Address Change     Mailing Address Change     Both

Email - *used for Customer communication only*

Enroll in Electronic Delivery - Would you like to simplify your life and enroll in electronic bills and documents?  
 Yes, I'd like to receive all my bills and documents electronically. Please provide email address above.

Thank you for insuring with us! Here are your identification cards for proof of insurance.

 <p><b>National General</b> Auto, Home &amp; Health Insurance</p> <p><b>PENNSYLVANIA AUTOMOBILE FINANCIAL RESPONSIBILITY IDENTIFICATION CARD</b></p> <p><b>INTEGON GENERAL INSURANCE CORPORATION</b> PO Box 3199 Winston Salem, NC 27102-3199</p> <p><b>POLICY NUMBER</b> 2005485365      <b>EFFECTIVE DATE</b> 8/22/2019</p> <p><b>NAIC NUMBER</b> 22780      <b>EXPIRATION DATE</b> 8/22/2020</p> <p>BARRY MILLS MOVING AND HAULING LLC 935 W Lancaster Ave Bryn Mawr, PA 19010</p> <p>NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE</p>				<p><b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b></p> <p>This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle. <b>WARNING:</b> 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.</p> <p><b>NOTE: THIS CARD IS REQUIRED WHEN:</b></p> <ol style="list-style-type: none"> <li>1. You are involved in an auto accident.</li> <li>2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.</li> <li>3. You are stopped for violating any provision of 75 Pa.C.S. (relating to the 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 restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.</li> </ol>		
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>			
2007	INTL	4000 430	1HTMMAAM67H531652			
<p><b>IMPORTANT NOTICE:</b> Regarding your Financial Responsibility Insurance Identification Card.</p> <p>The INTEGON GENERAL INSURANCE CORPORATION is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.</p> <p>If you lose the card, contact your insurance company or agent for a replacement. The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid. You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.</p>					<p>Report all accidents immediately to: <b>National General Insurance</b></p> <p><b>Toll free at:</b> 1-800-468-3466</p> <p>Rovner Insurance Group Llc      <b>9005491</b> 7178 Marshall Rd      (610) 622-1954 Upper Darby, PA 19082</p>	
				MOD: 02	10326 (01012011)	

▲  
Cut On Solid Line – Fold On Dotted Line



PO Box 3199 • Winston Salem, NC 27102-3199

BARRY MILLS MOVING AND  
HAULING LLC  
935 W LANCASTER AVE  
BRYN MAWR PA 19010

Policy Number: 2005485365  
 Named Insured:  
**BARRY MILLS MOVING AND HAULING  
 LLC**  
 Policy Period:  
**8/22/2019 - 8/22/2020**  
 Date of Notice: 07/03/2019 10:49 AM  
 Policy Underwritten By:  
**Integon General Insurance Corporation**  
 24 Hour Claim Reporting: 1-800-468-3466  
 For Policy Information: 1-877-468-3466  
[www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com)

Your Agent:  
**Rovner Insurance Group Llc**  
 7178 Marshall Rd  
 Upper Darby PA 19082  
 (610) 622-1954

## PA COMMERCIAL VEHICLE DECLARATIONS PAGE

Renewal Effective 08/22/2019 12:01 AM

### Drivers, Employees and Household Residents

#	Name	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
#1	Barry Mills	Owner Driver	XXX0504	PA		Male	Single	2	28
		<b>Accidents/Violations Description</b>							
		#4	Date: 7/10/2018				Defective equipment, Improper use of lights/signal		
#2	Craig C WHITNEY	Employee Excluded	XXX7865	PA		Male	Single	0	2
#3	Jeffrey Lewis	Employee Excluded		PA		Male	Married	0	2
#4	Brian Hyman-Smith	Employee Excluded		PA		Male	Single	0	2

### Insured Vehicle(s) and Schedule of Coverages

#1	2007 INTL 4000 4300	VIN: 1HTMMAAM67H531652	Usage: Business Use Only	Radius: 100
	Garaging Location:	19010		
	Policy Coverage Level	ScheduledAuto		
	Coverages Provided	Limits/Deductibles		Premium
	Bodily Injury / Property Damage - Combined Single Limit	\$300,000 Combined Single Limit		\$2,698.00

Underinsured Combined Single Limit - Nonstacked	\$300,000 Combined Single Limit	\$66.00
Uninsured Combined Single Limit-Nonstacked	\$300,000 Combined Single Limit	\$35.00
Medical Expense	\$10,000 w/ Work Comp Per Occurrence	\$89.00
<b>Total for this Vehicle</b>		<b>\$2,888.00</b>
<b>Additional Policy Coverages</b>	<b>Limits/Deductibles</b>	<b>Premium</b>
Cargo	\$25,000 Each Accident / \$1000 Deductible	\$593.00
<b>Combined Vehicle Premium</b>		<b>\$2,888.00</b>
Combined Policy Coverages Premium		\$593.00
Acquisition Expense		\$40.00
Form E Filing Charge		\$50.00
<b>Total 12 Month Policy Premium</b>		<b>\$3,571.00</b>

### Discounts Applied

#### Policy Level

In Agency Transfer Discount  
Paid in Full Discount

### Surcharges Applied

#### Policy Level

Excluded Operator Surcharge  
Motor Carrier Filing

### Important Notice

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

### Important Notice

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Online Policy Documents: Your policy form and coverage endorsements may be viewed by going to our website: [www.MyNatGenPolicy.com](http://www.MyNatGenPolicy.com). Click on the Policy Documents link at the top and enter your Policy Number and Last Name.

### Additional Policy Information

Insured email: [mrovnerins@aol.com](mailto:mrovnerins@aol.com)

#### Rated Commodities

Misc

Tier 7

### Disclosure of Possible Additional Charges

The amounts below are authorized for use in this state. However, they are only charged if they apply to your policy.

Acquisition Expense	\$40.00
Additional Insured Charge	\$50.00
Additional Insured Charge - Blanket - Non Fleet	\$500.00
Additional Insured Charge - Contractual Liability	\$50.00
Cancellation Charge	\$15.00
Convenience Fee	\$5.00
Federal Filing Fee	\$75.00

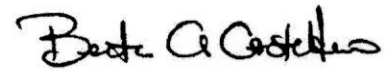
Form E Filing Charge	\$50.00
Late Charge	\$15.00
Nonsufficient Funds Charge	\$35.00
Reinstatement Charge - Federal Filing	\$95.00
Reinstatement Charge - No Federal Filing	\$20.00
UIIA Fee	\$75.00
Waiver of Subrogation	\$50.00
Waiver of Subrogation - Blanket - Non Fleet	\$500.00

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**Forms and Endorsements**

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Form	Edition	Form Name
10148	01012014	CARGO COVERAGE
11279	01012014	NUCLEAR ENERGY LIABILITY EXCLUSION
07594	05012013	EXCLUSION OF NAMED DRIVER
11775	01012018	MOTOR CARRIER COVERAGE
11207	02012019	COMMERCIAL AUTO POLICY



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Authorized Signature

## UNDERWRITING NOTICE

Policyholder's Name: BARRY MILLS MOVING AND HAULING LLC

Policy Number: 2005485365

Company Name: Integon General Insurance Corporation

Date: 07/03/2019

Dear BARRY MILLS MOVING AND HAULING LLC,

As you may know, automobile insurers underwrite and rate applicants and policyholders on the basis of a variety of factors - traffic violations, accident history, number of years you have driven, vehicle type, etc. By considering these factors we can most accurately underwrite your policy and offer the greatest number of applicants and policyholders the best available rates.

Another factor we consider is your insurance credit score. Independent studies indicate that an insurance credit score is an extremely reliable predictor of automobile insurance losses. Taking this additional information into account also helps us to provide you with the most accurate and fair rate.

Some of the information used to underwrite and rate your policy comes from reports we receive from third parties. These third parties are commonly referred to as "consumer reporting agencies" and the information we receive from these agencies is commonly referred to as a "consumer report".

This Notice is to let you know that the following information contained in a consumer report affected your premium with regard to your insurance. This information was received from the consumer reporting agency shown below.

Your Drivers History Report (traffic violations and accident history) was used to determine your rate. Your Drivers History Report adversely affected your rate and was based on the following information contained in the Drivers History Report:

DRIVER NAME	INCIDENT	INCIDENT/CONVICTION DATE
Barry Mills	Defective equipment, Improper use of lights/signal	07/10/2018

The consumer reporting agency played no part in the decision to take this action with respect to your insurance and will be unable to give you the specific reasons for what we did.

You have the right to request a free copy of your consumer report from the consumer reporting agency. Your request must be made within 60 days of receiving this notice. You also have the right to dispute with the consumer reporting agency the accuracy or completeness of any information in your consumer report. Please note: we played no role in the makeup of your consumer report.

You may contact the consumer reporting agency by writing or calling them at the following address:

Please contact us with any questions regarding your rate. If you have any questions pertaining to the information on your Drivers History Report, please contact Drivers History Information Sales, Inc. as follows:

TransUnion  
P.O. Box 99  
Woodlyn, PA 19094  
833-634-0302

Please reference report number(s):

Barry Mills:

In addition, upon your request, you may obtain the specific information supporting our reasons for this action, if the information is not stated above, and you may review your information contained in our records provided the information is not protected from disclosure by law.

You may also request that we correct, change or delete any incorrect information. You may also file a statement setting forth what you think is the correct information and why you disagree with any refusal to correct the information.

To do so, send a written request to our Customer Service Department describing the kind of information you want to review. Include your full name, address, policy number and either your date of birth, social security number or driver's license number.

If you have any questions concerning our use of your consumer report information, please call us at 1-877-468-3466.

**Integon General Insurance Corporation**  
**PENNSYLVANIA SURCHARGE DISCLOSURE STATEMENT**  
**NOTICE OF PREMIUM DISCOUNTS**

In accordance with Pennsylvania law, we are providing you with this surcharge disclosure plan to explain our system of driving record points. Higher premiums are charged for drivers based upon the number of penalty points accumulated during the experience period. This statement provides an overview; more detailed information is available on request.

Driving record points are assigned to operators for chargeable accidents and violations. All accidents and violations occurring in the 36-month period prior to policy inception are considered in developing a driver's policy premium. If a driver is added in mid-term, accidents and violations will be charged for the entire 36-month period prior to the driver being added to the policy.

Point surcharges follow the driver. To determine if the accident or violation took place in the chargeable period, we use the occurrence date instead of the conviction date. We charge for accidents and violations occurring while a driver is operating a private passenger automobile, commercial vehicle, motorcycle, or recreational vehicle.

**A. Accidents**

We assess a 4-point charge for the 1<sup>st</sup> or 2<sup>nd</sup> at-fault accident and 5-points for any additional at-fault accidents. Accidents are chargeable if, as a result of the accident, the insurer incurs at least \$1550 in losses for accidents that occur on or after July 1, 2014 but before July 1, 2017 or at least \$1700 in losses for accidents that occur on or after July 1, 2017 in excess of any deductible for personal injury or damage to property, including the insured's.

Each accumulation of \$1550 (July 1, 2014 until June 30, 2017) or \$1700 (on or after July 1, 2017) in aggregate losses from incidents not otherwise charged represents an at-fault accident. If the insured can demonstrate that any of the facts of loss described in 31 Pa. Code Section 67.33 apply to an accident, the accident will not be charged to the operator.

**B. Minor Violations**

We assess a 2-point charge for minor violations and 3-points for each additional conviction of a minor violation. Such minor violations include: defective equipment; improper use of lights/signal; failure to yield; failure to stop at red light/stop sign; failure to yield to pedestrian and failure to comply with traffic signal.

We assess a 3-point charge for improper lane change/use of lanes, improper signal; failure to keep right, illegal/passing, improper or unsafe turn, following too closely, driving where prohibited and driving on wrong side or wrong direction.

We assess a 2-point charge for improper backing; obstructing traffic; failure to pay toll; unsafe start from parked position; opened door to moving traffic; inattention; driving while vision is obstructed; improperly transporting passenger and other minor violations.

**C. Major Violations**

We assess a 6-point charge for certain major violations. Examples include: fleeing/attempting to elude a police officer; felony; assault; manslaughter or homicide with a motor vehicle; hit and run; leaving the scene; failure to stop after accident or theft; failure to report an accident.

We assess a 5-point charge for negligent driving, racing, and reckless driving.

We assess a 4-point charge for driving while license suspended/revoked/invalid, unlawful use of license/registration, permit unlicensed person to drive, unlawful use of vehicle, abandon vehicle and all other major violations.

We assess a 5-point charge for careless driving.

**D. Driving While Intoxicated**

We assess a 3-point charge for the first Alcohol or Drug conviction and 4-points for each additional Alcohol or Drug conviction under Section 3731 (Driving under the influence of alcohol or controlled substance), notice of Section 1534 (Acceptance of Accelerated Rehabilitative Disposition), or any similar infraction.

**E. Speeding Violations**

We assess a 3-point charge for 1<sup>st</sup> speeding violations over 15 mph and a 2-point charge for each additional speed that is over 15 mph. We assess a 2-point charge for 1<sup>st</sup> speeding violations less than or equal to 15 mph and a 1-point charge for each additional speeding conviction that is less than or equal to 15 mph.

The first occurrence from the group of following violations will be waived: careless driving; failure to yield; improper turn; speeding; following too closely; illegal passing or any other violation listed in 75 Pa. C.S. Section 1535.

### Surcharge Percentage

The number of points determines the surcharge percentage. The percentage varies by coverage as shown below:

<u>Point Value</u>	<u>Bodily Injury/ Property Damage</u>	<u>Med &amp; First Party Benefits</u>	<u>Comprehensive</u>	<u>Collision</u>
1	10%	5%	13%	18%
2	35%	20%	30%	29%
3	39%	29%	32%	38%
4	55%	37%	34%	51%
5	62%	45%	36%	68%
6	77%	50%	36%	85%

A surcharge applies when we are unable to obtain a Motor Vehicle Report on a driver.

### NOTICE OF PREMIUM DISCOUNTS

If your vehicle is equipped with passive seatbelts or airbags, you are entitled to a discount on the first party benefits coverage portion of your policy. Passive seatbelts are those which automatically fasten without any action by the driver or front seat passenger.

If your vehicle is equipped with a passive anti-theft device, you are entitled to a discount on your comprehensive coverage. Passive anti-theft devices are systems installed which are activated automatically when the driver turns the ignition key to the off position. This does not include an ignition interlock provided as a standard feature by the manufacturer.

If named insureds age 55 or older have successfully completed a driver improvement course approved by PennDOT, you may be eligible for a premium credit.

Additional discounts are available; please contact your agent or insurance representative if you have any questions.



**Integon General Insurance Corporation**

Insured Name: BARRY MILLS MOVING AND HAULING LLC

Policy Number: 2005485365

**IMPORTANT NOTICE**

**Disclosure of Pennsylvania Minimum Coverage Requirements**

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

Below are the minimum limits of coverage required by law, and the cost of this coverage for your policy.

Bodily Injury	\$15,000/\$30,000	\$439.00
Property Damage	\$5,000	\$211.00
Medical Expense	5,000 w/o Work Comp	\$90.00
Total Policy Premium		\$740.00