



Rapid Transit Inc.
1952 Riverside Drive
Philadelphia PA 19154
rapidtransitco@gmail.com
(215)350-9607

Chief David W Loucks
Motor Carrier Enforcement
Bureau of Investigation and Enforcement
P.O. Box 3265
Harrisburg PA 17105-3265

Docket Number C-2015-2469297

Mr. Loucks,

On March 17th 2015 I have received a certified mail concerning a complaint. I (just passed inspection from enforcement and all my documents should be on file. So I do not understand the complaint. Enclosed is the Insurance which is on file with you. It is not due to expire until July at which point the new insurance will be filed.

Also We have submitted a document to the PUC the 4648 H St is the primary address as I work from home but we are using now Temple University SBDC for small Business, the incubator space as our office which is the above address

Please contact me at your earliest convenience


Jose A Lopez

RECEIVED
2015 MAR 25 AM 10:24
PA PUC
SECRETARY'S BUREAU



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2014

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 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).

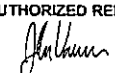
PRODUCER Sovereign Risk Solutions, LLC 1640 Powers Ferry Road SE, Bldg 28 Marietta, GA 30067	CONTACT NAME:		
	PHONE (A/C, No, Ext): (678) 996-3400	FAX (A/C, No): (678) 996-3401	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: American Country Insurance Company			38237
INSURED Rapid Transit, Inc. 1952 Riverside Drive Philadelphia, PA 19154	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
	INSURER G:		

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	GL-0370000007-00	07/07/2014	07/07/2015	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	PA-3000000012-00	06/02/2014	06/02/2015	COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$ 15,000
						BODILY INJURY (Per accident)	\$ 30,000
						PROPERTY DAMAGE (Per accident)	\$ 5,000
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Access2Care is listed as additional insured under the auto and general liability policy where required by written contract and signed by an authorized representative of the named insured.

CERTIFICATE HOLDER Access2Care 6200 South Syracuse Way #200 Greenwood Village, CO 80111	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 

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER 38237 COMPANY American Country Insurance Company COMMERCIAL PERSONAL
POLICY NUMBER PA-300000012-00 EFFECTIVE DATE 06/02/2014 NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE
YEAR 2013 MAKE/MODEL Ford E250 VEHICLE IDENTIFICATION NUMBER 1FTNE2EW0DDA39248
AGENCY/COMPANY ISSUING CARD Sovereign Risk Solutions, LLC
AGENCY/COMPANY TELEPHONE NUMBER (678) 996-3400
INSURED Rapid Transit, Inc.
1952 Riverside Drive
Philadelphia, PA 19154

SEE IMPORTANT NOTICE ON REVERSE SIDE

SEE IMPORTANT NOTICE ON REVERSE SIDE

---Detach-Here---

1 OF 1

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---Detach-Here---

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: MAY 31, 2015

VALID: 06/05/14

PLATE: ZDJ5359
TITLE: 72169964301 RA
VIN: 1FTNE2EW0DDA39248
YR/MAKE: 2013 FORD
TYPE: TK
WID: 14156 2605 011708-001

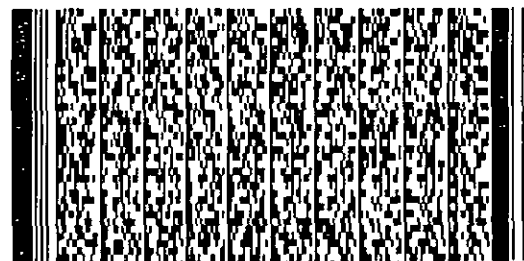
REG. GROSS WT: 08900
UNLADEN WEIGHT: 05027
CLASS: 03

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

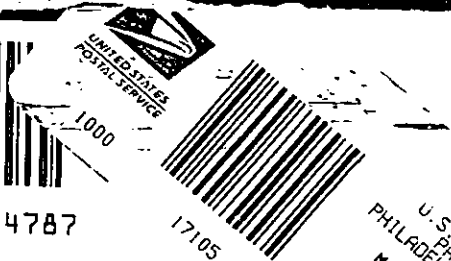
EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: PHILADELPHIA

RAPID TRANSIT COMPANY
INC
4648 H ST
PHILADELPHIA PA 19124



Rapid Transit
1510 Cecil B Moore
Phila PA 19101

7014 1200 0001 8903 4787



U.S. POSTAGE
PAID PHILA. PA
MAR 19 46
AMOUNT
\$6.70
00033175-10

DAVID LOUCKS
MOTOR CARRIER ENFORCEMENT
BUREAU OF INVESTIGATION
P.O. BOX 3265
HARRISBURG PA 17105