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281826

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

**Application for Class E Household Goods Certificate from Truemove, LLC dba College Hunks Hauling Junk & Moving**

**BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET NUMBER:** 2019 - 62 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Kenneth E. Truelove, Jr

**Telephone:** 843.499.1798

**Address:** 146 Graylyn Drive

**Fax:**

**Other:**

Anderson, SC 29621

**Email:** ketruelove@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED
FEB 06 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one) Date: 31 January 2019

☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:
☒ New Application
☐ Amended Scope of Authority

Current Scope: (list counties) All South Carolina Counties - Statewide
Amended Scope: (list counties)

1. Truemove, LLC dba College Hunks Hauling Junk & Moving
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

146 Graylyn Drive, Anderson, SC 29621
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 499-1798
Phone FAX

ketruelove@aol.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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3. Select Entity Type: (Check one)
   - ☒ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and address of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

   ○ Yes ◉ No

   *If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

   ○ Yes ◉ No

   *If yes, list dates and nature of convictions below.*

   _____

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

   ○ Yes ◉ No

   *If yes, list dates and nature of revocations below.*

   _____

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

| Assets: | | Liabilities: | |
|---|---|---|---|
| Value of Real Estate | | Mortgage/Loan on Real Estate | |
| Value of Motor Vehicles | | Loans Owed on Motor Vehicles | |
| Cash on Hand | | Business/Other Loans Owed | 50,000 |
| Cash in Bank | 25,100 | Other Liabilities or Debts | |
| Value of Other Assets and Equipment | | **Total Liabilities** | 50,000 |
| **Total Assets** | 25,100 | | |

**INSTRUCTIONS:**

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

| # HUNKS | Hourly rate (M-Th) | Hourly rate (F/Sa) | Truck Fee | Move Surcharges per item | |
|---|---|---|---|---|---|
| 2 | $ 105.00 | $ 115.00 | $ 105.00 | Piano Handling Fee | $50.00 |
| 3 | $ 135.00 | $ 145.00 | $ 135.00 | Exercise Equipment | $50.00 |
| 4 | $ 165.00 | $ 175.00 | $ 165.00 | Bulk Item Fee | $70.00 |
| 5 | $ 195.00 | $ 205.00 | $ 195.00 | Hot Tub Fee | $115.00 |
| 6 | $ 225.00 | $ 235.00 | $ 225.00 | Playhouse/Swing set | $115.00 |

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

| | | | | |
|---|---|---|---|---|
| ☐ Abbeville | ☐ Cherokee | ☐ Florence | ☐ Lee | ☐ Saluda |
| ☐ Aiken | ☐ Chester | ☐ Georgetown | ☐ Lexington | ☐ Spartanburg |
| ☐ Allendale | ☐ Chesterfield | ☐ Greenville | ☐ Marion | ☐ Sumter |
| ☐ Anderson | ☐ Clarendon | ☐ Greenwood | ☐ Marlboro | ☐ Union |
| ☐ Bamberg | ☐ Colleton | ☐ Hampton | ☐ McCormick | ☐ Williamsburg |
| ☐ Barnwell | ☐ Darlington | ☐ Horry | ☐ Newberry | ☐ York |
| ☐ Beaufort | ☐ Dillon | ☐ Jasper | ☐ Oconee | |
| ☐ Berkeley | ☐ Dorchester | ☐ Kershaw | ☐ Orangeburg | ☒ Statewide |
| ☐ Calhoun | ☐ Edgefield | ☐ Lancaster | ☐ Pickens | |
| ☐ Charleston | ☐ Fairfield | ☐ Laurens | ☐ Richland | |

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# DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT |
|---|---|---|---|
| Isuzu | 2018 NPR | 54DC4W1B2JS803978 | 14,500 |
| | | To Be Purchased once approved | |
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# INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Truemove, LLC dba College Hunks Hauling Junk & Moving
Name of Applicant

146 Graylyn Drive, Anderson, SC 29621
Address of Applicant

**Amount of Premium:** **Limits Quoted: (See Below)**

Liability Insurance $ 13,866 Limits $1,000,000

Cargo Insurance $ 1,000 Limits $50,000

* Attach Certificate of Insurance if available.

Progressive Commercial
Name of Insurance Company

Progressive Northern Insurance Co P.O. BOX 94739 Cleveland, OH 44101
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

| | |
|---|---|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR | $ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR | $ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle | $ 2,500 |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | $ 5,000 |

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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# Exhibit Fit, Willing, and Able (FWA)

Truelove, LLC dba College Hunks Hauling Junk & Moving
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

   ○ Yes ○ No ◉ Pending (Submit when received.)

   If Yes, indicate rating below and provide copy.

   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

   ○ Yes ◉ No

3. Are there currently any outstanding judgment(s) against the Applicant?

   ○ Yes ◉ No

   *If "Yes", list judgements here:*

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

   ◉ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

   ◉ Yes ○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )
COUNTY OF Abbeville )

SWORN TO BEFORE ME
This 6 day of February 2019

Brianna Robinson
Notary Public

Commission Expires 8-27-2028

BRIANNA ROBINSON
Notary Public, State of South Carolina
My Commission Expires 8/27/2028

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**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

Kenneth Edward Truelove, Jr
Applicant's Name

## Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

(●) Yes ( ) Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

(●) Yes ( ) Not Applicable

I, Kenneth E. Truelove, Jr, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 6 day of February, 2019

Brianna Robinson
Notary Public

Commission Expires 8-27-2028

Applicant's Signature

BRIANNA ROBINSON
Notary Public, State of South Carolina
My Commission Expires 8/27/2028

Print Application

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# The State of South Carolina

## Office of Secretary of State Mark Hammond

### Certificate of Existence

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

TRUEMOVE LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 28th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of November, 2018.

Mark Hammond

Mark Hammond, Secretary of State

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# Application for Insurance
## Please review, sign where indicated, and return

PROGRESSIVE COMMERCIAL

Named Insured: TRUEMOVE, LLC
DBA: CHHJM
February 6, 2019
Page 1 of 6

## Policy and premium information

| | |
|---|---|
| Insurance company: | Progressive Northern Insurance Co<br>P.O. BOX 94739<br>Cleveland, OH 44101 |
| Agent: | ARTHUR J GALLAGHER<br>2850 GOLF ROAD<br>ROLLING MEADOWS, IL 60008<br>02492<br>1-630-595-5300 |
| Named Insured: | TRUEMOVE, LLC<br>DBA: CHHJM<br>146 GRAYLYN DR.<br>ANDERSON, SC 29621<br>e-mail address: KENNETH.TRUELOVE@CHHJ.COM<br>Phone Number: 1-843-499-1798 |
| Financial responsibility vendor: | EXPERIAN<br>1-888-397-3742 |

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

| | |
|---|---|
| Total policy premium: | $19,491.00 |
| Initial payment required: | $3,331.65 |
| Payment plan: | 11 payments |

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

## Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

| Name | Date of birth | Age | Marital | Driver's license number | State | Points | Additional information | CDL | Original year CDL issued |
|---|---|---|---|---|---|---|---|---|---|
| KENNETH TRUELOVE | | | | | SC | 1 | | No | |
| DANIEL TRUELOVE | | | Married | | SC | 3 | | No | |

## Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

| Driver and Description | Date | Source/Consumer reporting agency |
|---|---|---|

Continued

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| | | |
|---|---|---|
| KENNETH TRUELOVE | | |
| Speeding | 04/26/2017 | MVR/LexisNexis |
| KENNETH TRUELOVE | | |
| Not At Fault Accident | 05/21/2017 | CLUE/LexisNexis, MVR/LexisNexis |
| DANIEL TRUELOVE | | |
| Careless/Improper Operation | 01/17/2017 | MVR/LexisNexis |

## Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

| Description | Limits | Deductible | Premium |
|---|---|---|---|
| Liability To Others | | | $11,422 |
| Bodily Injury and Property Damage Liability | $1,000,000 combined single limit | | |
| Employer Non-Owned Auto Liability To Others | | | 102 |
| Bodily Injury and Property Damage Liability | $1,000,000 combined single limit | | |
| Uninsured Motorist | | | 352 |
| Bodily Injury | $1,000,000 combined single limit each accident | | |
| Property Damage | (included in combined single limit) | $200 | |
| Underinsured Motorist | | | 342 |
| Bodily Injury | $1,000,000 combined single limit each accident | | |
| Property Damage | (included in combined single limit) | $0 | |
| Medical Payments | $5,000 each person | | 144 |
| Comprehensive | | | 1,362 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 5,534 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Rental Reimbursement | | | 134 |
| See Auto Coverage Schedule | | | |
| **Subtotal policy premium** | | | **$19,392** |
| ICC Filing Fee | | | 25 |
| PUC Filing Fee | | | 25 |
| South Carolina Uninsured Motorist Fund charge | | | 4 |
| Additional Insured Fee | | | 20 |
| Waivers of Subrogation Fee | | | 25 |
| **Total 12 month policy premium and fees** | | | **$19,491** |

Number of Employees: (0-10)

Continued

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## Auto coverage schedule

1. **2019 Isuzu NPR** Stated Amount: * $80,000 (including Permanently Attached Equip)
VIN: **54DC4W1B2JS803978** Garaging Zip Code: 29605 Territory: 30 Radius: 500 miles
Personal use: N Body type: Dump Truck Use class: H

| | Liability | UM | UIM | UM PD | UIM PD | Med Pay |
|---|---|---|---|---|---|---|
| Liability Premium | $5711 | $134 | $160 | $42 | $11 | $72 |

| | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium |
|---|---|---|---|---|
| Physical Damage Premium | $1,000 | $887 | $1,000 | $3544 |

| | Rental Limit | Rental Premium | Auto Total |
|---|---|---|---|
| Other Coverages Premium | $50 per day Max $1500 | $67 | **$10,628** |

## Vehicle questions

NONE

2. **2019 ISUZU 20 FT** Stated Amount: * $27,000 (including Permanently Attached Equip)
VIN: **JALC4W167F7K00945** Garaging Zip Code: 29605 Territory: 30 Radius: 500 miles
Personal use: N Body type: Dump Truck Use class: H

| | Liability | UM | UIM | UM PD | UIM PD | Med Pay |
|---|---|---|---|---|---|---|
| Liability Premium | $5711 | $134 | $160 | $42 | $11 | $72 |

| | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium |
|---|---|---|---|---|
| Physical Damage Premium | $1,000 | $475 | $1,000 | $1990 |

| | Rental Limit | Rental Premium | Auto Total |
|---|---|---|---|
| Other Coverages Premium | $50 per day Max $1500 | $67 | **$8,662** |

## Vehicle questions

NONE

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

## Financial responsibility information

| Name | Home address | Age | Date of birth |
|---|---|---|---|
| KEN TRUELOVE | 146 GRAYLYN DR.<br>ANDERSON, SC 29621-0000 | 54 | |

Is KEN TRUELOVE involved in the daily operation of the business? Yes

## Business information

| Business type | Sub business type | Other |
|---|---|---|
| Trucking For-Hire | Household Movers | |
| Applicant | Employee ID number | |
| Corporation or LLC | 832648664 | |

Number of employees in the insured's business: 0-10

Does the applicant have a USDOT Number? Yes

Continued

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What is the USDOT Number? 3230725

We may use USDOT data collected by the Federal Motor Carrier Safety Administration to rate the policy

## Additional policy questions

1. Year the current business was established: 2018
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Business Owners Policy
3. Premise type your tow business operates from: Unknown

## Additional Insured information

Additional Insured: BMO HARRIS BANK NA
PO BOX 35704 BILLINGS, MT 59107

## Prior insurance questions

Prior Insurance: Yes
Policy number:
Effective dates of coverage: Jan 1, 2019 to Apr 11, 2019
Has applicant had continuous coverage for at least one year? Yes
Bodily injury limits: State Min

## Underwriting questions

Does the applicant require any Waivers of Subrogation? Yes If yes, how many? 1
(Attach list of names and addresses)

How many Additional Insureds are required? 1

Do we insure all commercial vehicles the insured owns? Yes

Do we insure all vehicles that the Insured uses in their business? Yes

Must applicant comply with the Motor Carrier Act of 1980 (MCS90)? Yes

Does applicant require a Federal Filing? Yes

How long has the insured's current federal operating authority been active? Less than 1 year

Does applicant require a State Filing? Yes How many? 1

Continued

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## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

### The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the cancellation of this policy within its first 90 days.

### Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

Continued

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The insured understands that a service charge of $15.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of $10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or Authorized signatory of the named insured entity** **Date**

X ..... 2/6/19

Form 2421 SC (05/15)

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## Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A137 (03/13)

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# Offer of additional uninsured motorist coverage and optional underinsured motorist coverage

## I. Explanation of coverages

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least $25,000 of bodily injury coverage for each person whom you may injure in any single accident and $50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least $25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as $25,000/$50,000/$25,000 or 25-50-25. These limits are commonly known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a $550 fee to drive uninsured. There is no requirement that an insurance company offer higher than minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of $25,000/$50,000/$25,000. There is a $200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you have purchased. The limits of additional uninsured motorist coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorist coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.

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If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages and your policy may be canceled for non-payment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
South Carolina Department of Insurance
1201 Main Street, Suite 1000, Columbia, SC 29201
Post Office Box 100105 Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467 E-Mail Address: consumers@doi.sc.gov

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## II. Offer of additional uninsured motorist coverage

| Limits of Coverage | Amounts of Increased Premium |
|---|---|
| $25,000/$50,000/$25,000 | Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy. |
| $100,000 Combined Single Limit (each accident) | $136.00 |
| $300,000 Combined Single Limit (each accident) | $182.00 |
| $500,000 Combined Single Limit (each accident) | $218.00 |
| $750,000 Combined Single Limit (each accident) | $306.00 |
| $1,000,000 Combined Single Limit (each accident) | $352.00 |

To obtain the uninsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase additional uninsured motorist coverage? Yes _____ No X

If your answer is "no," then you must sign here.

**Your Signature**

X _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____ split limits; or

I select _____ Combined Single Limit

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## III. Offer of underinsured motorist coverage

| Limits of Coverage | Amounts of Increased Premium |
|---|---|
| $25,000/$50,000/$25,000 | $112.00 |
| $100,000 Combined Single Limit (each accident) | $136.00 |
| $300,000 Combined Single Limit (each accident) | $194.00 |
| $500,000 Combined Single Limit (each accident) | $238.00 |
| $750,000 Combined Single Limit (each accident) | $294.00 |
| $1,000,000 Combined Single Limit (each accident) | $342.00 |

To obtain the underinsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase underinsured motorist coverage? Yes _____ No X

If your answer is "no," then you must sign here.

**Your Signature**

X .....

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____/ _____/ _____ split limits; or

I select _____ Combined Single Limit

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## IV. Applicant's acknowledgment

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and optional underinsured motorist coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

Type or Print Your Name: TRUEMOVE, LLC
Your Address: 146 GRAYLYN DR.
ANDERSON, SC 29621

**Your Signature** X

**Today's Date** 2/4/2019

Form 2006 SC (05/15)