

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Ida's HomeCare Agency LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Ida's Transportation

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 12918775
(See checklist and indicate type of business entity registered)

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

Robert McKinley _____

6. Mailing Address

3520 Camp Street.
Street Address

Pgh., PA 15219 _____ Allegheny _____
City, State and Zip Code County

412 901 1019 _____ Idashomecare412@gmail.com
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. Physical Address (If different than mailing address. Do not use a post office box.)

Street Address

City, State and Zip Code County

Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. Attorney (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. Does applicant have a USDOT Number?

No Yes, at No. 3081724

10. Describe the service area proposed by this application.
(Use the space below or attach additional sheet if space provided is not sufficient).

- ① Allegheny County
- ② Butler County
- ③ Westmoreland County
- ④ Cambria County

To transfer people whose personal convictions prevent them from owning or operating motor vehicles. As well as people in wheelchairs and stretcher vans from points in the city of Pittsburgh to points in Allegheny County and other

Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.
- To transport people between points in Northumberland County.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Robert McKinley

(Print Name)

R. McKinley

(Signature)

5/29/2020

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Robert McKinley

Legal Name of Applicant

Trade Name, if any

3520 Camp St.

Street Address (principal place of business)

Pittsburgh

City or Municipality

PA

State

15219

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

I'm the person making the verified statement. Robert McKinley.

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

I, Robert McKinley, am the owner of Ida's Transportation. And I have no affiliation with any other carriers.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

I have experience operating a transportation company through my trucking company. The company is named AD Holdings LLC with the fictitious name of AD Transportation. I drove and operated a small fleet of three semi-trucks. I drove one truck and dispatched the others as well as handled every aspect of the company.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

See Attachment A

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

See Attachment B

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2014	Chevy	Malibu	3-4	1011A5512FF21 0120	85963

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See Policy Attachment

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

We already have commercial ~~insurance~~ insurance. See attachment.

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

Yes but it was 17 years ago.

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

(Name and Title, printed or typed)

Robert McKinley, owner

(Date)

6/1/2026

Statement of Financial Position (Balance Sheet)
 As of (date) 6/2/2020
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 10,000	
Other Current Assets (specify)		
Total Current Assets		\$ 10,000.00
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		
	TOTAL ASSETS	

LIABILITIES

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

EXHIBIT A

As of right now the vehicle/vehicles will be kept in a off the street lot that has a two car garage as well as room for up to six other vehicles to be parked. The lot also has 24 hour surveillance to prevent any negative situations. On this lot in the building is where the main office will be located. In this office is where all of the communication with driver/drivers and dispatching will take place. In the office there is Mac computer that keeps all of the records and information as it pertains to the company. As far as employees, scheduling, clients, maintenance records, and any information in regards to PUC regulations and contact information. The computer is also hooked up to printer and fax machine for the communication of paperwork. The company will operate as a partner with Modivcare with the picking up of clients and taking them to and from their destinations. Once communicated our dispatcher will plan accordingly the route details. And than communicate those things to our driver/drivers. Drivers will have company cell phones that will provide information if needed as well on the pickup location, destination, client, and for continuous communications with dispatch.

EXHIBIT B

As of right now we have one driver and one small vehicle to start off. Once we receive our PUC number than we can expand with drivers and more vehicles. For every area of the city of Pittsburgh . We will have two full time drivers and two part time drivers that can fill if a full time driver calls off or is terminated. For the North (two drivers), Southside (two drivers), East Side and Midtown (two drivers) and the westside (two drivers) that will function within those areas and sometimes into other areas if needed. More drivers and more vehicles will be utilized f needed.

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Vehicle Maintenance Policy

Purpose: To ensure the safety, reliability, and efficiency of all company vehicles through regular maintenance and adherence to high standards in relation to PA laws.

Scope: This policy applies to all vehicles owned or operated by the company, including trucks, vans, and passenger vehicles.

Maintenance: comprehensive inspections of all vehicles will be done every year. And preventative maintenance will be performed every 6 months or as needed. Such as oil changes, brake checks, and tire rotations.

Repair: Any mechanical or safety issues identified during inspections will be addressed promptly and repaired.

Documentation: All maintenance and inspection records will be documented and maintained for at least 2 years. And any issues and resolutions will be recorded in a centralized database,

Compliance: All drivers and maintenance staff will comply with standards outlined in this policy.

*regular training sessions will be conducted to keep all personnel updated on policy protocol.

EXHIBIT B

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National Indemnity Company

A STOCK COMPANY

THIS POLICY IS NONPARTICIPATING WITH REGARD TO DIVIDENDS

1314 DOUGLAS STREET, SUITE 1400

OMAHA, NEBRASKA, 68102-1944

COMMERCIAL POLICY

Report ALL Accidents To:

1-800-356-5750

24 Hour

Toll Free

**IMPORTANT NOTICE
TO AUTOMOBILE POLICYHOLDERS**

If any new or replacement drivers are hired during the term of this policy, notify the company immediately. Failure to do so may result in termination of your policy.

THESE POLICY PROVISIONS WITH THE DECLARATIONS PAGE, COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THIS POLICY. THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND THE COMPANY.

READ YOUR POLICY CAREFULLY

COMMON POLICY CONDITIONS

All Coverages included in this policy are subject to the following conditions:

A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 10 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date at 12:01 a.m. unless another time is stated on the cancellation notice.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at any time;
2. Give you reports on the condition we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from the "hazardous properties" of "nuclear material," if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom.
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishings by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility," but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:

"Hazardous properties" include radioactive, toxic or explosive properties;

"Nuclear material" means "source material," "Special nuclear material" or "by-product material";

"Source material," "special nuclear material," and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor";

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility."

"Nuclear facility" means:

 - (a) Any "nuclear reactor";
 - (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel," or (3) handling, processing or packaging "waste";
 - (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
 - (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

"Property damage" includes all forms of radioactive contamination of property.

PENNSYLVANIA
FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME
NAIC Number: 20087
National Indemnity Company

Name and Address of Insured

ROBERT B MCKINLEY DBA: IDA'S
TRANSPORTATION
3520 CAMP ST
PITTSBURGH, PA 15219

POLICY NUMBER 70 APR 442518
EFFECTIVE DATE 02/20/2026 3:21 PM
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE

Description of Vehicle:

<u>2014</u>	<u>CHEVROLET MALIBU</u>	<u>1G11A5SL2ES210120</u>
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

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

R 1413e (Ed 8-98)

**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.**

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 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.

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

02/26/2026

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

70 APR 442518

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS

ROBERT B MCKINLEY
DBA: IDA'S TRANSPORTATION
3520 CAMP ST
PITTSBURGH, PA 15219

Producer
Wilk Business Insurance Services
LLC
1230 Madera Rd Ste 5-158
Simi Valley, CA 93065
Individual

FORM OF NAMED INSURED'S BUSINESS:

NAMED INSURED'S BUSINESS: NEMT

POLICY PERIOD: Policy covers FROM 02/20/2026 3:21 PM TO 02/20/2027 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE, and TOWING AND LABOR.

* THIS POLICY DOES NOT COVER COLLISION DAMAGE TO VEHICLES RENTED TO THE INSURED

Countersigned At Ringwalt & Liesche Co. dba Pacific Gateway Insuran Valencia, CA By AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Handwritten signature of Secretary

Secretary

Handwritten signature of President

President

SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY # 70 APR 442518

INSURED ROBERT B MCKINLEY

EFFECTIVE 02/20/2026 3:21 PM

M 5986	10/2020	Commercial Policy Jacket
M 5605	02/2011	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 4959a	03/2002	Schedule of Covered Autos
CA 0001	03/2010	Business Auto Coverage Form
M 5872	09/2020	Changes to Common Policy Conditions - Cancellation
M 4095b	10/2008	Pennsylvania Fraud Notice
M 5910	05/2020	Stated Amount Insurance
CA 2192	06/2012	Pennsylvania Uninsured Motorists Coverage - Nonstacked
CA 2193	06/2012	Pennsylvania Underinsured Motorists Coverage - Nonstacked
M 6018	04/2023	Exclusion - PFAS (Perfluoroalkyl and Polyfluoroalkyl Substances)
CA 2237	03/2006	Pennsylvania Basic First Party Benefits
IL 0910	12/2003	Pennsylvania Notice
CA 0180	03/2021	Pennsylvania Changes
IL 0120	05/2011	Pennsylvania Changes - Defense Costs
M 5479	04/2010	Towing and Storing Costs
CA 2018	12/1993	Professional Services Not Covered
CA 2402	12/1993	Public Transportation Autos
M 5178b	09/2009	Pennsylvania Changes - Cancellation and Nonrenewal
M 5749	01/2013	Underinsured Motorists Coverage Amendatory Endorsement
M 5952	03/2019	Punitive Damage Exclusion
M 5978	05/2020	Communicable Disease Exclusion
M 4803	02/1998	Abuse or Molestation Exclusion

Form Version 041001

02/26/2026