

To Whom It May Concern,

- 1) My name is Steven Schluentz and I am writing on behalf of Esperte Events to appeal the decision of a non-permit issued for our business. The application was A-2025-3057112. The reason for dismissal was that I was unable to provide insurance for the vehicle in question. On two separate occasions, I spoke with my insurance advisor Sal Vacchiano who confirmed that he had sent in the insurance on both occasions in a timely fashion. In addition, I had him send in the insurance information a 3rd time and actually had him verify that you all have received it.
- 2) Since I cannot send in my insurance information on my own and am dependent on my carrier and agent to send in this information, I ask that you grant my appeal as we have all the documentation to you at this time. I included a screenshot of an email asking for verification of insurance being sent and Sal confirming that it was sent. I also included the insurance here in question that it is in force and the vehicle has proper insurance.

VERIFICATION:

I, (Steven Schluentz), 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).

(Applicant is not now engaged in intrastate transportation of property or passengers for compensation in this Commonwealth except as authorized by the Pennsylvania Public Utility Commission certificate or permit and will not engage in the transportation for which approval is herein sought, unless and until the transportation is authorized by your Honorable Commission.)

Nov 25th 2025- Steven Schluentz

A handwritten signature in black ink, appearing to be 'S Schluentz', written over a horizontal line.

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.

It is agreed that the policy is changed as follows:

THE NAMED INSURED INFORMATION IS AMENDED TO READ AS FOLLOWS:

**Name and Address: ESPERTE EVENTS LLC
 4335 SKIPPACK PIKE
 SCHWENKSVILLE, PA 19473**

Business Form: LLC

Named Insured Description of Business: VISITOR & NATURE CENTERS

RCVD PUC SEC BUR
DEC 1 2025 AM 11:09

Additional Premium \$ _____

Return Premium \$ _____

All other terms, conditions and agreements remain unchanged.

Company Name Berkshire Hathaway Homestate Insurance Company	Policy Number 02 APM 058416 - 01 Endorsement Effective 08/25/2025 12:01 AM
Named Insured ESPERTE EVENTS LLC	Countersigned at by _____

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)

PENNSYLVANIA

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

R 1413e (Ed 8-98)

COMPANY CODE AND NAME

02 NAIC: 20044

Berkshire Hathaway Homestate Insurance Company

Name and Address of Insured

ESPERTE EVENTS LLC
4335 SKIPPACK PIKE
SCHWENKSVILLE, PA 19473

POLICY NUMBER
02 APW 058416 - 01
EFFECTIVE DATE
05/09/2025 3:42 PM

NOT VALID MORE THAN 1
YEAR FROM EFFECTIVE DATE

Description of Vehicle:

1899 FORD TROLLEY 3FCNF53S0XJA26164
Year Make/Model Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

IMPORTANT NOTICE Regarding Your Financial Responsibility Insurance Identification Card.

This Insurance Company 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.

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.

FOLD ALONG THIS LINE

R 1413e (back)

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

Report All Accidents To:

1-800-356-5750

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.

24 Hour Toll Free

NOTE: THIS CARD IS REQUIRED WHEN:

Claims may also be reported at:
bhccclaim@bhhomestate.com

- (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 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.

CUT ALONG THIS LINE

RCVD PUC SEC BUR
DEC 1 2025 AM 11:09

Trolley insurance External inbox

◆ Summarize this email



Steven Schluentz <steve@lochwoodmanor.com>
to SAL

Tue, Oct 14, 12:18 PM ☆ ↶ ⋮

Can you confirm you sent insurance information to state for the trolley? I don't want to have to start the application again. Thanks



VACCHIANO, SAL <svacchiano@allstate.com>
to me

Tue, Oct 14, 5:16 PM ☆ ↶ ⋮

Yes, see attached copy.
...

From: Steven Schluentz <steve@lochwoodmanor.com>
Sent: Tuesday, October 14, 2025 12:19 PM
To: VACCHIANO, SAL <svacchiano@allstate.com>
Subject: [EXTERNAL] Trolley insurance

Can you confirm you sent insurance information to state for the trolley? I don't want to have to start the application again. Thanks

One attachment - Scanned by Gmail





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

IN REPLY PLEASE
REFER TO OUR FILE

November 17, 2025

A-2025-3057112

DISMISSAL NOTICE

ESPERTE EVENTS LLC
PO BOX 421
FORT WASHINGTON, PA 19034

To Whom It May Concern:

More than sixty (60) days ago, you received a Commission Order/Secretarial Letter stating that the Pennsylvania Public Utility Commission approved your application for authority, conditioned upon your compliance with specific requirements within sixty (60) days. To date, you have not complied with one or more of the following requirements:

Failed to have your insurance company file evidence of bodily injury and property damage liability insurance (Form E) with this Commission

DISPOSITION – DISMISSAL

Since this Commission has not received all of the requirements listed in your Order/Letter within sixty (60) days, **YOUR APPLICATION IS HEREBY DISMISSED** for non-compliance. **YOU MAY NOT OPERATE.** A CERTIFICATE WILL NOT BE ISSUED.

APPEAL RIGHTS

If you disagree with this determination, you may send a Petition for Reconsideration from Staff Action.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by regular mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by certified mail.

Please mail to: Secretary, Pennsylvania Public Utility Commission, 400 North Street, Harrisburg, PA 17120. 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 (this includes evidence of timely submission of the documents in question), 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).

(Applicant is not now engaged in intrastate transportation of property or passengers for compensation in this Commonwealth except as authorized by the Pennsylvania Public Utility Commission certificate or permit and will not engage in the transportation for which approval is herein sought, unless and until the transportation is authorized by your Honorable Commission.)

(SIGN AND DATE)

CONCLUSION

If you believe that you have received this letter in error, please contact the Compliance Office of the Motor Carrier Section in the Bureau of Technical Utility Services at 717-787-3834 within ten (10) days of the date of this letter.

Sincerely,



Matthew L. Homsher
Secretary

pc: Secretary's Bureau - File
Bureau of Investigation and Enforcement – Safety Office
Bureau of Technical Utility Services – Compliance Office

Esprit Events LLC

PO 421
Box

Fort Washington, PA

19034

PHILADELPHIA PA 190

28 NOV 2025 PM 8 L



1775

UNITED STATES
OF AMERICA
FOREVER/USA

Secretary

Pennsylvania Public Utility
Commission

400 North Street

Harrisburg PA

17120

17120-007999

