

### TOWNSHIP OF ABINGTON

#### PUBLIC SAFETY COMMITTEE

#### A G E N D A January 31, 2018 7:00 P.M.

- 1. CALL TO ORDER
- 2. CONSIDER APPROVAL OF MINUTES
  - a. Motion to approve the minutes of the December 6, 2017 Public Safety Committee Meeting.
- 3. PRESENTATION
- 4. UNFINISHED BUSINESS
- 5. NEW BUSINESS
  - a. Public Safety Committee Commissioner Lori Schreiber, Chair

PS-01-020818

Consider Appointing Abington Auto Care and Lindley

Towing LLC as the "Duty Tow" Companies for 2018.

PS-02-020818

Consider Adopting Ordinance No. 2152 Amending Chapter 156 "Vehicles and Traffic," Article II "Traffic Regulations," Section 11.3 "Right Turn Only" and Section 14 "Stop

Intersections."

- 6. PUBLIC COMMENT
- 7. ADJOURNMENT



#### **PUBLIC SAFETY COMMITTEE**

#### AGENDA ITEM

| February 8, 2018   | PS-01-020818   | FISCAL IMPACT  |
|--|--|--|
| DATE   | AGENDA ITEM NUMBER   | Cost > \$10,000.   |
| Police   |  | Yes No 🗸   |
| DEPARTMENT   | -  | PUBLIC BID REQUIRE   |
|  | •  | Cost > \$20,100  |
|  |  | Yes No V   |
| AGENDA ITEM:   |  |  |
| Consider Appointing Abing Companies for 2018.  | ton Auto Care and Lindley Towing   | g LLC as the "Duty Tow"  |
| EXECUTIVE SUMMARY:   | ·  |  |
| applications submitted by to<br>Abington Township Police I<br>Auto Care and Lindley Tow<br>companies were selected bas<br>and that they met the requir<br>business for an extended per | ording towing in Abington Townsh<br>owing companies requesting to be 'Department for 2018. After reviewing<br>ing were selected as the "Duty Townsed on reputation, experience, historiements of the ordinance. Both companied of time and both have been us icle removal. Both companies have | Duty Tows" for the ng applications Abington vs" for 2018. The two ory, location, response time panies have been in ed by APD as either "Duty |
| PREVIOUS BOARD ACTIONS:  |  |  |
|  |  |  |
|  |  |  |

#### RECOMMENDED BOARD ACTION:

In accordance with Ordinance No. 2088, motion to appoint Abington Auto Care and Lindley Towing LLC as the "duty tow" companies for 2018.



# ABINGTON TOWNSHIP POLICE DEPT. TRAFFIC SAFETY

1166 Old York Rd. Abington, Pa. 19001 BUSINESS: 267-536-1078, FAX: 215-886-1455

To:

Chief John Livingood

From:

Officer Alan Freed, Traffic Safety Manager

Re:

Police requested towing

Date:

120617

As per Ordinance 2088, regarding towing in Abington Township, we reviewed applications submitted by towing companies requesting to be "Duty Tows" for the Abington Township Police Department for 2018. After reviewing applications Abington Auto Care and Lindley Towing were selected as the "Duty Tows" for 2018. The two companies were selected based on reputation, experience, history, location, response time and that they met the requirements of the ordinance. Both companies have been in business for an extended period of time and both have been used by APD as either "Duty Tow" or for abandoned vehicle removal. Both companies have been approved and licensed.

#### Respectfully,

Officer Alan Freed Abington Twp. Police Dept. 1166 Old York Rd. Abington, Pa. 19001

# TOWNSHIP OF ABINGTON MONTGOMERY COUNTY, PENNSYLVANIA

#### ORDINANCE NO. 2088

# AN ORDINANCE REPEALING ARTICLE VI – "REMOVAL AND IMPOUNDING OF ILLEGALLY PARKED VEHICLES" OF CHAPTER 156 – "VEHICLES AND TRAFFIC" AND ESTABLISHING AND ENACTING CHAPTER 160 – "TOWING"

WHEREAS, the Township of Abington is a Township of the First Class, duly organized and existing pursuant to the applicable laws of the Commonwealth of Pennsylvania; and

WHEREAS, pursuant to section 1502.44 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56544, the Board of Commissioners has the authority to enact and amend provisions of the Abington Township Code ("Code") at any time it deems necessary for the health, safety, morals, general welfare, cleanliness, beauty, convenience and comfort of the Township and the inhabitants thereof; and

WHEREAS, pursuant to section 1502.10 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56510, the Board of Commissioners has the authority to take all needful means for securing the safety of persons or property within the Township; and

WHEREAS, pursuant to section 1502.49 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56549, the Board of Commissioners has the authority to regulate parking; and

WHEREAS, pursuant to 75 Pa.C.S. §3353(c), the Board of Commissioners has the authority to provide for the rates to be charged for removal of vehicles and to regulate authorized towing services.

WHEREAS, the Board of Commissioners of the Township of Abington has determined that Chapter 156 – "Vehicles and Traffic," Article VI – "Removal and Impounding of Illegally

Parked Vehicles" should be repealed and Chapter 160 – "Towing," should be enacted for the health, safety, morals, general welfare, cleanliness, beauty, convenience and comfort of the Township and the inhabitants thereof.

**NOW, THEREFORE**, the Board of Commissioners of the Township of Abington does hereby **ENACT** and **ORDAIN** as follows:

- Chapter 156 "Vehicles and Traffic," Article VI "Removal and Impounding of Illegally Parked Vehicles" is hereby repealed.
- 2. Chapter 160 "Towing," is hereby established and enacted as reflected in Exhibit "A" attached hereto.
- All other ordinances, portions of ordinances, or any section of the Code inconsistent with this Ordinance are hereby repealed.
- 4. This Ordinance shall become effective five (5) days after enactment.

| ORDAINED AND ENACTED this  | 12th | _ day of | March                  | , 2015. |
|----------------------------|------|----------|------------------------|---------|
|                            |      | TO       | WNSHIP OF ABINGTO      | ON      |
|                            |      | ВО       | ARD OF COMMISSIO       | NERS    |
| Attest:                    |      |          |                        |         |
| nee                        |      | By:      | Marine C. J.           | Dukas   |
| Michael LeFevre, Secretary |      | Бу:      | Wayne Luker, President | dent    |

Date of Application

# Abington Township Police Department

Abington, PA 19001

(as per Ord. No. 2088)

TOWING APPLICATION

|   | er ALL questions. Use n/a  |  |                  |
|---|--|--|------------------|
| Business Trade Name                               |  | Business Property                      |                  |
| Lindley Towing LLC Business Address               |  | Owr                                    | ned Rented       |
|   | City   | State                                  | Zip Code         |
| Address of impound area (if different from above) | Business Phone #   | I PA                                   | 19038            |
| Address of impound area (if different from above) |  |  | /                |
|   | 215-768<br>Email   | -8454                                  |                  |
| Owner's Name(s)                                   | Email  |  |                  |
| Sennifer M. Lynch                                 | Lindleyto  | wind a community ne                    | , /              |
| Address   | City   | State Comens line                      | Zip Code         |
| AL Balk Pains                                     | Richberg   | Pa                                     | 18954            |
| 3 i Belh ORIVIE  Date of Birth Place of           | of Birth   |  | ,,,,,,           |
| April 30, 1980 (City/S                            |  | $\mathcal{O}_{\!\scriptscriptstyle A}$ |                  |
| Social Security #                                 | Driver License #   | 7                                      |                  |
|   |  |  |                  |
| Address where you have resided in the             |  |  |                  |
| last ten years, if different than above. 224 B.   | 111 011  | 111-Pusa                               |                  |
| 001 113   | towing and   | le phias / 19 19111                    |                  |
| in towing and vehicle storage.                    | experience.  | nd, Inkintown, Abu                     | 10111            |
| Have you ever been convicted of a                 | ((pper //per/in  | nd, knkinlown, 4 bu                    | ratory fork lide |
| crime or a disorderly persons offense?            | NO V   |  |                  |
| If YES, Where, when                               |  |  |                  |
| and on what charge?                               |  |  |                  |
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| A 11' 1   |  |  |                  |
| Additional owners, pa                             | rtners or corporate officer  | s must be listed on Page 2             | •                |
|   | ·  |  |                  |
|   | and the state of t |  |                  |
| CERTIFICATE OF INSURANCE FOR BU                   | ISINESS AND STORAGE  | E AREA ATTACHED? YE                    | ES NO NO         |
|   |  |  |                  |
| ERTIFICATE OF INSURANCE FOR AL                    | L TOWING VEHICLES A  | TTACHED? YE                            | ES MO NO         |
|   |  |  |                  |
|   |  |  |                  |
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|   |  |  |                  |
| I have  | reviewed Abington Townsl   | hip Police Department Ordi             | nance No. 2088.  |
| 0 11 10 11 11                                     | r, I hereby certify that all t   |  | ı                |
| accura  |  |  |                  |
| accura  | ic.  |  |                  |
|   | /  |  |                  |
| VOICE!  |  |  |                  |
|   | S  | gnature of Owner                       |                  |
| 4   |  |  | !                |
|   |  |  | LA TOD SHOULD    |

Oct 27 2017
Date of Application

### Autigion Lownship Police Department TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name                            |              |                       | Telephone #    |                      |
|---------------------------------|--------------|-----------------------|----------------|----------------------|
| Michael 1                       | 3 Walts      |                       | 2152           | 80 -899.3            |
| Address                         | $\cap$       |                       | City/State     |                      |
| 338 Arionne                     | UR           |                       | Halb           | 1010, Pg 19040       |
| Name of towing company w        | Towing L     | 10                    |                |                      |
| Date of Birth                   | Lawing C     | Place of Birth (City. | /State)        |                      |
| 02/04/1959                      | ;            | Philade               | lo bien, PA    |                      |
| Social Security #               |              | Driver License #      |                | State of Issue       |
|                                 |              |                       |                | PA                   |
| Addresses where you have re     |              |                       |                |                      |
| ast ten years (if different tha | in above)    |                       |                |                      |
|                                 |              |                       |                |                      |
| Have you ever been convicte     | d of a       | <u>,(,)</u>           |                |                      |
| crime or a disorderly persons   | offense? YES | MO                    |                |                      |
|                                 |              |                       |                |                      |
| f YES, Where, when              |              |                       |                |                      |
| nd on what charge?              |              |                       |                |                      |
|                                 |              |                       |                |                      |
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|                                 |              |                       |                |                      |
|                                 | Photo Co     | ny of Driver's I      | icanca attacha | 43                   |
|                                 | Filoto Co    | by or priver 3 r      | icense attache | ru:                  |
|                                 |              |                       |                |                      |
|                                 | Yes 1        | No L                  |                |                      |
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|                                 |              |                       | 1              | MKU                  |
|                                 |              |                       | M              | 11/2/2               |
|                                 |              | -                     | \$76           | reature of Applicant |



# Abington Lownship Police Department

TOWING APPLICATION

### APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

|   |                            | 1                 |                |
|---|----------------------------|-------------------|----------------|
| Name 0/                                 |                            | Telephone #       |                |
| Steven R. Sca                           | epill                      | 267 838-          | 2821           |
| Address                                 | •                          | City/Sinta        |                |
| 1721 Balas Circ                         | le                         | Southample        | n, YA 1896 4   |
| Name of towing company where en         | ıployed                    | ·                 |                |
| Lindley towing                          | LL C                       |                   |                |
| Date of-Birth                           | Place of Birth (City/State | e)                |                |
| 04-30-19                                | 84 Apriestown              | $\mathcal{P}_{a}$ |                |
| Social Security #                       | Driver License #           | 74                | State of Issue |
| Seem seem, y                            |                            |                   | Pa             |
| Addresses where we have a side di       |                            |                   | 1 17           |
| Addresses where you have resided i      | n the                      | 0. 1/1            | 11/12          |
| last ten years (if different than above | e) 61 Woodhallow           | DRIVE, HALLEY     | ISVILLE PA     |
|   |                            |                   |                |
|   |                            |                   |                |
| I-lave you ever been convicted of a     | yes (NO)                   |                   |                |
| crime or a disorderly persons offens    | e? ILS                     |                   |                |
|   |                            |                   |                |
|   |                            |                   |                |
| If YES, Where, when                     |                            |                   |                |
| and on what charge?                     |                            |                   |                |
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|   |                            |                   |                |
| 51                                      | -t- C                      |                   |                |
| Ph                                      | oto Copy of Driver's Lice  | nse attached?     |                |
|   |                            |                   |                |
|   |                            |                   |                |
| Ye                                      | s No L                     |                   |                |
| }                                       |                            |                   |                |
|   |                            |                   |                |

Signature of Applicant



# Abington Township Police Department TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name / . / /  | Telephone#                                      |
|---|---|
| Jennifek M. Lynch   | 215-913-6376                                    |
| Address   | City/State                                      |
| 31 Beth Daive   | Richbero, PA 18954                              |
| Name of towing company where employed                       |   |
| Lindley Towing LCC  |   |
| Date of Birth Place of Birth (City/State)                   |   |
| 04-30-1980 Chellenham,                                      | (M  |
| Social Security # Driver License #                          | State of Issue                                  |
|   | PA.   |
| Addrésses where you have resided in the                     |   |
| last ten years (if different than above) \$29 Barbeck Ave ( | heledelphice Ta 19111                           |
| 254 Picu Hal  | Chiledelabin, Pa 19111<br>Elkins Park, Pa 19001 |
| Have you ever been convicted of a                           | C Jams Man, July 19                             |
| crime or a disorderly persons offense? YES                  | ,   |
|   |   |
|   |   |
| If YES, Where, when   |   |
| and on what charge?   |   |
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|   |   |
|   |   |
| Photo Copy of Driver's Licens                               | e attached?                                     |
| Thoto copy of briver's Election                             |   |
|   |   |
| Yes No  |   |
|   |   |
|   |   |

Signature of Applicant

Oct 27 2017
Date of Application

# Abington Township Police Department

TOWING APPLICATION

## WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Jennifix M. Lyn            | ch                                  |   |            |                  |            |
|----------------------------|-------------------------------------|---|------------|------------------|------------|
| Address                    |                                     |   | City/State | 1/11             | Q 10       |
| 1970 Pioneel Rd Tyrck Make |                                     | Model   | Hundingdoi | Year Year        | Color      |
| Hino                       |                                     | 258   | •          | -2015            | Black      |
| VIN                        |                                     | Registration                                  |            | Exp. Date        | GVW        |
| 5PUNT8JPXF4                | (5/22/                              | 74156950                                      |            | 98/30/20         | 018 25,500 |
| nsurance Company           |                                     |   | Policy#    |                  |            |
| Peninsular In              | s.Co                                |   | Cam oos    | 4356             |            |
| Γ                          |                                     |   | Check of   | fall that apply. | ]          |
|                            | 1. Passed Pennsy                    | Ivania Inspection?                            | YES [      | ио 🗌             |            |
|                            | 2. Minimum 3/8"                     | cable?  | YES $\nu$  | NO               |            |
|                            | 3. Minimum 3/8"                     | safety chain?                                 | YES $ u$   | NO 🗌             |            |
|                            | 4. Front and rear                   | flashing lights?                              | YES 🗸      | NO 🗌             |            |
|                            | 5. Rotating amber                   | light or light bar?                           | YES 🖊      | NO               |            |
|                            | 6. US DOT# on t                     | ruck?   | YES 🕖      | NO 🗌             |            |
|                            |                                     | e, address and phon<br>; at least 3" letters? |            | NO 🗌             |            |
|                            | 8. Shovel and bro                   | om for clean-up?                              | YES 🕖      | ио 🗌             |            |
|                            | 9. Wheel Chocks?                    | •   | YES 🕡      | NO 🗌             |            |
|                            | 0. Portable car do                  | lly?  | YES [      | ИО 🗌             |            |
|                            | 1. Minimum 50 Il<br>on truck?       | o. bag of oil-dry                             | YES [      | NO 🗌             |            |
|                            | 2. Insurance ID ca<br>(Attach copy) | ard for this vehicles                         | YES [      | NO 🗌             |            |
|                            |                                     |   |            |                  |            |
| L.                         |                                     |   |            |                  |            |

Signature of Owner

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

= EXPIRY: SEP 30, 2018

VALID: 10/06/17

PLATE:

ZKB1543 74156952601 PI 5PVNJ8JPXF4S51221 REG. GROSS WT: 25500

\_ VIN: TU YR/MAKE:

2015 HINO TK

UNLADEN WEIGHT: 15976 CLASS: 08

=□ TYPE:

SWID:

17279 0651 000036-001

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

016009 PIONEER AUTO BODY & REPRIR LLC 1970 PIONEER RD HUNTINGDON VY PA 19006



#### PENNSYLVANIA INSURANCE IDENTIFICATION CARD COMPANY AND COMPANY NAIC NUMBER

THE PENINSULA INSURANCE COMPANY

- 14958

POLICY NUMBER

EFFECTIVE DATE

CAM 0024356

08/25/17

**NOT VALID MORE THAN 6** MONTHS FROM EFFECTIVE DATE

YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

15 HINO 5PVNJ8JPXF4S51221

AGENCY/COMPANY ISSUING CARD

TELEPHONE # (215) 345-4045

National Associates-Doylestown

Inc

252 W Swamp Rd Ste 10

Doylestown PA 18901

INSURED

Lindley Towing LLC

C/O Jennifer Lynch

31 Beth Drive

Richboro PA 18954 IMPORTANT NOTICE Regarding your **Financial** Responsibility Identification Card.

The 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.

# Oct 27 2017 Date of Application

# Abington Township Police Department

TOWING APPLICATION

#### WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee     | 1.                                  |   |              |                    |                |     |
|------------------|-------------------------------------|---|--------------|--------------------|----------------|-----|
| Address 2        | Lyses                               |   | City/State   |                    |                |     |
| 1970 PIEDEEL K   | <u>'</u>                            |   | Huntingdon ( | Valley, Pa         | 19006<br>Color |     |
| Truck Make       |                                     | Model   | /            | Year               | Color          | 01  |
| Inkranhoan/      |                                     | H30 A   |              | 260.5<br>Exp. Date | GVW GVW        | 2 1 |
| IHTMMAAM45H      | 1354426                             | 0893245   | 8 PI         | 09-30-20           | 15 25,500      |     |
| nsurance Company | •                                   |   | Policy #     | 1241               | ·              |     |
| Peningula las    | <sup>P</sup> O                      |   | CAM 062      |                    |                |     |
|                  |                                     |   |              | fall that apply.   |                |     |
|                  | 1. Passed Pennsy                    | Ivania Inspection?                              | YES          | ИО [               |                |     |
|                  | 2. Minimum 3/8"                     | cable?  | YES 🗸        | NO 🗌               |                |     |
|                  | 3. Minimum 3/8"                     | safety chain?                                   | YES 🔽        | NO 🗌               |                |     |
|                  | 4. Front and rear                   | flashing lights?                                | YES 🗸        | NO 🗌               |                |     |
|                  | 5. Rotating ambe                    | r light or light bar?                           | YES 🗸        | NO 🗌               |                |     |
|                  | 6. US DOT # on                      | truck?  | YES 🗸        | NO 🗌               |                |     |
|                  |                                     | e, address and phone<br>c; at least 3" letters? |              | NO 🗌               |                |     |
|                  | 8. Shovel and bro                   | om for clean-up?                                | YES 🗹        | NO 🗌               |                |     |
|                  | 9. Wheel Chocks                     | ?   | YES 📝        | NO                 |                |     |
|                  | 10. Portable car do                 | olly?   | YES 📝        | / NO [             |                |     |
|                  | 11. Minimum 50 I<br>on truck?       | b. bag of oil-dry                               | YES 📝        | NO 🗌               |                |     |
|                  | 12. Insurance ID c<br>(Attach copy) | ard for this vehicle?                           | YES YES      | / NO 🗌             |                |     |
|                  |                                     |   |              |                    |                |     |
|                  |                                     |   |              |                    |                |     |
|                  |                                     |   |              |                    |                |     |
|                  |                                     |   |              |                    |                |     |
|                  |                                     | •   | /            |                    |                |     |

Signature of Owner

PENNSYLVANIA INSURANCE IDENTIFICATION CARD **COMPANY AND COMPANY NAIC NUMBER** 

THE PENINSULA INSURANCE COMPANY

- 14958

**POLICY NUMBER** 

EFFECTIVE DATE

**NOT VALID MORE THAN 6** MONTHS FROM EFFECTIVE DATE

CAM 0019908

07/30/17

YEAR MAKE/MODEL 05

VEHICLE IDENTIFICATION NUMBER 1HTMMAAM45H135426

INTERNATIONAL AGENCY/COMPANY ISSUING CARD

TELEPHONE # (215) 345-4045

National Associates-Doylestown

Inc

252 W Swamp Rd Ste 10 18901

Doylestown PA INSÜRED

Pioneer Auto Body and

Repair LLC C/O Jennifer Lynch

31 Beth Drive

Richboro PA 18954

PACAID ED. 12/10PI SEE IMPORTANT MESSAGE ON REVERSE SIDE

The Company is required by Pennsylvania law to send you an I.D. card. The card shows that a insurance policy has been issued for the vehicle(s

IMPORTANT NOTICE Regarding your Financia

Responsibility Identification Card.

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.

COMMONWEALTH OF PENNA. **DEALER NO. 08932458 PI**  DEALER REGISTRATION CARD

DEPT. OF TRANSPORTATION ACN: 43172842600110

VALID 101117 I/M

VEH SAL WRECK

EXPIRATION DATE SEPTEMBER 30 2019 THIS CARD MAY BE PHOTO COPIED

WL23511 WL24409 WL26787 WL27261

EMISSION INSPECTION IS REQUIRED FOR ANY GASOLINE OPERATED VEHICLE OF 9,000 POUNDS OR LESS GVWR.

PIONEER AUTO BODY & REPAIR 1970 PIONEER ROAD HUNTINGDON VLY PA 19005

SIGN IN THE - DO NO PRINT

VEH SAL WRECK

CLASS

08932458 PI TRANSFERABLE

DETACH

MF53277

**DETACH HERE** 

1412

EMISSION INSPECTION IS REQUIRED FOR ANY GASOLINE OPERATED VEHICLE OF 91000 POUNDS OR LESS GVUR.

DEALER REGISTRATION

WL

ZEP 30 2019

VALID\*LOLLL? VOID UNLESS VALIDATED

\$108.DD FEE

PIONEER AUTO BODY REPAIR 1970 PIONEER ROAD

HUNTINGDON VLY PA 19006

43 172842600110 I/M

SIGN WAY DO NOT PRINT

X

# Oct 27 2017 Date of Application

# Abington Township Police Department

TOWING APPLICATION

#### WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee    1970   |  |
|--|--|
| Address   City/State   Hunting less   Valley   Pa   19606     Truck Make   Model   Year   Color     Mark - 50 TON WRECKER   CH 7/3   2000   Green     VIN   Registration   Exp. Date   GVW     IMAN 162 C 7 Y 15 00 9883   000 92060   65-31-2018   73,080     Insurance Company   Policy #     Proinsula Insurance Co   CAM 1024356     Check off all that apply. |  |
| Truck Make   Model   Year   Color   Mack - 50 TON WRECKER   CH 713   2000   GREED    VIN   Registration   Exp. Date   GVW    I M J A D L 2 C 7 Y 10 00 9 8 8 3   000 9 20 60   6.5 - 31 - 20 18   73,280    Insurance Company   Policy #   Policy #   CAM UD 343.56    Check off all that apply.   |  |
| Mack - 50 TON WRECKER  |  |
| MANGACTY 10009883   00092060   65-31-2018 73,280     Provinsula Insurance Co   CAM 0024356     Check off all that apply.   |  |
| MANGACTY 10009883   00092060   65-31-2018 73,280     Provinsula Insurance Co   CAM 0024356     Check off all that apply.   |  |
| Policy #  Province Co  CAM 0024356  Check off all that apply.  |  |
| Provinsula Insurance Co  CAM 0024356  Check off all that apply.  |  |
| Check off all that apply.  |  |
|  |  |
| 1. Passed Pennsylvania Inspection? YES NO NO   |  |
| 2. Minimum 3/8" cable? YES NO  |  |
| 3. Minimum 3/8" safety chain? YES NO   |  |
| 4. Front and rear flashing lights? YES NO  |  |
| 5. Rotating amber light or light bar? YES NO   |  |
| 6. US DOT # on truck? YES NO   |  |
| 7. Company name, address and phone # YES NO no side of truck; at least 3" letters?   |  |
| 8. Shovel and broom for clean-up? YES NO   |  |
| 9. Wheel Chocks? YES NO  |  |
| 10. Portable car dolly?  |  |
| 11. Minimum 50 lb. bag of oil-dry YES NO no truck?   |  |
| 12. Insurance ID card for this vehicle? YES NO (Attach copy)   |  |
|  |  |

Signature of Owner

# PENNSYLVANIA INSURANCE IDENTIFICATION CARD COMPANY AND COMPANY NAIC NUMBER

THE PENINSULA INSURANCE COMPANY

- 14958

POLICY NUMBER

EFFECTIVE DATE

NOT VALID MORE THAN 6

CAM 0024356

08/25/17

MONTHS FROM EFFECTIVE DATE

YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

00 MACK

1M2AD62C7YW009883

AGENCY/COMPANY ISSUING CARD

TELEPHONE# (215) 345-4045

National Associates-Doylestown Inc

252 W Swamp Rd Ste 10

Doylestown PA 18901

INSÚRED

Lindley Towing LLC C/O Jennifer Lynch

31 Beth Drive

Richboro PA 18954

PACAID ED. 12/10PI SEE IMPORTANT MESSAGE ON REVERSE SIDE

IMPORTANT NOTICE Regarding your Financ Responsibility Identification Card.

The Company is required by Pennsylvania law send you an i.D. card. The card shows that insurance policy has been issued for the vehicle described satisfying the financial responsible requirements of the law.

If you lose the card, contact your insurance compa or agent for a replacement.

The I.D. card information may be used for vehice registration and replacing license plates. If your liabilinsurance policy is not in effect, the I.D. card is longer valid.

You are required to maintain financial responsibilion your vehicle. It is against Pennsylvania law to u the I.D. card fraudulently such as using the card proof of financial responsibility after the insurant policy is terminated.



For Department Use Only

Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

#### IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

LINDLEY TOWING LLC 1970 PIONEER RD HUNTINGDON VALLEY, PA 19006-2506

| LICENSE PLATE: AG35226 VALIDATION DATE: 06/01/2017 |  |      |            |     |     |      |     | EX  | PIRE   | S: <b>05/</b> 3 | 1/20   | 18   |        |          |          |                |     |        |
|--|--|------|------------|-----|-----|------|-----|-----|--------|-----------------|--------|------|--------|----------|----------|----------------|-----|--------|
| ACCOUNT NO: FLEET NO: SUPP NO: USDOT NO:           |  |      |            |     |     |      |     |     |        | ISSI            | JE D   | ATE: | EQ     | UIP      | MENT NO: |                |     |        |
| 00092060 1 0 002329622                             |  |      |            |     |     |      |     |     |        | _0              | 5/17/  | 2017 |        |          | 5        |                |     |        |
| YEA  | AR:  | MAKE | : VIN      |     |     |      |     | UNL | ADEN \ | <b>NEI</b>      | HT:    |      | GRO    | oss '    | VEH WT   | GROSS COMB WT: |     |        |
| :  | 2000 MACK 1M2AD62C7YW009883 43,400 LBS             |      |            |     |     |      |     |     |        | 7               | 3,280  | LBS  |        | 0 LBS    |          |                |     |        |
| REGISTRANT NAME: LINDLEY TOWING LLC TYPE:          |  |      |            |     |     |      |     |     |        |                 | AXL    | ES:  | SEATS: | FUE      | L:       | WGT CLASS:     |     |        |
|  |  |      | :1970 PIOI |     |     |      |     |     |        |                 | TK     | 1    | 3      | 3        | 0        | ם              | 1   | 20     |
|  | CITY, STATE, ZIP: HUNTINGDON VALLEY, PA 19006-2506 |      |            |     |     |      |     |     |        |                 |        |      |        |          |          |                |     |        |
| OW   | OWNER: TITLE NO:                                   |      |            |     |     |      |     |     |        |                 |        |      |        | O. CODE: |          |                |     |        |
|  | LINDLEY TOWING LLC 76487                           |      |            |     |     |      |     |     |        |                 | 487283 |      |        | FOR      |          |                |     |        |
| JUR  | WEIGHT   | JUR  | WEIGHT     | JUR | WEI | GHT  | JUR | W   | IGHT   | JUI             | R WE   | iG   | нт     | JUR      | WEIG     | НТ             | JUR | WEIGHT |
| PA   | 73,280   | AL   | 73,280     | AR  | 73, | 280  | AZ  | 7   | 3,280  | CA              | 7      | 3,2  | 80     | CO       | 73,28    | 30             | CT  | 73,280 |
| DC   | 73,280   | DE   | 73,280     | FL  | 73, | 280  | GA  | 7   | 3,280  | IA              | 7      | 3,2  | 80     | ID       | 73,28    | 30             | IL  | 73,280 |
| IN   | 73,280   | KS   | 73,280     | KY  | 73, | 280  | LA  | 7   | 3,280  | MA              | 7      | 3,2  | 80     | MD       | 73,28    | 30             | ME  | 73,280 |
| MI   | 73,280   | MN   | 73,280     | МО  | 73, | ,280 | MS  | 7   | 3,280  | МТ              | 7      | 3,2  | 80     | NC       | 73,28    | 30             | ND  | 73,280 |
| NE   | 73,280   | NH   | 73,280     | NJ  | 73, | ,280 | NM  | 7   | 3,280  | NV              | 7      | 3,2  | 80     | NY       | 73,28    | 30             | ОН  | 73,280 |
| ОК   | 73,280   | OR   | 73,280     | RI  | 73, | 280  | SC  | 7   | 3,280  | SD              | 7      | 3,2  | 80     | TN       | 73,28    | 30             | ΤX  | 73,280 |
| UT   | 73,280   | VA   | 73,280     | VT  | 73, | 280  | WA  | 7   | 3,280  | WI              | 7      | 3,2  | 80     | W۷       | 73,28    | 30             | WY  | 73,280 |
| AB   | 33,239   | BC   | 33,239     | МВ  | 33, | ,239 | NB  | 3   | 3,239  | NL              | 3      | 3,2  | 39     | NS       | 33,23    | 39             | ON  | 33,239 |
| PE   | 33,239   | QC   | 5 AXL      | SK  | 33, | ,239 | **  |     | ****   | **              |        | ***  | *      | **       | ****     |                | **  | ****   |

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

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

SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
LINDLEY TOWING LLC
1970 PIONEER RD
HUNTINGDON VALLEY, PA 19006



Safety USDOT Number: 002329622

PENNSYLVANIA'S LITTERING LAW - Section 3709 of the Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal. For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

REV-1399L (01-13) pennsylvania BUREAU OF MOTOR AND ALTERNATIVE FUEL TAXES PO BOX 280646 DEPARTMENT OF REVENUE HARRISBURG PA 17128-0646 1-800-482-4382 Motor Carriers Road Tax Registration Card THIS IS NOT TRANSFERABLE International Fuel Tax Agreement (IFTA) License TO ANY OTHER MOTOR CARRIER LICENSE/ACCOUNT NUMBER LINDLEY TOWING LLC PA 454655415 00 DATE ISSUED **EXPIRATION DATE** 1970 PIGNEER ROAD 10-18-16 12-31-17 HUNTINGDON VALLEY FOR BUREAU USE ONLY **DECAL NUMBERS** 2332703 This PA motor carriers road tax registration card must be carried at all times while operating in PA. It is valid until the expiration date, unless sooner cancelled, suspended or revoked for cause by the Secretary of Revenue. This IFTA license or a legible copy thereof must be carried in every qualified motor vehicle displaying IFTA decals. The license is valid for operations in all member jurisdictions until the above expiration date, unless sooner cancelled, suspended or revoked for cause by the Secretary of Revenue.



#### CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY) 11/08/2017

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

| C           | ertificate holder in lieu of such endo   | rsen                                   | ent(s        | s).  |  |                            |                            |  |                  |                    |            |
|-------------|--|--|--------------|--|--|----------------------------|----------------------------|--|------------------|--------------------|------------|
| PRO         | DUCER  |  |              |  | CONTACT Marcie Thompson  |                            |                            |  |                  |                    |            |
| Nat         | ional Associates - Doylestown  |  |              |  | PHONE (A/C, No, Ext): (215) 345-4045 FAX (A/C, No): (215) 345-4315 |                            |                            |  |                  |                    | 45-4315    |
| 252         | West Swamp Road  |  |              |  | E-MAIL<br>ADDRE  | ss: mthom                  | pson@natio                 | nal-associate:                           | s.com            |                    |            |
| Sui         | te 10  |  |              |  | INSURER(S) AFFORDING COVERAGE NAIC                                 |                            |                            |  |                  |                    | NAIC#      |
| Doy         | lestown PA 18901   |  |              |  |  |                            |                            |  |                  | 14958              |            |
| INSU        | RED  |  | _            |  | INSUR  | ERB; SWIF                  |                            |  |                  |                    |            |
|             | LINDLEY TOWING LLC   |  |              |  | INSURI   |                            |                            |  |                  |                    |            |
|             | 1970 PIONEER ROAD  |  |              |  | INSURI   |                            |                            |  |                  |                    |            |
|             | HUNTINGDON VALLEY PA   | 190                                    | 06           |  | INSURI   | ERE:                       |                            |  |                  |                    |            |
|             |  |  |              |  | INSURI   | ERF:                       |                            |  |                  |                    |            |
|             | VERAGES PROD/CUSTOMER ID: 56   |  |              |  |  | TIFICATE #:                |                            |  | SION #:          |                    |            |
| IN<br>C     | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUC | EQUII<br>PERT                          | REME<br>AIN. | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF AN  | Y CONTRACT                 | OR OTHER I                 | DOCUMENT WIT<br>D HEREIN IS SI           | TH RESPEC        | T TO V             | WHICH THIS |
| INSR<br>LTR | TYPE OF INSURANCE  | ADDL                                   | SUBR         | POLICY NUMBER                                  |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |  | LIMITS           | 3                  |            |
|             | GARAGE LIABILITY   |  |              |  |  |                            |                            | AUTO ONLY (Ea a                          | ccident)         | F 4 00             |            |
| _           | X ALL OWNED X HIRED AUTOS ONLY   |  |              |  |  |                            | 20/05/0040                 | 7,010 01,27 (22 0                        |                  | \$ 1,00            |            |
| Α           | X NON-OWNED AUTOS<br>USED IN GARAGE BUSINESS   | 1                                      |              | CPM0024356                                     |  | 02/25/2017                 | 02/25/2018                 | OTHER THAN                               | ACCIDENT         | \$ 1,00            | 0,000      |
|             |  |  |              |  |  |                            |                            | AUTO ONLY AG                             | GREGATE          | \$ 2,00            | 0,000      |
|             | GARAGE KEEPERS LIABILITY   |  |              |  |  |                            |                            | X COMP /<br>OTC                          | LOC              | <sub>\$</sub> 100, | 000        |
|             | LEGAL LIABILITY  | BILITY                                 |              |  |  | 00/05/0047                 | 00/05/0040                 | ODEOUGIED                                | LOC              | \$                 |            |
| Α           | X DIRECT BASIS   |  |              | CPM0024356                                     |  | 02/25/2017                 | 02/25/2018                 | X COLLISION                              | roc              | \$ 100,            | 000        |
|             | PRIMARY EXCESS   | <u> </u>                               |              |  |  | Ĺ                          |                            |  | LOC              | \$                 |            |
|             | COMMERCIAL GENERAL LIABILITY   |  |              |  |  |                            |                            | EACH OCCURREN                            |                  | s_1,000            | 0,000      |
| Α           | CLAIMS-MADE X OCCUR  |  |              |  |  |                            | 02/25/2018                 | DAMAGE TO REN<br>PREMISES (Ea occ        | TED<br>currence) | \$ 50,00           | 00         |
|             |  |  |              | CAM0024356                                     | - [6   | 02/25/2017                 |                            | MED EXP (Any one                         | person)          | \$ 10,00           | 00         |
|             |  |  |              |  |  |                            |                            | PERSONAL & ADV                           | INJURY           | s_1,000            | 0,000      |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |              |  |  |                            | ]                          | GENERAL AGGRE                            | GATE             | \$ 2,000           | 0,000      |
|             | POLICY X PRO-  |  |              |  |  |                            |                            | PRODUCTS - COM                           | IP/OP AGG        | s 2,000            | 0,000      |
|             | OTHER:   |  |              |  |  |                            |                            |  |                  | \$                 |            |
|             | UMBRELLA LIAB OCCUR  |  |              |  |  |                            |                            | EACH OCCURREN                            | ICE              | \$                 |            |
|             | EXCESS LIAB CLAIMS-MADE  |  |              |  |  |                            |                            | AGGREGATE                                |                  | \$                 |            |
|             | DED RETENTIONS   | <u> </u>                               |              |  |  |                            |                            |  |                  | \$                 |            |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |              |  |  |                            |                            | PER<br>STATUTE                           | OTH-<br>ER       |                    |            |
| В           | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A                                    |              | 06130827                                       |  | 04/09/2017                 | 04/09/2018                 | E.L. EACH ACCIDE                         |                  | ş 100,0            |            |
|             | (Mandatory in NH)  |  |              | 00100021                                       |  | 04/05/2011                 | 04/03/2010                 | E.L. DISEASE - EA                        |                  |                    |            |
|             | If yes, describe under REMARKS below   |  |              |  |  |                            |                            | E.L. DISEASE - PO                        | LICY LIMIT       | \$ 500,0           | 000        |
|             |  |  |              |  |  |                            |                            |  |                  |                    |            |
| REM         | ARKS (ACORD 101, Additional Remarks Schedule   | , may                                  | be atta      | ched if more space is required)                |  |                            |                            |  |                  |                    |            |
|             | : 215-884-8271<br>tificate holder is also li <mark>sted</mark> as additi   | onal                                   | insu         | red  |  |                            |                            |  |                  |                    |            |
| CE          | RTIFICATE HOLDER   |  |              |  | CANC   | ELLATION                   |                            |  |                  |                    |            |
| CEF         | TIFICATE HOLDER  |  |              |  | CANC   | LLLATION                   |                            |  |                  |                    |            |
|             | Abington Township<br>1176 Old York Road  |  |              | j  | THE  | EXPIRATION                 |                            | ESCRIBED POLICE REOF, NOTICE PROVISIONS. |                  |                    |            |
|             | Abinaton BA 10001  | AUTHORIZED REPRESENTATIVE -> <mt></mt> |              |  |  |                            |                            |  |                  |                    |            |

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Delmis A. Day

Abington, PA 19001

AUTHORIZED REPRESENTATIVE

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/08/2017

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).

| l ce        | ertificate holder in lieu of such endo  | rsement  | (S).      |   |                             |                            |  |                   |               |
|-------------|---|----------|-----------|---|-----------------------------|----------------------------|--|-------------------|---------------|
| PROD        | DUCER   |          |           | CONTA<br>NAME:                                    | CT Marcie                   | Thompson                   |  |                   |               |
| Nati        | onal Associates - Doylestown  |          |           | PHONE<br>(A/C. No                                 | <sub>o, Ext)</sub> .(215) 3 | 45-4045                    | F.                                       | AX<br>A/C. No): ( | 215) 345-4315 |
| 252         | West Swamp Road   |          |           | E-MAIL ADDRESS: mthompson@national-associates.com |                             |                            |  |                   |               |
| Suit        | e 10  |          |           | L   | INS                         | SURER(S) AFFO              | RDING COVERAGE                           |                   | NAIC #        |
| Doy         | lestown PA 18901  |          |           | INSURE  | RA: PENINS                  | SULA INSUF                 | RANCE COMPANY                            | Y                 | 14958         |
| INSU        | RED   |          |           | INSURE  | RB: WESC                    | INSURANC                   | CE CO.                                   |                   | 26135         |
|             | PIONEER AUTO BODY AN  | D REPA   | IR LLC    | INSURE  |                             |                            |  |                   |               |
| İ           | 1970 PIONEER ROAD   |          |           | INSURER D :                                       |                             |                            |  |                   |               |
|             | HUNTINGDON VALLEY PA  | 19006    |           | INSURER E :                                       |                             |                            |  |                   |               |
|             |   |          |           | INSURER F:  |                             |                            |  |                   |               |
| COV         | /ERAGES CER   | TIFICAT  | E NUMBER: |   |                             |                            | REVISION NUMB                            | BER:              |               |
| INI<br>CE   | 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<br>LTR | TYPE OF INSURANCE   | ADDL SUB |           |   | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY) |  | LIMITS            |               |
|             | GENERAL LIABILITY   |          |           |   |                             |                            | EACH OCCURRENCE                          |                   | s 1,000,000   |
| A           | X COMMERCIAL GENERAL LIABILITY  |          |           |   |                             |                            | DAMAGE TO RENTED<br>PREMISES (Fa occurre |                   | s 100,000     |
| l ľ         |   | 1        | CDMOOADOO |   | 07/20/2017                  | 07/20/2010                 |  |                   | - F 000       |

|   | TITE OF INSUITANCE                                     | HNSRI | wvb | POLICT NUMBER | THAIRMODY TITE | T T T T T T T T T T T T T T T T T T T |  |              |
|---|--|-------|-----|---------------|----------------|---------------------------------------|--|--------------|
| Г | GENERAL LIABILITY                                      |       |     |               |                |                                       | EACH OCCURRENCE                              | s 1,000,000  |
| Α | X COMMERCIAL GENERAL LIABILITY                         |       |     |               |                |                                       | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | s 100,000    |
| l | CLAIMS-MADE X OCCUR                                    |       |     | CPM0019908    | 07/30/2017     | 07/30/2018                            | MED EXP (Any one person)                     | s 5,000      |
| l |  |       |     |               |                |                                       | PERSONAL & ADV INJURY                        | s 1,000,000  |
|   |  |       |     |               |                |                                       | GENERAL AGGREGATE                            | \$ 2,000,000 |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                     |       |     |               |                |                                       | PRODUCTS - COMP/OP AGG                       | \$ 2,000,000 |
|   | POLICY PRO-  |       |     |               |                |                                       |  | \$           |
| Г | AUTOMOBILE LIABILITY                                   |       |     |               |                |                                       | COMBINED SINGLE LIMIT (Fa accident)          | s 1,000,000  |
| Α | ANY AUTO   |       |     |               |                |                                       | BODILY INJURY (Per person)                   | \$           |
| l | ALL OWNED X SCHEDULED AUTOS                            |       |     | CAM0019908    | 07/30/2017     | 07/30/2018                            | BODILY INJURY (Per accident)                 | \$           |
| ŀ | X HIRED AUTOS NON-OWNED AUTOS                          |       |     |               |                |                                       | PROPERTY DAMAGE (Per accident)               | \$           |
|   |  |       |     |               |                |                                       |  | \$           |
|   | UMBRELLA LIAB OCCUR                                    |       |     |               |                |                                       | EACH OCCURRENCE                              | \$           |
|   | EXCESS LIAB CLAIMS-MADE                                |       |     |               |                |                                       | AGGREGATE                                    | \$           |
| L | DED RETENTION \$                                       |       |     |               |                |                                       |  | \$           |
| Г | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY          |       |     |               |                |                                       | X WC STATU- OTH-                             |              |
| _ | ANY PROPRIETOR/PARTNER/EXECUTIVE                       | N/A   |     | KWC1098865    | 08/07/2017     | 08/07/2018                            | E.L. EACH_ACCIDENT                           | s 100,000    |
| В | (Mandatory in NH)                                      | N / A |     | KWC1096665    | 00/07/2017     | 06/07/2016                            | E.L. DISEASE - EA EMPLOYEE                   | \$ 100,000   |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below |       |     |               |                |                                       | E.L. DISEASE - POLICY LIMIT                  | s 500,000    |
| А | GARAGEKEEPERS  |       |     | CPM0019908    | 07/30/2017     | 07/30/2018                            |  | 500,000      |

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

Fax: 215-884-8271

Certificate holder is also listed as additional insured

| CERTIFICATE HOLDER                      | CANCELLATION   |
|---|--|
| Abington Township<br>1176 Old York Road | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Abington, PA 19001                      | AUTHORIZED REPRESENTATIVE DUMMI A. Day   |

#### DATE (MM/DD/YYYY) INSURANCE BINDER 10/27/2017 THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM. **AGENCY** National Associates - Doylestown Peninsula Insurance Company CPM0019908 EFFECTIVE EXPIRATION 252 West Swamp Road Suite 10 Х AM 12:01 AM 07/30/2017 12:01 07/30/2018 Doylestown PA 18901 NOON PHONE (A/C, No. Ext): (215) 345-4045 FAX (A/C. No): (215) 345-4315 THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: CODE: SUB CODE: AGENCY CUSTOMER ID: 5052 DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) INSURED AND MAILING ADDRESS 2800 MT. CARMEL AVE. PIONEER AUTO BODY AND REPAIR LLC GLENSIDE, PA 19038 c/o Jennifer Lynch 31 Beth Drive Richboro PA 18954 COVERAGES LIMITS TYPE OF INSURANCE COVERAGE / FORMS DEDUCTIBLE COINS % AMOUNT PROPERTY CAUSES OF LOSS BROAD X SPEC BASIC BUILDING 80 1000 500,000 BPP 200,000 1000 80 GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO <u>RENTED PREMISES</u> COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG RETRO DATE FOR CLAIMS MADE VEHICLE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) OWNED ALITOS ONLY **BODILY INJURY (Per accident)** SCHEDULED AUTOS PROPERTY DAMAGE HIRED AUTOS ONLY MEDICAL PAYMENTS NON-OWNED AUTOS ONLY PERSONAL INJURY PROT UNINSURED MOTORIST VEHICLE PHYSICAL DAMAGE ALL VEHICLES SCHEDULED VEHICLES DED ACTUAL CASH VALUE COLLISION: STATED AMOUNT OTHER THAN COL GARAGE LIABILITY AUTO ONLY - EA ACCIDENT ANY AUTO OTHER THAN AUTO ONLY: EACH ACCIDENT **EXCESS LIABILITY EACH OCCURRENCE** UMBRELLA FORM AGGREGATE RETRO DATE FOR CLAIMS MADE OTHER THAN UMBRELLA FORM SELF-INSURED RETENTION PER STATUTE WORKER'S COMPENSATION E.L. EACH ACCIDENT AND EMPLOYER'S LIABILITY E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT SPECIAL **FEES** CONDITIONS / **TAXES** COVERAGES

| COMPANY A BURLING BUILDING BO STE 1 2275 SANALLOWHALL RD PHTSBURGH, PA 15220 PHONE: 412478-1180 FAX: 412-478-1182  COMPANY B  COMPANY C  COMPANY C  COMPANY C  COMPANY C  COMPANY C  COMPANY D  COMPANY C  COMPAN |                |  | UBROGATION IS V    | t be andonsed. If S               | RED, the policy(les) mus   | ADDITIONAL INSI  | in policies may require en endorsem  | tm:<br>cor |  |
|--|----------------|--|--------------------|-----------------------------------|--|--|--|------------|--|
| BUILDING 90 STE 1 2275 SWALLOWHER PO PRITS BLAGG RM 15229  INSURED.  INSURED | DRDING COVER   | COMPANES AFFORDING   |                    |                                   |  |  |  |            |  |
| PHONE 412378-1180 FAX 412478-1182  COMPANY C  LINDLEY TOWNS LLC  1970 PIOCERT ROAD  HAS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  ADTIVITIES TAXBUNG ANY REQUIREMENT, TERM OR CONSTITION OF ANY CONTRICT OR OTHER DODOMENT WITH RESPECT TOWNOTHIS CERTIFICATE  FERRIAN. THE INSURANCE ANY POLICIES INSURANCE DISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  OF TYPE OF INSURANCE POLICIES DESCRIBED HEREINIS SUBJECT TOWN THE TERMS, EXCUSION AND COORDITIONS OF SUCH  MAY HAVE BEEN REQUIZED BY PAID QUARKS.  COVERNAL LUBBILITY  GENERAL LUBBILITY  TAYBORISE LUBBILITY  COMBINED AND COORDITIONS OF SUCH  POLICY NUMBER  FROUTH PROTOCOLORS AND COORDITIONS OF SUCH  INMIDIOTYCH  IMMIDIOTYCH  IMMIDIOTYC | TON INS CO     | COMPANY A BURLINGTON IN  |                    |                                   |  |  | .DING 900 STE 1<br>5 SWALLOWHILL RD  | BU<br>22   |  |
| LINGLEY TOWNS LC 1970 PROSER ROAD HUNTINGOON WALLEY, PA 19006  COMPANY D  COMPANY E  THS IST O CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  NOTIVITIES TRACISING AND POLICY PERIOD  COMPANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRICT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE  COMPANY PAUL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  MAY HAVE BEEN REDUCED BY PRID CLAIMS.  COVERAGES  COVERAGES  COVERAGES  POLICY NUMBER  PROUCT SCOUNT AND CONDITIONS OF SUCH  COVERAGES  PROUCT SCOUNT AND CONDITIONS OF SUCH  COVERAGES  PROUCT SCOUNT AND CONDITIONS OF SUCH  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES  COVERAGES  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES  COVERAGES  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES  COVERAGES  COVERAGES  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES  COVERAGES  COVERAGES  COVERAGES  PROUCT SCOUNT AND CONDITION OF SUCH  COVERAGES   |                | COMPANY B  |                    |                                   |  | 2  | NE: 412-278-1180 FAX: 412-278-1182   | PH         |  |
| 1970 PIONEER ROAD HANTINGOON VALLEY, PA 19006  THIS IS TO CETTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOTIVITIESTADING ANY PECLIER/MENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE PORTIAN THE INSURANCE APPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH MAY HAVE BEEN REQUEED BY PAID CLAIMS.  COVERNAS  TYPE OF INSURANCE  POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY DATE MAY DATE MAY DESCRIBED AND CONDITIONS OF SUCH POLICY NUMBER POLICY DATE MAY DESCRIBED AND CONDITIONS OF SUCH POLICY NUMBER POLICY DATE MAY DESCRIBED AND CONDITIONS OF SUCH POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY DATE MAY DESCRIBED AND CONDITIONS PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGG PERSONAL AGGREGAT S. PRODUCTS-COMPIOP AGGREGAT S. P |                | COMPANY C  |                    |                                   |  |  |  |            |  |
| COMPANY E  |                | COMPANY D  |                    |                                   |  |  | PIONEER ROAD   | 197        |  |
| THIS ISTO CERTIFY THAT THE POLICES OF INSURANCE USTED BELOWHAVE BEEN ISSUED TOTHER INSURED NAMED ABOVE FOR THE POLICY PERIOD CONTINUENCE AND CONTINUENCE AND CONTINUENCE AND CONTINUENCE AND CONTINUENCE AND CONTINUENCE OF SUCH MAY HAVE BEEN REDUCED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXQLUSIONS AND CONDITIONS OF SUCH MAY HAVE BEEN REDUCED BY PAID CLAIMS.  COVERAGES  TYPE OF INSURANCE  POLICY NUMBER  POLICY NUMBER  POLICY NUMBER  POLICY NUMBER  PROPERTY DATE  IMMIDIONY)  CENERAL LIABILITY  COMMISSION AND CONTINUENCE AND INJURY  EACH COOL/FIRENCE  FRED DATE  CAMBO MADE  COVERAGES  FOLICY  EXPERATION  IMMIDIONY)  COVERAGES  FOLICY  EXPERATION  IMMIDIONY)  COVERAGES  FOLICY  EXPERAL ASSISTED TO ALL THE TERMS, EXQLUSIONS AND CONDITIONS OF SUCH  PROPERTY CONTINUENCE  COVERAGES  FOLICY  EXPERAL LIABILITY  COMMISSION AND CONTINUENCE  FRED DATE  COVERAGES  FOLICY  EXPERAL LIABILITY  COMMISSION AND CONTINUENCE  FRED DATE  COVERAGES  FRED DATE  COVERAGES  FOLICY  EXPERAL ASSISTED TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  COVERAGES  FOLICY  EXPERAL LIABILITY  COMMISSION AND CONTINUENCE  FRED DATE  COVERAGES  FOLICY COVERAGES  FOLICY  COVERAGES  FOLICY  EXPERAL LIABILITY  COMMISSION AND CONTINUENCE  FRED DATE  COVERAGES  FOLICY  EXPERAL LIABILITY  COVERAGES  FOLICY  COVERAGES  FOLICY  EXPERATION  COVERAGES  FOLICY  EXPERAL LIABILITY  COVERAGES  FOLICY  EX |                | COMPANYE   |                    |                                   |  |  | TINGDON VALLEY, PA 19006   | HU         |  |
| C TYPE OF INSURANCE  POLICY NUMBER  POLICY SEPRIL NO. LIMITS  NAMIDOMYY)  GENERAL LAGRIEGATE  PRODUCTS-COMPJOP AGG  PERSONAL AGNIEGATE  PRODUCTS-COMPJOP AGG  PERSONAL ADVINUARY  EACH COCURRENCE  PRODUCTS-COMPJOP AGG  PERSONAL AGNIEGATE  PRODUCTS-COMPJOP AGG  | E MAY BE ISSUE | TO WHICH THIS CERTIFICATE MAY 8  | MENT WITH RES      | OR OTHER DOOL<br>BJECT TO ALL, TH | TION OF ANY CONTRACT   | , TERM OR CONDI<br>Y THE POLICIES D  | WITHSTANDING ANY RECLIREMENT,<br>TAIN, THE INSURANCE AFFORCED BY   | 년:<br>(0)  |  |
| TYPE OF INSURANCE  ONTO THE PROPERTY ON THE PROPERTY OF THE PROPERTY OF THE PROPERTY ON THE PROPERTY OF THE PR |                |  | POLICY             |                                   | T  |  | The second section of the second section is a second section of the second section of the second section secti |            |  |
| GENERAL LIABILITY    COMMERCIAL CENERAL LIABILITY   1248103481   10/20/2017   10/20/2018   GENERAL ACGREGATE   PRODUCTS-COMPIOP AGG   PERSONAL & ADVINUARY   EACH COCUPRENCE   PRODUCTS-COMPIOP AGG   PERSONAL & ADVINUARY   EACH COCUPRENCE   PERSONAL & ADVINUARY   PER DAMAGE (Any one person)   MED EXP (An | A              | LIMITS   | EXPIRATION<br>DATE | EFFECTIVE<br>DATE                 | POLICY NUMBER  | E  | TYPE OF INSURANCE  |            |  |
| C.C.AINS MADE SCOUR PERSONAL & ADVINUARY EACH-COURRENCE PROT PROMISE & CONTRACTORS PROT PROMISE & CONTRACTORS PROT PROMISE & CONTRACTORS PROT PROMISE & CONTRACTORS PROT PROMISE & CAMBRID SINGLE LIMIT PROMISE & LIMBILITY COMBINED SINGLE LIMIT COMBINED SINGLE LIMIT COMBINED SINGLE LIMIT PROPERTY DATE & BOOLLY INJURY (Per person) BOOLLY INJURY (Per person) BOOLLY INJURY (Per person) PROPERTY DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE COMBINED AUTOS PROPERTY DAMAGE COMBINED AUTOS COMBINED AUTOS PROPERTY DAMAGE PROPERTY DAMAGE COMBINED AUTOS PROPERTY DAMAGE COMBINED AUTOS SIR SIR COMBINED AUTOS SIR STATUTORY LIMITS EACH ACCORDENT COMBINED AUTOS STATUTORY LIMITS EACH ACCORDENT COMBINED AUTOS STATUTORY LIMITS EACH ACCORDENT COMBINED AUTOS COM |                |  | 10/20/2018         | 10/20/2017                        | 1248103451   | v  | ENERAL LIABILITY   |            |  |
| GAMAGE (ANY DE PROT    CAMERIS & CONTRACTORS PROT   RED DAMAGE (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MED DAY (Any one fire)   MORLY (INJURY (Per person))   BOOLY (INJURY (Per person))   MED DAY (Any one fire)   BOOLY (INJURY (Per person))   MED DAY (Any one fire)   BOOLY (INJURY (Per person))   MED DAY (INJURY (Per person))   MORLY (INJURY (Per person))   MORLY (INJURY (Per person))   MORLY (INJURY (Per person))   MAJO ONLY (INJURY (Per person))   MED DAY (INJURY (Per person))   MORLY (INJURY (Per person))   MORLY (INJURY (Per person))   MORLY (INJURY (Per person))   MAJO ONLY (INJURY (INJU |                |  |                    |                                   |  | •  | CAINS MADE XXXXXX  | .          |  |
| MED EXP (Any one person)  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SO FEDULED AUTOS  HRED AUTOS  NON-GOMED AUTOS  NON-GOMED AUTOS  BODILY INJURY (Per person)  BODILY INJURY (Per person)  BODILY INJURY (Per socident)  PROPERTY DAMAGE  GARAGE LIABILITY  AUTO ONLY EAACODEN!  THEN THAN AUTO ONLY.  EACH DOOL HE NO.  AUTO ONLY EAACODEN!  AUTO ONLY EAACODEN!  AUTO ONLY EAACODEN!  THEN THAN AUTO ONLY.  EACH DOOL HE NO.  AUTO ONLY EAACODEN!  AUTO  |                | HOCCURRENCE  |                    | 1                                 |  |  | JOVNERS & CONTRACTORS PROT   | A          |  |
| AUTOMOBILE LIABILITY  ANY AUTO  ALL OMEDIALITOS  SO-EDULED AUTOS  HREDAUTOS  HREDAUTOS  NON-OMEDIALITOS  PROPERTY DAMAGE  GARAGE LIABILITY  AUTO ONLY EAACOLDENT  OTHER THANAUTO ONLY:  EXCESS UABILITY  LUMBRELLA FORM  OTHER THAN LUMBRELLA FORM  WORKER'S COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  AND  EMPLOYER'S LIABILITY  CHAPT COMPENSATION  CHAPT COM |                | There is an in the second of t |                    |                                   |  |  |  | -          |  |
| ANY AUTO   |                |  |                    |                                   |  |  | al   |            |  |
| SO-EDULEDAUTOS    HREDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     DINON-OM-EDAUTOS     EACH DOOLAN-ENCE     AGGREGATE     DITHER THAN LUMBRELLA FORM     WORKERS COMPENSATION     AND     WORKERS COMPENSATION     EACH DOOLAN-ENCE     AGGREGATE     DINON-OM-EDAUTOS     EACH DOOLAN-ENCE     AGGREGATE     DINON-OM-EDAUTOS     EACH DOOLAN-ENCE     AGGREGATE     SIR     SIR     SIR     STATUTORY LUMITS     EACH ACCIDENT     DISEASE - EACH EMPLOYEE     OTHER THAN LUMBRELOW     DISEASE - POLICY LIMIT     OTHER COVERAGES     OTHER THAN LUMBRELOW     DISEASE - POLICY LIMIT     DISEASE -  |                | ABINED SINGLE LIMIT  |                    | [                                 |  |  | TANY AUTO  | - [        |  |
| HREDAUTOS   BCCILY INJURY (Per scrident)   |                | OILY (NULRY (Per person)   |                    | Ì                                 |  |  | 7SOHEDULED AUTOS   |            |  |
| PROPERTY DAMAGE  GARAGE LIABILITY  GARAGE LIABILITY  ANY AUTO  NON-OWNED AUTO ONLY EARCOIDENT  OTHER THANAUTO ONLY:  EACH ACCESS LIABILITY  CARGES SUBJULTY  CA |                | XLY (NULRY (Per accident)  |                    |                                   |  |  | THIREDAUTOS  |            |  |
| GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE LIABILITY GARAGE COMPENSATION AND GARA |                | in the second second   |                    | ]                                 |  |  |  |            |  |
| OTHER THANAUTO ONLY  EACH ACTOR  EXCESS LABILITY  CLAMBRELLA FORM  CONTRET THAN LABBELLA FORM  WORKERS COMPENSATION  AND  EMPLOYERS LIABILITY  CHAPTORIETORY  FARTINERS/EXECUTIVE  OTHER TOWNERS  CONTRET COMPENSATION  AND  EMPLOYERS LIABILITY  CHAPTORIETORY  FARTINERS/EXECUTIVE  OTHER COVERAGES  |                |  |                    |                                   |  |  |  |            |  |
| Concession of the proprietory   Concession of the proprietor   |                |  |                    | 1                                 |  | and the state of t |  |            |  |
| EXCESS LIABILITY  LUMBRELLA FORM  OTHER THAN LUMBRELLA FORM  WORKERS COMPENSATION  AND  EMPLOYERS LIABILITY  THE PROPRIETORY  PARTIMENSURECUTIVE  OFFICERS ARE:  OTHER COVERAGES   | NEEDESKI       | EACHACODEVI  |                    | 1                                 |  |  |  |            |  |
| □ UMBRELLA FORM □ OTHER THAN LAMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS LIABILITY □ INCL □ I  | 1-1-4 D 10-1-1 | AGGREGATE  |                    |                                   | A CONTRACTOR OF THE CONTRACTOR |  |  |            |  |
| GOTHER THAN LIMBRELLA FORM  WORKERS COMPENSATION AND EMPLOYERS LIABILITY  THE PROPRIETORY PARTIMERS/EXECUTIVE OFFICERS ARE:  OTHER COVERAGES   |                |  |                    |                                   |  |  | XCESS UABILITY   | 1          |  |
| AND EMPLOYERS LIABILITY  THE PROPRIETORY PARTIVERS/EXECUTIVE OFFICERS ARE:  OTHER COVERAGES  EACH ACCIDENT DISEASE - EACH EMPLOYEE  DISEASE - POLICY LIMIT   |                | red i e  |                    |                                   |  |  |  |            |  |
| THE PROPRIETORY PARTINERS/EXECUTIVE OFFICERS ARE:  OTHER COVERAGES  DISEASE - EACH EMPLOYEE  DISEASE - POLICY LIMIT  |                |  |                    | 1                                 |  | I WALL DOWN THE PARTY OF THE PA | ORKERS COMPENSATION  | 7          |  |
| PARTINERS/EXECUTIVE OFFICERS ARE:  OTHER COVERAGES  DISEASE - POLICY LIMIT   |                |  |                    |                                   |  | □INOT  |  |            |  |
| OFFICERS ARE: OTHER COVERAGES  |                |  |                    | , !                               |  |  |  |            |  |
|  | -              | ASE - POLICY LIMIT   |                    |                                   |  | DEXCT  |  |            |  |
|  |                |  |                    |                                   |  |  | NED COVEDAGES  | j<br>Tr    |  |
|  |                |  |                    |                                   |  |  |  |            |  |
|  |                |  |                    |                                   |  |  |  |            |  |
| CERTIFICATE HOLDER CANCELLATION  |                |  |                    |                                   | CANCELLATION   |  | FICATE HOLDER  | ÆR         |  |
| SHOULD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE THE EXPHATE NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROMISIONS.  | ON DATE THEF   |  |                    |                                   |  |  |  |            |  |
| ABINGTON TOWNSHIP AUTHORIZED REFRESENTATIVE  |                |  |                    |                                   |  |  | STON TOWNSHIP  | BIN        |  |

|              | DATE (NIMODYYY)  |                 |                            |                          |                          |                                 |   |                |  |
|--------------|--|-----------------|----------------------------|--------------------------|--------------------------|---------------------------------|---|----------------|--|
| 1            | CERTIFICATE OF LIABILITY INSURANCE   |                 |                            |                          |                          |                                 |   |                |  |
| N.           | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO MONTS 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 INSUREDS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   |                 |                            |                          |                          |                                 |   |                |  |
| 棉            | APORTANT If the certificate holder is an AD  | OFFICINAL INSU  | RED, the policy(les) mus   | t be endorsed. If S      | UBROGATION IS I          | APIVED, ou                      | bject to the terms and conditions   | of the policy. |  |
|              | italn policies may require en endorsement<br>EDUL AGENT  | . A statement o | n this certificate does no | st confer rights to t    | the cartificate held     | er in lieu o                    | companies affording   | COVERAGE       |  |
| G            | ATEVAY PEVNSY UNDERWATTERS<br>UILDING 800 STE 1  |                 | }                          |                          |                          |                                 |   |                |  |
| 2            | 275 SWALLOWHILL RD   |                 |                            |                          |                          |                                 | COMPANY A BURLINGTON INS  | i 00           |  |
|              | PTTSBURGH PA 15220 PHONE: 412-278-1180 FAX: 412-278-1182 COMPANY B   |                 |                            |                          |                          |                                 |   |                |  |
|              |  | ****            |                            |                          |                          |                                 | COMPANY C   |                |  |
|              | ISURED:<br>NOLEY TOWNG LLC   |                 |                            |                          |                          |                                 | COMPANY   |                |  |
| 18           | 770 PIONEER ROAD   |                 |                            |                          |                          |                                 | COMPANY D   |                |  |
| 156          | UNTINGEON VALLEY, PA 19008   |                 |                            |                          |                          |                                 | COMPANY E   |                |  |
|              | IS IS TO CERTIFY THAT THE POLICIES OF  |                 |                            |                          |                          |                                 | OR THE POLICY PERIOD INDICA   |                |  |
|              | TWITHSTANDING ANY REQUIREMENT, TE<br>RITAIN, THE INSURANCE AFFORDED BY TH  |                 |                            |                          |                          |                                 |   |                |  |
|              | AY HAVE BEEN REDUCED BY PAID CLAIMS.   |                 |                            |                          |                          |                                 |   |                |  |
| <del> </del> | T  |                 |                            | POLICY                   | POLICY                   |                                 |   |                |  |
| CO           | TYPE OF INSURANCE  |                 | POLICY NUMBER              | EFFECTIVE<br>DATE        | EXPIRATION DATE          |                                 | LIMITS  | AMOUNT         |  |
| -            | GENERAL LIABILITY  |                 | 1248103451                 | (MM/OD/YY)<br>10/20/2017 | (MM/DD/YY)<br>10/20/2018 | GENERAL                         | AGGREGATE   | \$2,000,000    |  |
|              | MOONWERDAL GENERAL LIABILITY   |                 | 1240100701                 | 70.222011                | 10202010                 |                                 | 'S-COMP/OP AGG  | SINCLUDE       |  |
| A            | DOLAIMS MADE BOCCUR  | .               |                            | ł                        |                          | PERSON                          | L & ADV INJURY  | \$2,000,000    |  |
| 180          | OWNERS & CONTRACTORS PROT  |                 |                            |                          |                          |                                 | CURRENCE  | \$2,000,000    |  |
|              |  |                 |                            |                          |                          |                                 | IAGE (Any ono line)   | \$100,000      |  |
| -            | AUTOMOBILE LIABILITY   |                 |                            |                          |                          | 1                               | (Any one person)  | \$5,000        |  |
|              | □ MY MICO  |                 |                            |                          |                          | CONESINE                        | D SINGLE LIMIT  |                |  |
|              | SOMEDINED VILLOS   |                 |                            |                          |                          | BODILY IN                       | UURY (Per person)   |                |  |
|              | THREDAUTOS   |                 |                            |                          |                          | Laabr                           |   | 1              |  |
|              | - NON-OWNED AUTOS  |                 |                            |                          |                          | BODILYIN                        | UURY (Per accident)   | ٤              |  |
|              |  |                 |                            |                          |                          | PROPERT                         | YDAWAGE   | s              |  |
| -            | GARAGE LIABILITY   |                 | <u> </u>                   | <del> </del>             |                          | AUTO ON                         | Y EAACCIDENT  |                |  |
|              | DAMANIO  |                 |                            |                          |                          |                                 | WHALTO CALY.  |                |  |
|              | NON-OWNED AUTOS  |                 |                            |                          |                          | 2000 searched sat surgicities & | EACHACODENT   | \$             |  |
| -            | EXCESS LIABILITY   |                 |                            |                          |                          | FACHOO                          | AGGREGATE<br>JURRENCE   | 9              |  |
|              | MBRELLA FORW   |                 |                            |                          |                          | AGGREGA                         |   |                |  |
|              | OTHER THAN LABRELLA FORM   |                 |                            |                          |                          | SIR                             |   |                |  |
|              | WORKERS COMPENSATION   |                 |                            |                          |                          | STATUTO                         |   | 9              |  |
|              | EMPLOYERS LIABILITY  | DING.           |                            |                          |                          |                                 | EACH EMPLOYEE   | Š              |  |
|              | THE PROPRIETOR/  |                 |                            |                          |                          |                                 |   |                |  |
|              | PARTNERS/EXECUTIVE   | mexa.           |                            |                          |                          | DISEASE -                       | POLICY LIMIT  |                |  |
|              | OFFICERS ARE:  | - [             |                            |                          |                          |                                 |   |                |  |
| -            | OTHER COVERAGES  |                 |                            |                          |                          |                                 |   |                |  |
|              | ECIAL CONDITIONS   |                 |                            |                          |                          |                                 |   |                |  |
|              |  |                 |                            |                          |                          |                                 |   |                |  |
| CE           | ATTECATE HOLDER  |                 | CANCELLATION               |                          |                          |                                 | A DESCRIPTION OF THE PROPERTY |                |  |
|              |  |                 | SHOULD ANY OF THE          |                          |                          |                                 | BEFORE THE EXPIRATION DAT   | E THEREOF,     |  |
| 20           | ADFORO HOUDHINS  |                 | NOTICE WILL BE DEL         |                          | SHIFT WITH IN            | - POLICY P                      | MUVISIUNO.  |                |  |
| 280          | DO MOUNT CARWELAVE   |                 |                            | R <sub>1</sub>           |                          |                                 |   |                |  |
| ĠŢ           | ENSIDE, FA 19038   |                 | P. 5                       | -                        |                          |                                 |   |                |  |
| X            | The state of the s |                 |                            |                          |                          |                                 |   |                |  |

| product . |  |   |                            |  |                         |                |                                 |                            |
|-----------|--|---|----------------------------|--|-------------------------|----------------|---------------------------------|----------------------------|
| 0         | CERTIFICATE OF L   | JABILI                                  | TY INSURA                  | ANCE                                     |                         |                | DATE (MAR/OD/YY<br>11/10/2017   | m                          |
| Th        | AS CERTIFICATE IS ISSUED AS A MATTER -   | DF INFORMATIO                           | ON ONLY AND CONFERS        | NO RIGHTS UPON<br>CIES DELOW THIS        | CERTIFICATE OF          |                | HIS CERTIFICATE DOES NOT AFF    |                            |
| IIV       | IE ISSUMG INSURER(S), AUTHORIZED REP<br>IPORTANT II the centricate holder is an AD   | RESENTATIVE OF                          | RED, the policy(les) mus   | E CERTIFICATE NO<br>It be endorsed, If 5 | LDER.<br>LUBROGATION IS | WAIVED, BUL    | ect to the terms and conditions | of the policy              |
| 20        | rtzin policies may require an endorsement<br>ETAIL AGENT   | . A statement o                         | n this certificate does no | ot confer rights to t                    | he certificate holi     | der in Neu of  | such endorsement(s).            |                            |
|           | E WIL AGENE<br>ATEWAY PENNSY UNDERWRITERS  |   |                            |  |                         |                | COMPANES AFFORCENO              | APVENACIE                  |
|           | ULDING 900 STE 1   |   |                            |  |                         |                | COMPANY A BURLINGTON INS        | œ                          |
|           | 275 SWALLOWHILL RD<br>ITTSBURGH, PA 15220  |   |                            |  |                         | 1              | 00101110                        |                            |
|           | HONE: 412-278-1180 FAX: 412-278-1182   |   |                            |  |                         |                | COMPANY B                       |                            |
| 1,00      | ISURED:  |   |                            |  |                         |                | COMPANY C                       |                            |
| JUI       | NOLEY TOWNG ILC  |   |                            |  |                         |                |                                 |                            |
|           | 370 PIONEER ROAD<br>UNTINEDON VALLEY, PA 19008   |   |                            |  |                         |                | COMPANY D                       |                            |
| ["        | SISTEMATION VILLET, F71 (3000  |   |                            |  |                         |                | COMPANY E                       |                            |
|           | IS IS TO CERTIFY THAT THE POLICIES OF  |   |                            |  |                         |                |                                 |                            |
|           | PITAIN, THE INSURANCE AFFORCED BY TH   |   |                            |  |                         |                |                                 |                            |
| MA        | Y HAVE BEEN REDUCED BY PAID CLAIMS   |   |                            |  |                         |                |                                 |                            |
| -         | T .  | *************************************** |                            | POLICY                                   | POLICY                  | T              |                                 |                            |
| CO        | TYPE OF INSURANCE  |   | POLICY NUMBER              | EFFECTIVE<br>DATE                        | EXPIRATION<br>DATE      |                | แพกร                            | AMOUNT                     |
| Ľ         |  |   |                            | (MM/DD/YY)                               | DAM/DD/YY)              |                |                                 |                            |
| Г         | GENERAL LIABILITY  |   | 1248103451                 | 10/20/2017                               | 10/20/2018              |                | AGGREGATE                       | \$2,000 00                 |
| ١.        | DOMMERCIAL GENERAL LIABILITY   |   |                            |  | l                       |                | S-COMP/OP AGG<br>L & ADV INJURY | \$INCLUDE                  |
| a         | CONTRACTORS PROT   |   |                            |  |                         | 1              | URRENCE                         | \$2,000,000<br>\$2,000,000 |
|           | 1 ==   |   |                            | 1 .                                      |                         | 1              | AGE (Any one fire)              | \$100,000                  |
|           |  |   |                            |  |                         | Charle Success | (Any one person)                | \$5.00                     |
|           | AUTOMOBILE LIABILITY   |   |                            | †  |                         | <del> </del>   | O SINGLE LIMIT                  |                            |
|           | MANAUTO  |   |                            |  |                         | COMPINE        | J SINGLE LIMIT                  | . '                        |
|           | DALL OWNEDALTOS  |   |                            |  |                         | BODILYIN       | JURY (Per person)               | ;                          |
|           | SO-EDILEDANTOS   |   |                            |  |                         | I              |                                 |                            |
|           | DIJONOWED MILOS  |   |                            |  |                         | BODILYIN       | JURY (Per accident)             | 9                          |
|           |  |   |                            |  |                         |                |                                 |                            |
|           | lH   |   |                            |  |                         | PROPERT        | Y DAMAGE                        |                            |
|           | GARAGE LIABILITY   |   |                            |  |                         |                | Y EAACOIDENT                    |                            |
|           | DAMANIO  |   |                            |  | ļ                       | OTHERTH        | ANAUTO ONLY                     |                            |
|           | - INDIVIONNED AUTOS  | -                                       |                            |  |                         |                | EACHACCIDENTI<br>AGGREGATE      | 3                          |
| -         | EXCESS LIABILITY   |   |                            |  |                         | EACH OCC       |                                 |                            |
|           | DUMBRELLA FORM   | ĺ                                       |                            |  |                         | AGGREGA        |                                 | \$                         |
|           | TOTHER THAN LIMBRELLA FORM   | 1                                       |                            |  |                         | SIR            |                                 | 3                          |
|           | WORKERS COMPENSATION   |   |                            |  |                         | STATUTO        |                                 |                            |
|           | AND<br>EMPLOYERS LIABILITY   | LING.                                   |                            | i i                                      |                         | EACHACO        | EACH EMPLOYEE                   | 2                          |
|           |  |   |                            |  |                         | MJW-24         | DO DE COILL                     | •                          |
|           | THE PROPRIETORY  |   |                            |  |                         |                | ì                               |                            |
|           | PARTNERS/EXECUTIVE<br>OFFICERS ARE:  | □exa*                                   |                            | 1  |                         | DISEASE -      | POLICY LIMIT                    | \$                         |
|           | GHORE  |   |                            |  |                         | 1              |                                 |                            |
| $\dashv$  | OTHER COVERAGES  | <b>'</b>                                |                            |  |                         |                |                                 |                            |
| Sp        | ECIAL CONDITIONS   |   |                            |  |                         |                |                                 |                            |
|           |  |   |                            |  |                         |                |                                 |                            |
| Œ         | RTIFICATE ROLDER   |   | CARCELLATION               |  |                         |                |                                 |                            |
|           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |                            |  |                         |                |                                 |                            |
| 1 500     | Profits to analysis and any Street and Analysis and  |   | AUTHORIZED REPRE           |  | WANTE WITH TH           | c PULICY PI    | (UVISIUNO.                      |                            |
|           | PER MORELAND TOWNSHIP<br>'PARK AVE   |   | , with the second second   | GA .                                     |                         |                |                                 |                            |
|           | LOWGROVE, PA18090  |   | 1 P C                      | -  |                         |                |                                 |                            |
| PGP.      | ADDITIONALINE RED. (* ma   | nemil izto                              | - James                    | Topon                                    | A                       |                |                                 |                            |



# Abington Township Police Department TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name   | Telephone #                        |
|--|------------------------------------|
| Phillip A. Lynch                                   | 215-913-0131                       |
| Address  | City/State                         |
| 31 Bell DRIVE                                      | Richboro MA 18954                  |
| Name of towing company where employed              | , , ,                              |
| Lindley towning 110                                |                                    |
| Date of Birth Place of Birth                       | (City/State)                       |
| 08-02-1977 Philas                                  | delphia, 1A                        |
| Social Security # Driver License                   | # State of Issue                   |
|  |                                    |
| Addresses where you have resided in the            |                                    |
| last ten years (if different than above) \$29 Butb | reck June (Philadelphia (1/2 1911) |
|  | Deck June (Philadelphia 1/2 14111  |
| 116 N. C.  | nkal Juene, Rakhaye (12 19046      |
| Have you ever been convicted of a                  |                                    |
| crime or a disorderly persons offense? YES         | /_                                 |
|  |                                    |
|  |                                    |
| If YES, Where, when                                |                                    |
| and on what charge?                                |                                    |
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|  |                                    |
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|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
| Photo Copy of Drive                                | r's License attached?              |
|  |                                    |
|  | ]                                  |
| Yes No L   | ]                                  |
|  |                                    |
|  |                                    |
|  | $\wedge$                           |
| •  | $\sim$ 0 11                        |
|  | (1100 + 11)                        |



# Abington Township Police Department

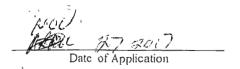
1166 Old York Rd. Abington, PA 19001

(as per Ord. No. 2088)

TOWING APPLICATION

| Plea   | se answer ALL qu                         | estions. Use n/a if i  | t does not apply.     |                                       |
|--|--|------------------------|-----------------------|---------------------------------------|
| Business Trade Name ADINGTON AUTO  |  |                        | Business Property     | wned Rented                           |
| Rusiness Address   |  | City                   |                       | Zip Code<br>19090                     |
| 1995-39 FAILUIGH A   | UE                                       | Willion (              | DENVE MA              | 19090                                 |
| Address of impound area (if different from ab                            | ove)                                     | 8/5= 657               | State PA 3. 3116      |                                       |
| Owner's Name(s)  |  | Email                  |                       |                                       |
| GOODGE K- KATUFMA  | will                                     | QQC1955                | G. Cerimsiter.        | West                                  |
| Address  203 LAY 57  Date of Birth                                       |  | Sterkle to             | State                 | Zip Code<br>19046                     |
| Date of Birth  Of Au / 1957  Social Security #                           | Place of Birth<br>(City/State)           | Vula- Pos              | 4.                    |                                       |
| Social Security #  | Driver Lic                               | ense#                  |                       |                                       |
|  |  |                        |                       |                                       |
| Address where you have resided in the                                    |  |                        |                       |                                       |
| last ten years, if different than above.                                 |  |                        |                       |                                       |
| Number of years experience in towing and vehicle storage. 45             | List past towing and storage experience. | ounces Ahr             | of red for en         | W Stac. 1874                          |
| Have you ever been convicted of a crime or a disorderly persons offense? | ES NO 🗜                                  |                        |                       |                                       |
| If YES, Where, when and on what charge?                                  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
| Additional ov  | vners, partners or                       | corporate officers n   | nust be listed on Pag | ge 2.                                 |
|  |  |                        |                       |                                       |
| CERTIFICATE OF INSURANCE   | FOR BUSINESS                             | AND STORAGE A          | REA ATTACHED?         | YES 🚺 NO 🗍                            |
| CERTIFICATE OF INSURANCE   |  |                        |                       | YES NO                                |
| CERTIFICATE OF INSURANCE   | FOR ALL TO WIL                           | NO VERICLES AI         | IACHED!               | ILS [ NO ]                            |
|  |  |                        |                       |                                       |
|  |  |                        |                       | •                                     |
| 4  |  |                        |                       |                                       |
|  |  |                        |                       |                                       |
|  | 1  |                        |                       | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| - TORING   |  |                        | Police Department C   |                                       |
|  | 1  | y certify that all the | information contain   | ned herein is true and                |
|  | accurate.                                |                        |                       |                                       |
|  |  | 17                     | 1.1.                  |                                       |
| VORCE!   |  | Seirie                 | 3 K Kaul              |                                       |
|  |  | Sign                   | ature of Owner        |                                       |
| -  |  |                        |                       |                                       |
|  |  |                        |                       | ATPD 8/2015                           |

ATPD 8/2015



# Abington Township Police Department

TOWING APPLICATION

Please answer ALL questions. Use n/a if it does not apply. Addresses where you have resided in the last ten years. if different than above. Have you ever been convicted of a crime or disorderly persons offense? YES NO X If YES, Where, when and on what charge? 2. Name Address City/State/Zip Date of Birth Telephone Place of Birth (City/State) Soc. Security # Driver Lic. # Addresses where you have resided in the last ten years, if different than above. Have you ever been convicted of a YES NO crime or Disorderly Persons offense? If YES, Where, when and on what charge? 3. Name Address City/State/Zip Telephone Date of Birth Place of Birth (City/State) Soc. Security # Driver Lic. # Addresses where you have resided in the last ten years, if different than above. Have you ever been convicted of a crime or Disorderly Persons ofTense? YES NO If YES. Where, when and on what charge?

If more space is needed, use additional sheets and attach



# Abington Township Police Department

1166 Old York Rd. Abington, PA 19001

| Businesses row Company will be towing from:   |
|---|
| Business Name: ABIN GTUK, AR CARLE  |
| Business Owner: Great & KARFAITEUR  |
| Business Address: 945- 87 FATCHICA PUE  |
| WILLOW GROWE SA 19096   |
| Business properly signed according to Abington Township Ordinance No. 2088 sec<br>160-4? YES NO |
| Business Name:  |
| Business Owner:   |
| Business Address:   |
| Business properly signed according to Abington Township Ordinance No. 2088 sec 160-4? YES NO    |
| Business Name:  |
| Business Owner:   |
| Business Address:   |
| Business properly signed according to Abington Township Ordinance No. 2088 sec 160-4? YES NO    |

| Abiffgfthf 94T                                 | uto Care, 1389 4300246   | Q Q (  | Open in browser tab  | ×      |
|--|--|--|--|--------|
|  |  |  |  |        |
| Tara R DesLon                                  |  |  | 9:43   | ам Д   |
| To aac1925@c                                   | ACORD CERTIFICATE OF LI  | ARII ITY INSURANCE   | DATE (MM/DD/YYY)   | ···· ~ |
| 10 aac1925@c                                   | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON   |  | 11/27/2017   |        |
| 🕶 🐧 2 attachn                                  | CERTIFICATE IS 1530ED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENIBELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITURED FOR THE CERTIFICATE HOLDER.  | D. EXTEND OR ALTER THE COVERAGE AFFORD   | D BY THE POLICIES  | 52     |
| ACORD Form :                                   | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).  | e policy(les) must be endorsed. II SUBROGATION endorsement. A statement on this certificate does r                           | S WAIVED, subject to<br>ot confer rights to the  |        |
| Good Morning,                                  | PRODUCER   | NAME: Christine L Mayor  |  |        |
| Pleas€   | The Weimer Group   | PHONE (215) 257-9171 FAX (A/C  | Ho): (215) 257-0400  |        |
|  | 1000 E. Walnut St., Suite 601<br>PO Box 99   | ADDRESS. CHILIS CLINES CHEWO LINE EGILOUP. COM   | and the second s |        |
|  | Perkasie PA 18944  | INSURER(S) AFFORDING COVERAGE INSURER A Erio Insurance Exchange  | NAIC *   |        |
| Thank You,                                     | INSURED  | INSURER 8: Flagship City Insurance Co  |  |        |
| Tava Davidani                                  | ABINGTON AUTO CARE   | IM SURER C:  |  |        |
| Tara Des Long                                  | ALBERT E COYLE D/B/A<br>1925 FAIRVIEW AVE  | INSURER D:   |  |        |
| W The  | WILLOW GROVE PA 19090-4115   | INSURER F:   |  |        |
| The  | COVERAGES CERTIFICATE NUMBER:CL161140  | 9760 REVISION NUMBE  |  |        |
| INSURAN  | THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H. NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY  | OF ANY CONTRACT OR OTHER DOCUMENT WITH REDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT                                     | SPECT TO WHICH THIS  |        |
| Perkasie Office                                | INTELLIBRITY TYPE OF INSURANCE INDUSTRIES POLICY NUMBER  | POULT EEE 7 BOLLY EVE  | LIMITS   |        |
| 1000 E. Walnut                                 | X COMMERCIAL GENERAL LIABILITY   | EACH OCCURRENCE  | s 1,000,000  |        |
| P.O. Box 99                                    | A CLAIMS-MADE X OCCUR  | DAMAGE TO RENTED<br>PREMISES (Es occurrens   | 1,000,000  |        |
| Perkasie, PA 1:<br>P: 215.257.917              | 046-1050976  | 10/10/2017 10/10/2018 NED EXP (Ary one person  |  |        |
| Toll-free: 800.                                | GELT, AGGREGATE LIMIT APPLIES PER  | PERSONAL & ADV INJUR   |  |        |
| Online: www.Th                                 | Y POLICY PRO. LOC  | FRODUCTS - CONPIDE   | 30 \$ 2,000,000  |        |
| Find us on Faceb                               | AUTOMOBILE LIABILITY   | (Ea accident)  | s 1,000,000  |        |
| Follow us on Twi                               | A X ANY AUTO ALL OWNED X SCHEDULED Q10-1080244   | 900iLY INJURY (Per per<br>10/10/2017 10/10/2018 900iLY INJURY (Per acc   | . Inches when a proper or to the state   |        |
| View our YouTub                                | ALLOWNED X SCHEDULED VAUTOS VA | PROPERTY DAMAGE<br>[Far accident)  | 5  |        |
|  |  | Uninsured motoriss Bi-sing   | 4 5  |        |
| Are you taking                                 | UMBRELLA LIAB CCCUR  | EACH OCCURRENCE  |  |        |
|  | CED RETENTIONS   | AGGREGATE  |  |        |
| This email contains F<br>and federal laws, Inc | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY AND EMPLOYER'S LIABILITY YAN  | PER X STATUTE X S  | H-   |        |
| unauthorized disclos                           | ANY PROPRIETOR PARTHEP EXECUTIVE   | E.L. EACH ACCIDENT   | s 500,000  |        |
| you have received th                           | B (Mandatory in NH) Q85-7300246 If yes, describe under CPERATICHS below  |  | D'EE 5 500,000   |        |
| Immediately, Thank                             | DESCRIPTION OF OPERATIONS below  | EL DISEASE - FOLICY L  | MIT S 500,000  |        |
|  |  |  | ļ  |        |
|  |  |  |  |        |
|  | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORO 101, Additional Remarks Sche   | dule, may be attached if more space is required)   | ŀ  |        |
|  |  |  |  |        |
|  |  |  |  |        |
|  |  |  |  |        |
|  |  |  |  |        |
|  | CERTIFICATE HOLDER   | CANCELLATION   |  |        |
|  | (215) 884-8271   |  |  |        |
|  | Abington Township<br>1176 Old Tork Road  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES : THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS. | E CANCELLED BEFORE<br>L BE DELIVERED IN  |        |
|  | Abington, PA 19001   | AUTHORIZED REPRESENTATIVE  |  |        |
|  |  | 11:4:  | I Mayor  |        |
|  | L  | Christine Mayor/TARA Christing   | N All rights reserved  |        |

AC ORD 25 (2014/01) INS025 (201401) The ACORD name and logo are registered marks of ACORD

Date of Application

# Abington Township Police Department

TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name Great Great K. K.   | h Fairtass             | Telephone #  | 327.36   | 85                           |          |
|--|------------------------|--------------|----------|------------------------------|----------|
| Address RAY ST   |                        | City/State   | In Tair  | PA 190 40                    | <u> </u> |
| Name of towing company where employed  | oyed arces 1985-       | 3 PARICE     | w pres l | 85-<br>PA 19040<br>UL GR 141 | 5492     |
| Date of Birth  | Place of Birth (City/S | tate)        |          |                              |          |
| Social Security #  | Driver License #       |              | State o  | flssue                       |          |
| Addresses where you have resided in the last ten years (if different than above) | ne                     |              |          |                              |          |
|  |                        |              |          |                              |          |
| Have you ever been convicted of a crime or a disorderly persons offense?         | YES (NO)               |              |          |                              |          |
| If YES, Where, when and on what charge?  | -                      |              |          |                              |          |
|  |                        |              |          |                              |          |
|  |                        |              |          |                              |          |
|  |                        |              |          |                              |          |
|  |                        |              |          |                              |          |
| Pho  | to Copy of Driver's Li | cense attach | ed?      |                              |          |
| Yes  | No 🗌                   |              |          |                              |          |
|  | ,                      | Anna, K      |          |                              |          |

Signature of Applicant

Nov 27, 2017

Date of Application

# Abington Township Police Department

TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name Jarrett Bubas<br>Address<br>833 Hamel avenue                           | Telephone # 267 - 46 | 7-8479          |
|---|----------------------|-----------------|
| 333 Humel avenue  | City/State G/essi    | 7-8479<br>de PA |
| Name of towing company where employed Care Abington Awo Care                |                      |                 |
| Date of Birth 9 / 30 / 96 Philde  | itate) Na PA         |                 |
| Social Security # Driver License #  | 7                    | State of Issue  |
| Addresses where you have resided in the                                     |                      |                 |
| ast ten years (if different than above)                                     |                      |                 |
| Have you ever been convicted of a rime or a disorderly persons offense? YES |                      |                 |
| f YES, Where, when and on what charge?                                      |                      |                 |
|   |                      |                 |
|   |                      |                 |
|   |                      |                 |
|   |                      |                 |
|   |                      | +Whi            |
| Photo Copy of Driver's Li   | icense attached?     |                 |
| Yes No  | ·                    |                 |
| Tes No  | ,                    |                 |
|   |                      |                 |
|   | 101107               |                 |
|   | Signature            | of Applicant    |
|   |                      | $\mathcal{L}$   |
| ,   | 1                    |                 |



# Abington Township Police Department

TOWING APPLICATION

## APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

| Name Patrick & Kaw   | fmann                            | Telephone # (215) 327 -                 | 3682                       |
|--|----------------------------------|---|----------------------------|
| Address  203 Ray 51.  Name of towing company where employed Adjusten Auto Called Date of Birth |                                  | (215) 327 -<br>City/State<br>Jeakintown | PA                         |
| Name of towing company where employed  | ed                               |   |                            |
| Date of Right  | Place of Birth (City/S           | State                                   |                            |
| 8/24/84  | Abination                        |   |                            |
| Social Security #  | Abineton<br>Driver License #     |   | State of Issue             |
|  |                                  |   | PA                         |
| Addresses where you have resided in the  |                                  |   | į                          |
| last ten years (if different than above)   |                                  |   |                            |
|  |                                  |   |                            |
| Have you ever been convicted of a  | <i>a</i> )                       |   |                            |
| crime or a disorderly persons offense?   | ES (NO                           |   |                            |
|  |                                  |   |                            |
| If YES, Where, when  |                                  |   |                            |
| and on what charge?  |                                  |   |                            |
|  |                                  |   |                            |
|  |                                  |   |                            |
|  |                                  |   |                            |
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|  |                                  |   |                            |
|  |                                  |   |                            |
|  |                                  |   |                            |
|  |                                  |   | 7                          |
| Photo  | Copy of Driver's L               | icense attached?                        |                            |
|  |                                  | •                                       |                            |
| Yes  | No L                             |   |                            |
|  |                                  |   |                            |
|  |                                  |   | _                          |
|  |                                  |   | 1                          |
|  |                                  | Don All                                 | <b>/</b> /                 |
|  | Stones were danger of the Bridge |   | garante and a second and a |
|  | _                                | Signafure                               | of Applicant               |

Date of Application

# Abington Township Police Department

TOWING APPLICATION

#### WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee      | AM CAGIE   |                           |           |
|-------------------|--|---------------------------|-----------|
| Address           | 7/0/2 (4/)-0   | City/State                | 0. 2.4    |
| 1975-29           | AMENIUN NE   | Willow Coperate           |           |
| Truck Make        | Model  | Year                      | Color     |
| Fold              | F450   | PLAT BUS &OU              | The Box C |
| OFRNX6 FO         | Registration RT256   | Exp. Date  APAL 34 70     | 18 25 822 |
| Insurance Company | 1  | Policy #                  |           |
| 1311G 10          | 5. 63  | Q10-10 80774              |           |
| ,                 |  | Check off all that apply. | Ì         |
|                   | 1 December Department in Inchestion                                    |                           |           |
|                   | Passed Pennsylvania Inspection   | 1. 1E2 140   1            |           |
|                   | 2. Minimum 3/8" cable?   | YES 🚺 NO 🗌                |           |
|                   | 3. Minimum 3/8" safety chain?  | YES 🚺 NO 🗌                |           |
|                   | 4. Front and rear flashing lights?                                     | YES 🕡 NO 🗌                |           |
|                   | 5. Rotating amber light or light ba                                    | r? YES 🗘 NO 🗌             |           |
|                   | 6. US DOT # on truck?  | YES 🚺 NO 🗍                |           |
|                   | 7. Company name, address and ph<br>on side of truck; at least 3" lette |                           |           |
|                   | 8. Shovel and broom for clean-up?                                      | ? YES 🚺 NO 🗌              |           |
|                   | 9. Wheel Chocks?   | YES 🔀 NO                  |           |
|                   | 10. Portable car dolly?  | YES NO 💢                  |           |
|                   | 11. Minimum 50 lb. bag of oil-dry<br>on truck?                         | YES 🕻 NO 🗌                |           |
|                   | 12. Insurance ID card for this vehice (Attach copy)                    | cie? YES 🚺 NO 🗌           |           |
|                   |  |                           |           |

Signature of Owner

# REPAIR TOWING

EMISSION INSPECTION
IS REQUIRED FOR ANY
GASOLINE OPERATED
VEHICLE OF 7,000
POUNDS OR LESS GVWR.

43 RT25643 171092600157 I/M

Commonwealth of Pennsylvania DEALER AND MMVD REGISTRATION CARD

BA PITPBOO

PLATE NUMBER

TRANSFERABLE

MMVB REGISTRATION

RS

CODE

APR 30 2018

VALID\*041917

EXPIRATION DATE

VOID UNLESS VALIDATED

FEE

ABINGTON AUTO CARE 1925 FAIRVIEW AVE WILLOW GROVE PA 19090

#### FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

NAIC CODE 26271

POLICY NUMBER Q10-10-80244 **EFFECTIVE** 10-10-17

UNTIL 04-10-18

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

11 FORD 3FRNX6FC3BV672590

Year Make V.I.N. If only 5 digits, they are last 5.

NAMED INSURED ABINGTON AUTO CARE 1925 FAIRVIEW AVE WILLOW GROVE, PA 19090-4115

PB0004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

Date of Application

# Abington Township Police Department

TOWING APPLICATION

#### WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee      | A           | n Care   |            | ;                  |                |
|-------------------|-------------|--|------------|--------------------|----------------|
| Address           |             |  | City/State | <i>L</i> ' h       | PA 19090       |
| 1925- 69          | FIRMUL      |  | Willest    |                    |                |
| Truck Make        |             | Model FTS U  | URURAM     | Year Stris         | Color Elive/C. |
| VIN               | 0 3:0:      | Pagistration   |            | Exp. Date          | GVW            |
|                   | 1 35 Z      | = c. o Base RT a. 56   |            | AARIL 30 7         | 018 (9,502)    |
| Insurance Company | 1205.       | Œ)   | Policy #   | for 3 6            |                |
| (2)-16            | ا. ( المحري | CZ/  |            |                    |                |
|                   |             |  |            | ff all that apply. |                |
|                   |             | 1. Passed Pennsylvania Inspection?                                       | YES 🗸      | NO                 |                |
| •                 |             | 2. Minimum 3/8" cable?   | YES 🔨      | ] NO [             |                |
|                   |             | 3. Minimum 3/8" safety chain?  | YES 🔨      | ] NO [             |                |
|                   |             | 4. Front and rear flashing lights?                                       | YES 🚶      | ] NO [             |                |
|                   |             | 5. Rotating amber light or light bar                                     | ? YES      | ] NO [             |                |
|                   |             | 6. US DOT # on truck?  | YES 🗸      | ] NO [             |                |
|                   |             | 7. Company name, address and pho<br>on side of truck; at least 3" letter |            | ] ио 🗌             |                |
|                   |             | 8. Shovel and broom for clean-up?  | YES 🗸      | NO 🗌               |                |
|                   |             | 9. Wheel Chocks?   | YES 4      | ] NO [             |                |
|                   |             | 10. Portable car dolly?  | YES [      | NO [[              |                |
|                   |             | 11. Minimum 50 lb. bag of oil-dry on truck?                              | YES (C     | ] NO [             |                |
|                   |             | 12. Insurance ID card for this vehicl (Attach copy)                      | le? YES 🔀  | NO T               |                |
|                   |             |  |            |                    |                |

Signature of Owner

REPAIR TOWING

CLASS

EMISSION INSPECTION
IS REQUIRED FOR ANY
GASOLINE OPERATED
VEHICLE OF 9,000
POUNDS OR LESS GVWR.

43 RT25635 171092600157 I/M

Commonwealth of Pennsylvania DEALER AND MMVU DEGISTRATION CARD

00899719 AB

RT25635

**DEGISTRANT NUMBER** 

PLATE NUMBER

TRANSFERABLE

MMVB REGISTRATION

RS. CODE

APR 30 2018

EXPIRATION DATE 中 52 · DD

ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE PA 19090

Sign in this - DO NOT Philin's his day that i / v.e have received notice of the provis-3700 of the Volucle Code.

#### FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

NAIC CODE 26271

**POLICY NUMBER** Q10-10-80244

**EFFECTIVE UNTIL** 10-10-17 04-10-18

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

05 FORD

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Year Make

V.I.N. If only 5 digits, they are last 5.

NAMED INSURED
ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE, PA 19090-4115

PB0004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

Date of Application

# Abington Township Police Department

TOWING APPLICATION

# WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee                      | V CARAGE                             |   |            |                     |               |
|-----------------------------------|--------------------------------------|---|------------|---------------------|---------------|
| Address 70-6 /7/16                | V CATTAGE                            |   | City/State |                     |               |
| 1935- 29 Folde                    | wan h                                | it -  | Willow     | GRAVE               | PA 19090      |
| Truck Make                        |                                      | Model                                       | ~ /        | Year                | Color Blitz/L |
| VIX WATER ATTOOR 2                |                                      | 4300  | PLAT Bad   | 207 5               | GVW           |
| 1177 MM AA M 33/4                 | 164748                               | Registration KTB563                         |            | Exp. Date           |               |
| Insurance Company LFR-16- 1019. 4 |                                      |   | Policy # 8 | En Albert           |               |
| EFC16 105 6                       |                                      |   |            |                     | 1             |
|                                   |                                      |   |            | off all that apply. |               |
|                                   | 1. Passed Pennsyl                    | vania Inspection?                           | YES Y      | NO                  |               |
|                                   | 2. Minimum 3/8"                      | cable?                                      | YES 4      | . NO                |               |
|                                   | 3. Minimum 3/8"                      | safety chain?                               | YES 4      | NO NO               |               |
|                                   | 4. Front and rear                    | flashing lights?                            | YES 4      | NO                  |               |
|                                   | 5. Rotating amber                    | light or light bar                          | YES Y      | . NO                |               |
|                                   | 6. US DOT # on t                     | ruck?                                       | YES 1      | , NO _              |               |
|                                   | 7. Company name on side of truck     | e, address and pho<br>;; at least 3" letter |            | NO NO               |               |
|                                   | 8. Shovel and bro                    | om for clean-up?                            | YES 🔽      | NO 🗌                |               |
|                                   | 9. Wheel Chocks?                     | •   | YES 4      | NO .                |               |
|                                   | 10. Portable car do                  | lly?  | YES        | NO 🗡                |               |
|                                   | 11. Minimum 50 ll<br>on truck?       | o. bag of oil-dry                           | YES (L     | .] NO [             |               |
|                                   | 12. Insurance ID co<br>(Attach copy) | ard for this vehicl                         | e? YES     | D NO                |               |
|                                   |                                      |   |            |                     |               |
|                                   |                                      |   |            |                     |               |

And crops 12 Kill.
Signature of Owner

REPAIR TOWING

CLASS

EMISSION INSPECTION
IS REQUIRED FOR ANY
GASOLINE OPERATED
VEHICLE OF 9.000
POUNDS OR LESS GVWR.

03 INTERVENIENT

43 RT25636 171092600157

I/M

Commonwealth of Pennsylvania DEALER AND MMVD REGISTRATION CARD MV-107 (3-09)

00899719 AB

RT25636

REGISTRANT NUMBER

TRANSFERABLE

RS

\* MMVB REGISTRATION

CODE

8105 OE 99A

EXPIRATION DATE VALID\*U41917

VOID UNLESS VALIDATED

FFE

ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE PA 19090

#### FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

irance exchange

**EFFECTIVE** 10-10-17

**UNTIL** 04-10-18

POLICY NUMBER Q10-10-80244

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

NAIC CODE

26271

03 INTL 1HTMMAAM23H564948

Year Make V.I.N. If only 5 digits, they are last 5.

NAMED INSURED
ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE, PA 19090-4115

PBJ004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

11-27/17
Date of Application

# Abington Township Police Department

TOWING APPLICATION

# WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee Ahls Tan AND       | CARE                                |   |            |           |                    |    |              |
|---------------------------------|-------------------------------------|---|------------|-----------|--------------------|----|--------------|
| Address 1945 29 FAMILES         | w fort                              |   | City/State | u.        | GROVE              | PA | 19096        |
| Truck Make                      |                                     | Model                                       |            | ,         | Year               |    | olor         |
| 2003 INTERITION                 | with dis                            | 4300  | WHILE      | NEE !     | 5003               | /  | led.         |
| IHTMPIAALGEH                    |                                     | Registration<br>RT256                       | 39         | I         | Exp. Date 1 30/1 Q |    | VW<br>85 570 |
| Insurance Company  GRIG LUS. CO |                                     |   | Policy #   | 0-fa      | 2411               |    |              |
|                                 |                                     |   |            | healt off | all that apply.    |    |              |
|                                 | 1.0. 70                             |   |            |           |                    |    |              |
|                                 | Passed Pennsy                       | Ivania Inspection                           | ? Y.       | ES 👢      | ИО                 |    |              |
|                                 | 2. Minimum 3/8"                     | cable?                                      | Y          | ES 🔽      | NO 🗌               |    |              |
|                                 | 3. Minimum 3/8"                     | safety chain?                               | Y          | es 🗸      | NO 🗌               |    |              |
|                                 | 4. Front and rear                   | flashing lights?                            | Y          | ES 🛴      | ио 🗌               |    |              |
|                                 | 5. Rotating amber                   | r light or light bar                        | ·? Y       | es 🔀      | . NO 🗌             |    |              |
|                                 | 6. US DOT # on t                    | truck?                                      | Y          | ES 🗸      | ио 🗌               |    |              |
|                                 | 7. Company name<br>on side of truck | e, address and pho<br>c; at least 3" letter |            | es 🚺      | ио 🗌               |    |              |
|                                 | 8. Shovel and bro                   | om for clean-up?                            | Y          | ES 🚺      | NO 🗌               |    |              |
|                                 | 9. Wheel Chocks?                    | ?   | Y          | ES 🔀      | ио 🗌               |    |              |
|                                 | 10. Portable car do                 | olly?                                       | Y          | ES 🗶      | ио 🗌               |    |              |
|                                 | 11. Minimum 50 li<br>on truck?      | b. bag of oil-dry                           | Y          | ES 🚺      | ио 🗌               |    |              |
|                                 | 12. Insurance ID c<br>(Attach copy) | ard for this vehic                          | le? Y      | ES 🗍      | ио 🗌               |    |              |
|                                 |                                     |   |            |           |                    |    |              |

Linear K- William
Signature of Owner

### FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

NAIC CODE 26271

POLICY NUMBER Q10-10-80244 **EFFECTIVE** 10-10-17

UNTIL 04-10-18

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

2 INTL

Year

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Make V.I.N. If only 5

V.I.N. If only 5 digits, they are last 5.

NAMED INSURED
ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE, PA 19090-4115

PB0004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

REPAIR TOWING

EMISSION INSPECTION
IS REQUIRED FOR ANY
GASOLINE OPERATED
VEHICLE OF 9,000
POUNDS OR LESS GVWR.

OV Washing

3 RT25639 71092600157 I/M

Commonwealth of Ponnsylvania DEALER AND MMVD REGISTRATION CARD MV-107 (3-09) DOST9711 AB

RT25639

TRANSFERABLE

MMVB REGISTRATION

CODE

8105 DE 99A

VALID\*[141717]

ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE PA 19090

Stigil Que TIO NOT PRINT
Showleding this day that I we have proceived notice of the provisions of Seet

Date of Application

# Abington Township Police Department

TOWING APPLICATION

# WRECKER AND TOW TRUCK INFORMATION

(One application required for each truck)

| Owner/Lessee                    | TV Coffee  |                           |
|---------------------------------|--|---------------------------|
| Address                         |  | City/State Caga           |
| 1985-29 FARMEN                  | MILE   | littletes GROVE 14 19010  |
| Truck Make FREIGHT LIVERY       | Model FLC 11575  | Y WRINKER 1978 Color/     |
| VIN                             | Registration   | Exp. Date GVW             |
| 10413H141184                    | RT 2563  | Day: Date                 |
| Insurance Company  ERIG LUS CO. |  | Policy# (210-10-80244)    |
| 2,7,7                           |  |                           |
|                                 |  | Check off all that apply. |
|                                 | 1. Passed Pennsylvania Inspection?                                     | YES NO                    |
|                                 | 2. Minimum 3/8" cable?   | YES NO NO                 |
|                                 | 3. Minimum 3/8" safety chain?  | YES Y NO                  |
|                                 | 4. Front and rear flashing lights?                                     | YES 🗹 NO                  |
|                                 | 5. Rotating amber light or light bar?                                  | ? YES 🗘 NO 🗌              |
|                                 | 6. US DOT # on truck?  | YES X NO                  |
|                                 | 7. Company name, address and photon side of truck; at least 3" letters |                           |
|                                 | 8. Shovel and broom for clean-up?                                      | YES NO                    |
|                                 | 9. Wheel Chocks?   | YES NO NO                 |
|                                 | 10. Portable car dolly?  | YES NO Y                  |
|                                 | 11. Minimum 50 lb. bag of oil-dry on truck?                            | YES NO NO                 |
|                                 | 12. Insurance ID card for this vehicle (Attach copy)                   | le? YES 📫 NO 🗌            |
| Í                               |  |                           |
| L                               |  |                           |
|                                 |  |                           |

Signature of Owner

## FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

POLICY NUMBER Q10-10-80244 NAIC CODE 26271

**EFFECTIVE** 10-10-17

UNTIL 04-10-18

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

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Year Make V.I.N. If only 5 digits, they are last 5.

NAMED INSURED ABINGTON AUTO CARE 1925 FAIRVIEW AVE WILLOW GROVE, PA 19090-4115

PB0004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

REPAIR TOWING CLASS

EMÍSZION INSPECTION
IS REQUIRED FOR ANY
GASOLÍNE OPERATED
VEHICLE OF 7,000
POUNDS OR LESS GVWR.

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DEALER AND MMVB REGISTRATION CALID

4V-107 (3-09)

00899719 AB

REGISTRANT NUMBER TRANSFERABLE

"MMVB REGISTRATION

RS

CODE

APR 3D 2018

VALID\*041917 \$52.00

VOID UNLESS VALIDATED

WHAT ABINGTON AUTO CARE
1925 FAIRVIEW AVE
WILLOW GROVE PA 19090

## Chapter 160. Towing

[HISTORY: Adopted by the Board of Commissioners of the Township of Abington 3-12-2015 by Ord. No. 2088. Amendments noted where applicable.]

#### **GENERAL REFERENCES**

Vehicles and traffic — See Ch. 156. Parking of vehicles — See Ch. 157. Recreational vehicles — See Ch. 158. Storage of vehicles — See Ch. 158A.

## § 160-1. Purpose and intent.

The purpose and intent of this chapter is to regulate towing rates and towing services as permitted by 75 Pa.C.S.A. § 3353; to provide for proper licensing of towing services and notice to the Abington Township Police where vehicles are towed from public or private property without the consent of the owner or operator of the vehicle by a towing service operating on behalf of a private property owner or on behalf of the Township, and to avoid erroneous reports of stolen vehicles being submitted to the Abington Township Police Department.

## § 160-2. Word usage; definitions.

For the purposes of this chapter, the following terms, phrases, words and their derivations shall have the meanings given herein. When not inconsistent with the context, words used in the present tense include the future, words in the plural number include the singular number, and the words in the singular number include the plural number. The word "shall" is always mandatory and not merely directory.

#### **COMMERCIAL VEHICLE**

Any motor vehicle having a gross vehicle weight rating of 26,001 or more pounds or is otherwise defined as a "commercial motor vehicle" pursuant to 75 Pa.C.S.A. § 1603 or its successors.

#### **HEAVY TOW TRUCK**

Any motor vehicle capable of towing a vehicle having a gross vehicle weight rating, gross combination weight rating, registered combination weight or actual gross weight of 26,001 or more pounds.

#### LIGHT TOW TRUCK

Any motor vehicle capable of towing a vehicle having a gross vehicle weight rating, gross combination weight rating, registered combination weight or actual gross weight of no more than 10,000 pounds.

#### MEDIUM TOW TRUCK

Any motor vehicle capable of towing a vehicle having a gross vehicle weight rating, gross combination weight rating, registered combination weight or actual gross weight of no less than 10,001 pounds but no more than 26,000 pounds.

#### NONCOMMERCIAL VEHICLE

Any motor vehicle not defined as a "commercial vehicle" by this Section.

#### **ON-CALL**

Those towers licensed under this chapter who alone will be called to accidents occurring in Abington Township by the Abington Township Police Department and shall be available for any towing required by Abington Township itself, except as specifically provided in this chapter to the contrary.

#### PERSON

Any individual, firm, partnership, association, corporation, company or organization of any kind within Abington Township.

#### **TOWER OR TOWING SERVICE**

A person or any other legal entity engaged in the business of offering the services of a vehicle tower or towing service, whereby disabled motor vehicles are towed or otherwise removed from the place where they are disabled or are abandoned due to the arrest of the operator by use of a tow truck so designed for that purpose or by a truck, automobile or other vehicle so adapted to that purpose.

#### **TOWNSHIP**

The Township of Abington, Montgomery County, Pennsylvania.

#### **TOW TRUCK**

Includes "light tow truck," "medium tow truck," and "heavy tow truck" as defined herein.

# § 160-3. Repossession activity.

Notwithstanding the provisions of this chapter, towing companies will be generally exempt from compliance with this chapter while they are engaged in repossession of vehicles on behalf of holders of liens on vehicles, provided that:

- A. At least one hour prior to beginning the repossession of a vehicle, the towing company must notify the Abington Township Police Department of its intention to repossess the vehicle; and give the Abington Township Police Department the name of the vehicle owner and the address at which the vehicle repossession is going to take place. Furthermore, the towing company shall present to the Police Department proof of its right to repossess the vehicle; and
- B. When not engaged in repossession activity, towing companies must comply with this chapter. The mere fact that a towing company performs repossession services from time to time in the Township does not provide the said towing company with a blanket exemption from this chapter.

# § 160-4. Towing unattended vehicles from private property.

The following regulations shall apply to the towing of any vehicle parked or left unattended on private property without the consent of the property owner aside from repossession activities as set forth in § 154A-3, including but not limited to repossessors of vehicles on behalf of lienholders or lessors of vehicles.

- A. No towing service shall remove any vehicle that is parked or left unattended on private property unless the private property owner, lessee, or vehicle owner consents in writing to such removal. In addition, any towing service shall first secure a license from the Township of Abington prior to doing any towing from any public or private property located in Abington Township. A license shall be issued for a fee of \$100 per calendar year and shall be issued by the Abington Township Police Department upon completion of a department application containing, at a minimum, the following information:
  - (1) The name, address and telephone number of the towing service.
  - (2) The name, business address and telephone number of all persons or entities having an ownership interest in the towing service.
  - (3) The name, address and telephone number of all persons from whose property in Abington Township the towing service is authorized to remove vehicles.
  - (4) The name, address and telephone number of the storage yard where vehicles are removed from private property in Abington Township will be towed.
  - (5) The name, address and telephone number of the bonding company and the name, address and telephone number of the bonding company agent through whom the bond required by this section has been issued.
  - (6) Any changes in any of the information required in Subsection A(1)(a) through (f) herein shall be reported, in writing, to the Abington Township Police Department within 24 hours of such change.

#### B. Authorized towing services shall:

- (1) Maintain a current bond with the Township in the sum of \$10,000 in form and with surety satisfactory to the Township's Solicitor, conditioned upon the faithful performance discharged by the towing service of its duties as bailees of removed vehicles, and to indemnify the owners of vehicles against loss, injury or damage while in his custody.
- (2) Provide certificates of insurance as follows: in the minimum amount of \$500,000 combined single limit for scheduled autos, hired autos, nonowned autos; \$100,000 for each personal injury; and \$50,000 per occurrence for garage keeper's liability.
- (3) Comply with the provisions of the Pennsylvania Vehicle Code with respect to the removal and storage of vehicles from private property or the removal and impoundment of vehicles from public property.
- (4) Make payment of any final judgment for personal injuries or property damage rendered with respect to the performance of services regulated by this chapter.
- (5) Notify the Abington Township Police Department by telephone, in person or by facsimile transmission of the removal of a vehicle from public or private property within 60 minutes of such removal and provide a description and license number of the vehicle thus removed.
- (6) Notify the record owner of the vehicle by telephone, in person, or by facsimile transmission of the removal of a vehicle from public or private property within 12 hours of such removal.
- C. Signs on private lots. No person shall remove or cause to be removed a vehicle parked on a private lot without authorization unless signs are posted as follows:
  - (1) A sign, at least three feet by two feet in size, is placed at every entrance to a private lot clearly indicating that the parking lot is private, that unauthorized vehicles will be towed at the owner's expense, the name and phone number of the towing agency, the hours of tow operation and the towing and storage fees, which shall not exceed the fines listed in this chapter.
  - (2) Within a lot containing less than 20 parking spaces, additional signs at least 18 inches by 12 inches in size are to be posted approximately eight feet above ground level, clearly indicating that all unauthorized vehicles will be towed at the owner's expense. One sign shall be posted for every four parking spaces and be readily visible from the parking spaces.
  - (3) Within a lot containing more than 20 parking spaces, the property owner shall prepare a site plan, subject to the approval of the Chief of Police or his or her designee, showing signage readily visible from all directions. Such signs, clearly indicating that all unauthorized vehicles will be towed at the owner's expense, shall thereafter be posted and maintained pursuant to the approved site plan. In the event

that the Pennsylvania Motor Vehicle Code, and its accompanying regulations, provides for a higher standard with regard to signs and posting of signs, said standards shall be followed.

- (4) There shall be no additional fees other than the fees posted on the signs.
- (5) Signs must be reflective to increase visibility during hours of darkness.

## § 160-5. Towing of vehicles at request of Police Department.

- A. The Chief of Police, or designee, is hereby authorized to remove and impound, or to order the removal and impounding, of any vehicle parked on any of the streets, highways or public property in Abington Township in violation of any provision of the law or of any ordinance of the Township, provided that the removal and/or impoundment of such vehicles strictly adheres to the provisions of this chapter.
- B. The Board of Commissioners shall appoint two towing companies each year to serve for a period of 12 months. The appointed towing companies will alternate after every call for service. No person shall be eligible to be named as a primary or alternate primary tower by the Board of Commissioners unless he/she first acquires a valid towing license from the Township of Abington.
- C. Towers requesting to be appointed as the primary or alternate primary tower shall submit an application to the Township.
- D. Primary and alternate primary towers shall be selected from applicants based upon a criteria consisting of, but not limited to, applicant's quality of service, the location and security features of applicant's facility, their compliance with codes, their standing with the Township, their number of vehicles available, their compliance with the provisions of this Code and their payment of a fee established by the Township.
- E. Minimum standards. Primary and alternate towers shall be solely responsible to ensure that:
  - (1) No vehicle shall be licensed unless the vehicle to be licensed is properly registered and inspected as required by the Motor Vehicle Law of the Commonwealth of Pennsylvania. Each tow truck shall meet all of the requirements of the Motor Vehicle Law for such vehicles.
  - (2) On each side of every tow truck for which a license has been granted, there shall be, legibly inscribed in letters not less than three inches high, the name and address of the owner and licensee of such tow truck and the license number for each license posted on the cab.
  - (3) Each tow truck shall be equipped with an amber rotating light mounted at the top of the cab of such vehicle and shall be of a type that contains at least two sealed beam bulbs and visible 360° for a distance of not less than 500 feet under normal atmospheric conditions, or equal lighting equipment.
  - (4) Each tow truck shall be equipped with two flashing red lights (four-way flashers) so mounted as to show the width of the vehicle from the rear; said lights shall be visible for a distance of not less than 500 feet under normal atmospheric conditions.
  - (5) Each tow truck shall be equipped with not less than 12 thirty-minute-burning-type flares and three reflecting-type flares.
  - (6) Each tow truck shall be equipped with a fire extinguisher, the minimum rating of which shall be at least 10 pounds ABC.
  - (7) Each tow truck shall be equipped with hoisting equipment of sufficient capacity to perform the service intended. The hoisting equipment of each tow truck shall be securely mounted to the frame of such vehicle. The winch of such hoisting equipment shall contain not less than 100 feet of steel strand cable; said cable shall be one continuous length and shall be free from breaks, splits or knots.
  - (8) Each tow truck shall be equipped with a broom, shovel, crowbar and oil dry.
  - (9) Each operator of any tow truck shall have a valid commercial driver's license related to tow truck operators issued by the Pennsylvania Department of Motor Vehicles.
  - (10) Each licensed person under this chapter shall provide a certificate or other written document acceptable to the Township that the insurances required under this chapter remains in full force and effect.
  - (11) The primary and alternate tower is capable of accommodating heavy duty and regular towing.
  - (12) Both the primary and/or secondary tower are expected to respond within 15 minutes from their receipt of the Police Department's call requesting service to the location of the wrecked or abandoned vehicle, except during adverse roadway conditions.
  - (13) If the primary or secondary tower cannot respond to the service call from the Police Department with the appropriate towing vehicle or within the required response time, the firm should so advise the police dispatcher. If the tower is delayed while in transit to the requested location, the vehicle operator shall advise the police dispatcher of the delay and of his present location, whereupon a determination shall be made by the appropriate police official as to whether an alternate tower shall be called.
  - (14) Any primary or secondary tower performing police towing service, as an independent contractor to the Township of Abington, shall not exceed the maximum rates established in this chapter.
  - (15) All primary and secondary towers shall comply with the rules and regulations established by the Abington Police Department.
  - (16) Primary and/or alternate primary towers must immediately transport towed vehicles to a secured yard with the vehicle's windows closed and all doors locked. The vehicle's keys shall be deposited with a copy of the service invoice in the impound yard office.
  - (17) An invoice for each tow service shall be completed by the primary and/or secondary tower and shall include the following information:
    - (a) Incident number.

- (b) Date and location.
- (c) Whether a police release is required.
- (d) The make, model, vehicle identification number and license plate number.
- (e) Indication of status (i.e., wrecked, stolen, abandoned, disabled or impounded).
- (18) If the cause of the disability was due to an accident, primary and/or alternate primary towers must completely clean and sweep all debris from the accident scene prior to leaving same. There shall be no additional charge for clean-up of the accident scene.
- F. Application. Neither license shall be issued unless an affidavit of application therefor has been filed with the Township Manager by the applicant on or before November 30 prior to the license calendar year, duly sworn to by said applicant before a duly licensed notary public of the Commonwealth of Pennsylvania and thereafter approved. The application shall include the following information for each license:
  - (1) The name and business address of the applicant and, if a natural person, his age and residential address.
  - (2) The registration number of each tow truck to be operated.
  - (3) The location, description and hourly availability of the tow trucks operated by the applicant and the rates for services thereof.
  - (4) Location of space for properly storing, accommodating and protecting all disabled motor vehicles to be towed or otherwise removed from the place where vehicles are disabled.
  - (5) A schedule of regular rates showing the charges to be made for all aspects of towing within the towing area indicated in § 160-6F hereof.
  - (6) A list of heavy duty and standard tow trucks, as defined in this chapter, in the applicant's vehicle fleet.
  - (7) Such other information as the Township Board of Commissioners shall find reasonably necessary to effectuate the purpose of this chapter and to arrive at a fair determination of whether the terms of this chapter have been complied with.
  - (8) A certificate of insurance shall be provided by each tower requiring notice to the Township not less than 30 days prior to the event of cancellation or nonrenewal, which shall indicate the amount of liability insurance and garagekeeper's liability insurance for personal injury and property damage on said service or tow truck and to cover fire, theft and property damage on vehicles impounded or stored, respectively; the name of the insurance company, which must be licensed to do business in the Commonwealth of Pennsylvania; and the policy number. The limits shall be not less than \$100,000 for each person and \$300,000 for each occurrence and not less than \$25,000 for property damage on each of the property coverages and garage keeper's legal liability policy to cover fire, theft and property damage that will cover any vehicle towed, impounded or stored and will keep such policy in effect through their license period, in insurance limits not less than as set forth above.
- G. No license shall be considered for issuance by the Township under this chapter unless the entire application, with all requirements set forth in § 160-6F has been received by the Township on or before November 30 of the calendar year prior to the license calendar year.
- H. Expiration. Every license issued pursuant to this chapter shall expire on the 31st day of December following the issuance thereof, and no such license is transferable from one operator to another, nor from one truck to another, without the prior written consent of the Township.
- No person shall operate for hire a truck or other type of motor vehicle designed and able to provide road service and to tow other motor vehicles from public places, streets or highways within the Township, unless a license therefor shall first have been obtained from the Township as hereinafter provided. This provision shall not be deemed to require licensing of tow truck operators who tow vehicles from private garages, residences or other private places with the prior consent of the vehicle owner or tow truck operator towing vehicles.
- J. Such license shall not be transferable. Any change in ownership of a licensee shall operate as a termination of such license.
- K. Application for each such license related to standard tow truck towers and heavy tow truck towers shall be mailed on a form provided by the Township and shall be accompanied by a fee schedule to be charged by the licensee and an annual license fee of \$100, or such fee as shall be set from time to time by resolution of the Township Board of Commissioners.
- L. Each license issued by the Township under this chapter shall be for one calendar year.
- M. The licensing of towers pursuant to this chapter shall create no new or additional liability for the Township. The duties performed by the Township pursuant to this chapter are general duties owed to the public. No person is authorized to create a special duty to anyone either by representation, act or omission. Towers pursuant to this chapter shall indemnify the Township to the fullest extent allowable by law.

## § 160-6. Prohibited acts.

- A. The provisions of this section shall apply to private towers and towers acting at the request of the Abington Police Department.
- B. Removal from scene of accident. It shall be unlawful for any person to service or tow away any motor vehicle which has been involved in an accident without the prior consent of the owner or operator and the Township police officer at the scene of the accident. No motor vehicle shall be serviced at or removed from the scene of an accident, where the Township police officer requires or requests that an examination be made of the damaged vehicle to determine whether the vehicle was defective or where the Township police officer requires or requests that photographs and/or diagrams of the scene be made.
- C. Failure to remove debris. When called to the scene of an accident, either by the Abington Township Police Department or at the request of the owner of the motor vehicle, the tower shall be responsible for removing debris from the roadway, such as glass, metal fragments, etc., leaving the roadway free from such debris. Failure to remove debris shall be unlawful.

- D. Solicitation. It shall be unlawful for any person to drive along any public street or highway within the Township for the sole purpose of soliciting towing and/or repair work. It shall be unlawful for any person to solicit towing or repair work at the scene of any motor vehicle accident on private property or on a public highway within the Township. The stopping of any tow truck within 500 feet of the scene of any accident or disabled vehicle on any public street or highway in the Township without the prior authorization of the operator of the vehicle, owner of the vehicle, a member of the Township Police Department or a member of the Pennsylvania State Police shall be presumptive evidence of the intent of the operator of a tow truck to solicit towing or repair work, except if the owner flags down a passing tow truck.
- E. Cruising. Cruising for the purpose of solicitation of towing or repair work shall be unlawful. "Cruising" shall be defined as the driving along the public highways or roadways solely for the purpose of soliciting towing or repair work, and without having been first called or otherwise requested to provide service.
- F. Destination of towed vehicle. The owner of the vehicle shall determine the destination of the vehicle to be transported by the tower, within a radius of not greater than 12 miles from the location of the subject vehicle. Tower shall inform the vehicle's owner of additional mileage fees.
- G. Fees. No person operating pursuant to this chapter shall charge fees for any towing or storage services in excess of the fees established in this chapter.
- H. Subcontracting. In an on-call event, in the event that tower called for towing or service assistance is unable to comply with the request for towing or service assistance, the tower shall not be permitted to subcontract the work to another tower or to permit any unlicensed tower or vehicle to complete the tow or service assistance. In such an instance, if the tower that was originally called is unable to complete the tow or the service assistance, the next tower on the duty tow list shall be contacted to complete the tow or service assistance.
- 1. Owners or operators of hooked vehicles and towing operators shall not engage in disorderly conduct.

## § 160-7. Towing costs and hooking fees for certain noncommercial vehicles.

- A. The cost of towing passenger cars, and other noncommercial vehicles weighing 10,000 pounds or less, hooked and removed from the premises, shall not be in excess of \$125 for each crane tow, wheel lift, flatbed tow, or any other type of tow. In all instances when a passenger car, or other noncommercial vehicle, is hooked and the owner/operator returns prior to the vehicle being removed, tow operators shall charge no more than a hooking fee of \$50 and must release the vehicle to the owner/operator immediately upon receipt of fee. A separate fee for winching shall not be charged, except in extraordinary circumstances. Additional fees at reasonably prevailing rates, not to exceed \$125 per hour, may be applied for the recovery of additional labor costs associated with unusual circumstances including, but not limited to, the removal of oil and vehicle fluids and specialty tow services for overturned vehicles, seriously wrecked vehicles, vehicles in remote or inaccessible areas, clean-up of an exceptional amount of debris, destinations 10 miles or greater from the location of the subject vehicle, or like situations.
- B. If the owner/operator is unable or unwilling to pay the hooking fee, the tow operator has the option of towing the vehicle to an impound facility or releasing the vehicle to the owner/operator and issuing a written bill at the scene.
- C. Under no circumstances, and in no cases, shall an administrative or other like fee be charged.

# § 160-8. Towing costs and hooking fees for passenger cars and other certain noncommercial vehicles.

- A. The cost of towing passenger cars, and other noncommercial vehicles weighing more than 10,000 pounds but less than 26,000 pounds, hooked and removed from the premises shall not be in excess of \$175 for each crane tow, wheel lift, flatbed tow, or any other type of tow. In all instances when a passenger car, or other noncommercial vehicle, is hooked and the owner/operator returns prior to the vehicle being removed, tow operators shall charge no more than a hooking fee of \$50 and must release the vehicle to the owner/operator immediately upon receipt of fee. Additional fees at reasonably prevailing rates, not to exceed \$125 per hour, may be applied for the recovery of additional labor costs associated with unusual circumstances including, but not limited to, the removal of oil and vehicle fluids and specialty tow services for overturned vehicles, seriously wrecked vehicles, vehicles in remote or inaccessible areas, clean-up of an exceptional amount of debris, destinations 10 miles or greater from the location of the subject vehicle, or like situations.
- B. If the owner/operator is unable or unwilling to pay the hooking fee, the tow operator has the option of towing the vehicle to an impound facility or releasing the vehicle to the owner/operator and issuing a written bill at the scene.
- C. Under no circumstances, and in no cases, shall an administrative or other like fee be charged.

# § 160-9. Towing costs for commercial vehicles.

- A. The cost of towing commercial vehicles shall not be in excess of the sum of \$225 per hour plus \$5 per mile. In all instances when a commercial vehicle is hooked and the owner/operator returns prior to the vehicle being removed, tow operators shall release the vehicle to the owner/operator immediately upon receipt of fee. A separate fee for winching shall not be charged, except in extraordinary circumstances. Additional fees at reasonably prevailing rates, not to exceed \$125 per hour, may be applied for the recovery of additional labor costs associated with unusual circumstances including, but not limited to, the removal of oil and vehicle fluids and specialty tow services for overturned vehicles, seriously wrecked vehicles, vehicles in remote or inaccessible areas, clean-up of an exceptional amount of debris, destinations 10 miles or greater from the location of the subject vehicle, or like situations.
- B. If the owner/operator is unable or unwilling to pay the hooking fee, the tow operator has the option of towing the vehicle to an impound facility or releasing the vehicle to the owner/operator and issuing a written bill at the scene.

C. Under no circumstances, and in no cases, shall an administrative or other like fee be charged.

## § 160-10. Storage cost of passenger cars and all other vehicles.

- A. The cost of storage of passenger cars and all other vehicles, commercial or noncommercial, shall not be in excess of \$50 per day.
- B. There shall be no storage costs if the towed vehicle is retrieved on the same business day between the hours of 8:00 a.m. and 5:00 p.m.
- C. Towing company must provide secure, well-lighted, and maintained facilities which at all times promote the safety and protection of towed and impounded vehicles and owners thereof who visit such facility.
- D. Between the hours of 8:00 a.m. and 11:00 p.m., seven days per week, the towing company must have personnel available, at least once every hour, to return the towed or impounded vehicle to its owner or to allow the owner an opportunity to remove personal belongings such as medicine, cell phones, laptop computers, purses, perishable goods, etc., from the towed/impounded vehicle.
- E. The provisions of Subsections C and D of this section shall not apply with regard to any passenger cars or other vehicles, commercial or noncommercial, stored or impounded on a lot owned or maintained by the Township or the Township Police Department. The fee for passenger cars or other vehicles, commercial or noncommercial, stored or impounded on a lot maintained or owned by the Township or the Township Police Department shall be \$50 per day.
- F. No storage fees may be imposed during the first twenty-four-hour period a vehicle is stored at the facility if the facility is not open.

## § 160-11. Liability of owner or operators for fine or penalty.

The payment of towing and storage charges authorized by this chapter shall not operate to relieve the owner or operator of any vehicle from liability for any fine or penalty.

## § 160-12. Violations and penalties.

- A. Revocation. The Chief of Police, upon determining that any provisions of this section have been violated, in addition to any other penalties provided herein, may revoke a license issued hereunder, together with the right to reapply for a subsequent license, for a period of up to two years. Appeal from such revocation shall be to the Public Safety Committee of the Board of Commissioners.
- B. Fines. Any person, firm or corporation violating any of the provisions of this chapter shall, in addition to the other charges hereinbefore provided for, upon conviction before any Magisterial District Justice, be guilty of a summary offense and shall be required to pay a fine not exceeding \$600 and costs of prosecution. Each and every day on which any person, firm or corporation shall be in violation of this chapter shall constitute a separate offense.
- C. Equitable relief. Further, the appropriate officers or agents of the Township of Abington are hereby authorized to file a complaint for such violation and seek any other available relief at law or equity, including injunction, to enforce compliance with this chapter.

## § 160-13. Severability.

The provisions of this chapter are severable, and if any section, clause, sentence or part or provision thereof shall be held illegal, invalid or unconstitutional, the decision of the Court shall not affect or impair the remaining parts and provisions of this chapter.



### **PUBLIC SAFETY COMMITTEE**

# AGENDA ITEM

| February 8, 2018                 | PS-02-020818  | FISCAL IMPACT            |
|----------------------------------|---|--------------------------|
| DATE                             | AGENDA ITEM NUMBER  | Cost > \$10,000.         |
| Police                           |   | Yes No 🗸                 |
| DEPARTMENT                       |   | PUBLIC BID REQUIRED      |
|                                  |   | Cost > \$20,100          |
|                                  |   | Yes No V                 |
| AGENDA ITEM:                     |   |                          |
| Adopt Ordinance No. 2152         |   |                          |
|                                  |   |                          |
|                                  |   |                          |
| EXECUTIVE SUMMARY:               |   | Ī                        |
| Ordinance No. 2152 (attached)    | will establish the following:   |                          |
|                                  | signs on the north side of Horace Avenue 30 f<br>venue (facing westbound traffic) 30 feet east o  |                          |
|                                  | Signs with ALL WAY placard on Highland A residents of change. (PENNDOT to recomme   |                          |
| install red flashers on new stop | westbound Rockwell Road at Jericho Road wing signs for a 30 day period along with warning vising of stop sign ahead. (Ordinance No. 108 | g signs on eastbound and |
| PREVIOUS BOARD ACTIONS           | :   |                          |
|                                  |   |                          |
|                                  |   |                          |
|                                  |   |                          |
|                                  |   |                          |

## RECOMMENDED BOARD ACTION:

Motion to adopt Ordinance No. 2152 amending Chapter 156 (Vehicles and Traffic) Article II (Traffic Regulations) Section 11.3 (Right Turn Only) and Section 14 (Stop Intersections)

# TOWNSHIP OF ABINGTON MONTGOMERY COUNTY, PENNSYLVANIA

### **ORDINANCE NO. 2152**

AN ORDINANCE AMENDING CHAPTER 156 – "VEHICLES AND TRAFFIC,"
ARTICLE II – "TRAFFIC REGULATIONS"
SECTION 11.3 – "RIGHT TURN ONLY"
SECTION 14 – "STOP INTERSECTIONS"

WHEREAS, the Township of Abington is a Township of the First Class, duly organized and existing pursuant to the applicable laws of the Commonwealth of Pennsylvania; and

WHEREAS, pursuant to section 1502.44 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56544, the Board of Commissioners has the authority to enact and amend provisions of the Abington Township Code ("Code") at any time it deems necessary for the health, safety, morals, general welfare, cleanliness, beauty, convenience and comfort of the Township and the inhabitants thereof; and

WHEREAS, pursuant to section 1502.10 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56510, the Board of Commissioners has the authority to take all needful means for securing the safety of persons or property within the Township; and

WHEREAS, pursuant to section 1502.49 of the First Class Township Code of the Commonwealth of Pennsylvania, 53 P.S. §56549, the Board of Commissioners has the authority to regulate parking; and

WHEREAS, the Board of Commissioners of the Township of Abington has determined that Chapter 156 – "Vehicles and Traffic," Article II – "Traffic Regulations,"

Section 11.3 "Right Turn Only," and Section 14 "Stop Intersections," should be amended for the health, safety, morals, general welfare, cleanliness, beauty, convenience and comfort of the Township and the inhabitants thereof.

**NOW, THEREFORE**, the Board of Commissioners of the Township of Abington does hereby **ENACT** and **ORDAIN** as follows:

1. Chapter 156 – "Vehicles and Traffic," Article II, "Traffic Regulations," Section 11.3 – "Right Turn Only," shall be amended to <u>add</u> the following restriction:

| Name of Street | Direction of Travel | Limits            |
|----------------|---------------------|-------------------|
| Horace Avenue  | West                | at Edge Hill Road |

Chapter 156 – "Vehicles and Traffic," Article II, "Traffic Regulations,"
 Section 14 – "Stop Intersections," shall be amended to <u>add</u> the following restriction:

| Stop Sign On    | Direction of Travel | At Intersection of |
|-----------------|---------------------|--------------------|
| Highland Avenue | 4-way               | Canterbury Road    |
| Rockwell Road   | Both                | Jericho Road       |

- 3. All other ordinances, portions of ordinances, or any section of the Code inconsistent with this Ordinance are hereby repealed.
- 4. This Ordinance shall become effective five (5) days after enactment.

| ORDAINED AND ENACTED this      | day of,                                     | 2018 |
|--------------------------------|---|------|
|                                | TOWNSHIP OF ABINGTON BOARD OF COMMISSIONERS |      |
| Attest:                        |   |      |
| Richard J. Manfredi, Secretary | By:<br>Wayne C. Luker, President            |      |

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