

PAPUC -Jerry Elliot

RE: response to Data Request Letter for Motor Carrier application A-2025-3059290 Penny L Fawver and letter attached.

Question 10

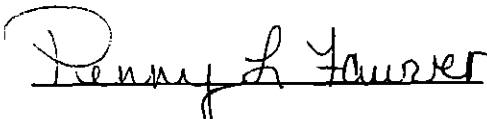
To transport people whose personal convictions prevent them from owning or operating a motor vehicle from points in Juniata, Snyder, Perry and Mifflin counties to points in Pa, and return.

Question 5.

- a. All drivers must be of the age of 21 with a clear MVR for violations and accidents.
- b. Applicants must provide a current background check with application.
- c. New driver must ride with a current driver for 20 days
- d. Applicants must provide a current MVR and driver's license.
- e. Alcohol and Drugs are not permitted to be used by any driver.

Proof of current insured is attached. After a PUC number is issued, Progressive insurance will file Form E.

I, Penny L Fawver , hereby state that the facts above set forth 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).


Penny L Fawver

12/23/2025
Date

DATE OF DEPOSIT

DEC 24 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

December 22, 2025

A-6428501
A-2025-3059290

PENNY L FAWVER
927 KLINGER HOLLOW RD
LIVERPOOL PA 17045

RE: APPLICATION OF PENNY L FAWVER

To Whom It May Concern:

On December 2, 2025, the application of Penny L Fawver, at A-2025-3059290, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

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

Statement of Financial Position (Balance Sheet)
As of (date) 12/23/25
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>10,000</u>	
Other Current Assets (specify)	<u> </u>	
Total Current Assets		<u>10,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>50,000</u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment	<u> </u>	
		<u>50,000</u>
	TOTAL ASSETS	<u><u>60,000</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>0</u>	
Credit cards/revolving credit	<u>0</u>	
Other Liabilities (Attach schedule)	<u>0</u>	
Total Current Liabilities		<u>0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0</u>	
Long term commercial loan	<u>0</u>	
Other Liabilities (Attach Schedule)	<u>0</u>	
Total Long-Term Liabilities		<u>0</u>
	TOTAL LIABILITIES	<u><u>0</u></u>

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

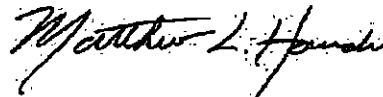
I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904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

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717-214-7155. Faxed or emailed filings are **not** accepted.

Sincerely,



Matthew L. Homsher
Secretary

Enclosure

KRATZER INS INC
PO BOX 2
MT PLSANT MILLS, PA 17853



Named insured

Penny L Fawver
927 KLINGER HOLLOW RD
LIVERPOOL, PA 17045

Policy number: 866264953

Underwritten by:
United Financial Casualty Company
December 2, 2025
Policy Period: Nov 28, 2025 - Nov 28, 2026
Page 1 of 3

progressiveagent.com

Online Service

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

1-570-539-8801

KRATZER INS INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

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

Your coverage began the later of November 28, 2025 at 12:01 a.m. or the effective time shown on your application. This policy period ends on November 28, 2026 at 12:01 a.m.

This coverage summary replaces your prior one. 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 2852PA (10/20), 1652PA (02/19), 5701 (02/19), Z311 (02/19), Z313 (04/21), 4881PA (02/19), 4852PA (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

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.

Policy changes effective November 28, 2025

Changes processed on:	December 1, 2025 9:31 a.m.
Premium change:	-\$35.00
Changes:	Filing information for this policy has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,172
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		28
Underinsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		54
Basic First Party Benefit - Full Tort			45
Medical Expense Benefit Without Workers Comp	up to \$25,000		
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$15,000 maximum		12
Accidental Death Benefit Without Workers Comp	up to \$10,000		8
Comprehensive			882
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			977
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			35
See Auto Coverage Schedule			
Roadside Assistance			6
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$3,219

Rated drivers

1. Penny L Fawver
2. Lonnie Fawver

Auto coverage schedule

1. **2024 TOYOTA GRAND HIGHLANDER** Stated Amount: * \$50,000 (including Permanently Attached Equip)
VIN: **5TDAAB56RS062836** Garaging Zip Code: 17045 Radius: 50 miles
Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	UM Premium	UIM Premium	PIP Premium	Income Loss Premium	Accid Death Premium	
\$1,172	\$28	\$54	\$45	\$12	\$8	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		
	\$100	\$882	\$500	\$977		
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium		Auto Total
	\$50 per day Max \$1,500	\$35	\$0	\$6		\$3,219

*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.

Premium discount

Policy	
866264953	Paid in Full

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.

Notice of personal use surcharge

A surcharge in the amount of 10% of your premium for coverage under Liability to Others, Damage to your Auto and First Party Benefits has been added to your policy because an insured vehicle is used for personal purposes. This surcharge remains in effect as long as you use the vehicle for personal purposes.

Company officers

Cory W. Fischer

President

Patricia H. Cowan

Secretary

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED

UNITED STATES
POSTAL SERVICE

Retail

IP

US POSTAGE PAID

\$11.90

Origin: 17754
12/24/25
4155600754-06

PRIORITY[®]
MAIL

FROM:

*Penny L. Hawver
927 Klinger Hollow Rd
Liverpool PA 17045*

PRIORITY MAIL[®]

EX
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0 Lb 2.60 Oz

RDC 03

EXPECTED DELIVERY DAY: 12/28/25

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s required.

RECEIVED

SHIP
TO:

400 NORTH ST
HARRISBURG PA 17120-0211

clusions see the

DEC 30 2025



limitations of coverage. PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TO:

USPS TRACKING[®] #



9505 5123 2606 5358 8286 89

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

*Matthew L. Homsher, Secretary
PA PUC
Commonwealth Keystone Bldg.
400 N. Street
Harrisburg PA 17120*



PS00001000014

EP14F October 2023
OD: 12 1/2 x 9 1/2

