

This is a Petition for MARCIO GONZALEZ of
Little Wolf Transport LLC. 2225 Sunset Lane York PA 17408
Case docket number is - A-8928315
A-2025-3057753

We were informed that the insurance company
filed with the state of PA.

We assumed that you also received this information.
I enclosed a (1) of the insurance info that I think
you need.

THANK YOU
MJF 12/22/25

RCVD PUC SEC BUR
DEC 29 2025 AM 10:29

Your ID Cards

Keep these cards in your wallet or glove compartment and contact us anytime you need our financial help to repair 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 the repairs for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

FOLD PAGE ALONG PERFORATION AND TEAR

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Effective Date: 01/27/25 NAIC Number: 11113
Expiration Date: 06/27/26

Policy Type: Commercial
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.
Insurer: United Fidelity Casualty Company, 1800 State Street
PO Box 4220, Columbus, OH 43213

Named Insured(s):
44741 Transport LLC
3325 Seaside Lane
York, PA 17402

Year	Make	Model	VIN
2025	RAM	1500	4P4NCSEJ150NE10529

THIS CARD LEFT BLANK INTENTIONALLY

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 restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

FOLD PAGE ALONG PERFORATION AND TEAR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/28/2025

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 have ADDITIONAL INSURED provisions or 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 Progressive Insurance PO Box 94739, Cleveland, OH 44101		CONTACT NAME: Progressive Commercial Lines Customer and Agent Services PHONE (Off. No. Ext): 1-800-444-4447 FAX (Off. No.): Email: progressvo-commercial@emal.progressive.com ADDRESS: progressvo-commercial@emal.progressive.com	
INSURED Little Wolf Transport LLC 2225 Sunset Lane York, PA 17408		INSURER A: United Financial Casualty Company 1: 770 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 5068756231792471050082825D13919 **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.

LINE	TYPE OF INSURANCE	ADDL. SUBR. (INS) (WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP. (Any one person) \$ PERSONAL & ADY. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	09/27/2025	08/27/2026	COMBINED SINGLE LIMIT (Per accident) \$1,200,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> YEM ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/SENIOR MANAGED? (Mandatory in PA) DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details	N/A				<input type="checkbox"/> PER <input type="checkbox"/> PP \$ EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A		N	N	06/27/2025	08/27/2026	\$

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

CERTIFICATE HOLDER Little Wolf Transport LLC 2225 Sunset Lane York, PA 17408	CANCELLATION 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 <i>Mark P...</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/28/2025

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 have ADDITIONAL INSURED provisions or 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 Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Services PHONE: (A/C, No. Ext): 1-800-444-4487 FAX: (A/C, No.) E-MAIL: ADDRESS: progressivecommercial@email.progressive.com	
	INSURERS' AFFORDING COVERAGE	
INSURED Little Wolf Transport LLC 2225 Sunset Lane York, PA 17408	INSURER A: United Financial Casualty Company	1770
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 986075623179247109D062825T013919 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

INER LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (E&O) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP ACC \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N N		08/27/2025	08/27/2026	COMBINED SINGLE LIMIT (Per accident) \$1,700,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EXCESS LIMIT <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY/ARTISAN/EXECUTIVE OFFICER MEMB/EXCLUDED? (Mandatory in RI) If yes, describe in "DESCRIPTION OF OPERATIONS" below	Y/N N/A				PER STATUTE <input type="checkbox"/> PER \$ F.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N F		08/27/2025	08/27/2020	\$

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

CERTIFICATE HOLDER Little Wolf Transport LLC 2225 Sunset Lane York, PA 17408	CANCELLATION 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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AGENCY CUSTOMER ID: _____

LOC # _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

INSUROR Progressive Insurance POLICY NUMBER	NAMED INSURED L&B Vreel Transport LLC 2223 Street Lane York, PA 17408
CARRIER United Financial Casualty Company NAIC CODE 11770	EFFECTIVE DATE: 08/27/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Comp	\$250,000 w/\$1,000 Ded
Refrigeration Breakdown	\$250,000 w/\$2,500 Ded
Trailer Interchange	\$80,000 w/\$1,000 Ded
Extraordinary Medical Benefit	\$1,000,000 w/o Workers Comp
Medical Expense	\$100,000 w/o Workers Comp
Non-Owned Trailer Physical Damage	\$80,000 w/\$2,000 Ded

Description of Location/Vehicles/Special Items

Description	Limits
Scheduled auto only 2023 VOLVO VN 4VANC0EHSPT#10929	
Comprehensive	\$5,000 Ded
Collision	\$5,000 Ded
2020 Non-owned Attached Trailer	

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

674769 1117 PATLA09M 009 001117

Policy number: [REDACTED]

Underwritten by:
United Financial Casualty Company
August 28, 2025
Policy Period: Aug 27, 2025 - Aug 27, 2026

Little Wolf Transport LLC
2225 SUNSET LANE
YORK, PA 17408



New Policy Information

Your coverage began on August 27, 2025

Thank you for choosing Progressive for your insurance needs. We are very pleased to have you as a customer and look forward to serving you.

Enclosed you will find

- Your Commercial Auto Insurance Coverage Summary (Declarations Page)
- Your policy contract
- Your permanent identification (ID) cards

Access your policy online, anytime

Don't forget that you can always log in to your policy online to pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at progressivecommercial.com.

1-800-895-2886

If you need to make a change to your policy after reviewing your insurance coverage summary, request policy documents, or make payments you can call Customer Service any time. Claims representatives are also available 24/7 - even on weekends and holidays.

What you should expect from an insurance company

When you need help, we'll respond quickly and provide a clear explanation of your coverage, rates and vehicle repair options. We respect your privacy and explain how we protect your personal information in the enclosed Privacy Policy. We appreciate your trust.

Form DECVELCOMELTR (02/16)

RCVD PUC SEC BUR
DEC 29 2025 PM 1:17

2. **2030 Non-owned Attached Trailer ****
VIN: **None** Garaging Zip Code: 17408 Radius: More than 500 miles
Personal use: N Body type: 20

Liability Premium	PIP Premium	Med Expense Premium	Auto Total
\$369	\$26	\$8	\$403

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

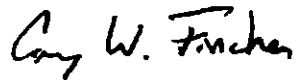
Penalty for Insurance Fraud

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.

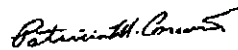
Rejected Coverage

This policy does not provide protection against damages caused by uninsured or underinsured motorists.

Company officers



President



Secretary

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

Named insured

Little Wolf Transport LLC
2225 SUNSET LANE
YORK, PA 17408

Policy number: [REDACTED]

Underwritten by:
United Financial Casualty Company
August 28, 2025
Policy Period: Aug 27, 2025 - Aug 27, 2026
Page 1 of 3

progressivecommercial.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

This form is nonparticipating with regard to paying dividends to policyholders.

Your coverage began the later of August 27, 2025 at 12:01 a.m. or the effective time shown on your application. This policy period ends on August 27, 2026 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 1652PA (02/19), Z434 (02/19), Z440 (06/10), A439 (01/25), MCS90 (99/99), MC1632 (06/04), 4717 (02/19), Z439 (02/19), 4881PA (02/19), 4852PA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$14,232
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Basic First Party Benefit - Full Tort			265
Medical Expense Benefit Without Workers Comp	up to \$100,000		
Extraordinary Medical Benefits Without Work Comp	\$1,000,000		80
Comprehensive			1,423
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			5,818
See Auto Coverage Schedule	Limit of liability less deductible		
Trailer Interchange	\$80,000	\$2,000	2,510
Non-Owned Trailer Physical Damage	\$80,000	\$2,000	2,750
Subtotal policy premium			\$27,078

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$250,000	\$1,000	\$1,897
Refrigeration Breakdown	included in Motor Truck Cargo Limit	\$2,500	included
Subtotal policy premium			\$1,897
Federal Filing Fee			35
State Filing Fee			35
Total 12 month policy premium and fees			\$29,045

Rated drivers

- Marcio Gonzalez

Rated commodities

- OTHER FOOD AND BEVERAGES

Auto coverage schedule

- 2023 VOLVO VN** Stated Amount: * \$200,000 (including Permanently Attached Equip)
 VIN: **4V4NC9EH5PN610929** Garaging Zip Code: 17408 Radius: More than 500 miles
 Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	PIP Premium	Med Expense Premium		
	\$13863	\$239	\$72		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$5,000	\$1423	\$5,000	\$5818	\$21,415



Progressive
P.O. Box 94739
Cleveland, OH 44101



819312 9195 PBLB11G 030 009195

Little Wolf Transport LLC

Policy Number: [REDACTED]

Underwritten by:

United Financial Casualty Company

Date of Mailing: December 11, 2025

Policy Period: Aug 27, 2025 - Aug 27, 2026

Page 1 of 2

Little Wolf Transport LLC
2225 SUNSET LANE
YORK, PA 17408

Online Service

progressivecommercial.com

Customer Service

1-800-895-2886



ROYD PUG SEC BUR
DEC 29 2025 PM 11:17

Commercial Auto Insurance Bill

Remaining balance	\$16,539.16
Payments remaining	6
Minimum amount due	\$2,397.88
Due date	December 27, 2025

Tired of writing checks? Save time and money with Electronic Funds Transfer (EFT)! Contact Progressive for more information.

To maintain your coverage, please pay the minimum amount due by the due date. Any amount you pay above your minimum will be credited to your next payment.

If you've scheduled a payment, it is not reflected in the amount due.

Billing detail for November 11, 2025 - December 11, 2025

Payment on November 30 - thank you	-\$2,362.88
Current amount	\$2,356.88
Policy Premium fees	35.00
Installment fee	.60
Minimum amount due	\$2,397.88

Payments received after December 11 will appear on your next statement.

Please see the reverse side.

Continued on back

Payment Coupon

Remaining balance	\$16,539.16
Minimum amount due	\$2,397.88
Due date	December 27, 2025
Amount enclosed	\$

Policy Number: [REDACTED]

Little Wolf Transport LLC

For immediate payment, please go to progressivecommercial.com or call 1-800-249-2832.

If you pay by check, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to United Financial Casualty Company.



PROGRESSIVE
DEPT 0561
CAROL STREAM IL 60132-0561

Do not write below this section of coupon.
FB-86020 Form 6266 (10/10)

056186227927237384 0239788 1653916 5000580 5001871 000008272502

Stay up-to-date while on the move with billing reminders and more by adding your email with just a few easy clicks! Visit progressive.com/login to access your policy, then click: "Commercial Auto." Select "Add, Edit, or Remove" underneath your address and follow the on-screen prompts to update. Please know that Progressive will not sell your email address.

PBLB11G 009195 001 * 001 001 < 0391 >



LITTLE WOLF TRANSPORT LLC
2225 SUNSET LANE
YORK PA 17408

REC'D PUC SEC BUREAU
DEC 29 2025 10:29

Secretary
P.A. Public Utility Commission
400 NORTH STREET
HARRISBURG PA 17120



171203021170000

