

293463

STATE OF SOUTH CAROLINA

(Caption of Case)

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

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2020-204T

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: Demari Rudolph

Telephone: (803) 608-3517

Address: 300 Caughman Farm Ln Apt 111

Fax:

Lexington, SC 29072

Other:

Email: ruphli93@gmail.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)

RECEIVED AUG 2 4 2020 PSC SC CLERK'S OFFICE

- 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
[X] 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Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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:

js

ok

ACCEPTED FOR PROCESSING 2020 August 25 11:41 AM SEP 06 - 2020-204-T - Page 1 of 23

Jul. 31. 2020 4:16PM

Lendmark Financial

No. 1143 P. 4/14

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: July 27, 2020

- 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)

Amended Scope:  
(list counties)

1. Rudy Ru's Moving Crew, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

300 Caughman Farm Ln Apt 111 Lexington, SC 29072

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(803) 608-3517

Phone

FAX

Ruphli93@gmail.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.)

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.

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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.*

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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.*

---

Jul. 31. 2020 4:16PM

Lendmark Financial

No. 1143 P. 6/14

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:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	0	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	300.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	<b>Total Liabilities</b>	<b>0</b>
<b>Total Assets</b>	<b>300.00</b>		

#### 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.

### PROPOSED RATES AND CHARGES FOR SERVICE

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

\$0.85/mile  
\$170.00/hr

### 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.

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



Jul. 31. 2020 4:17PM

Lendmark Financial

No. 1143 P. 9/14

### 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:

Demari Rudolph

Name of Applicant

300 Caughman Farm Ln Apt 111 Lexington, SC 29072

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 1,000.00

Limits \$1,000,000.00

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

Rudy Ru's Moving Crew, LLC

Name of Insurance Company

300 Caughman Farm Ln Apt 111 Lexington, SC 29072

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](http://www.wcc.state.sc.us/self-insurance).



Northfield Insurance Company  
St. Paul, MN 55102

**COMMERCIAL GENERAL LIABILITY  
COVERAGE PART DECLARATIONS**

Effective Date: 07/17/2020 12:01 A.M. at your mailing address

Policy No: WS433458

**Named Insured:**

Rudy Ru's Moving Crew, LLC

**LIMITS OF INSURANCE**

Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit	\$ 100,000 Any One Premises
Medical Expense Limit	\$ 5,000 Any One Person
Personal and Advertising Injury Limit	\$ 1,000,000 Any One Person or Organization
General Aggregate Limit	\$ 2,000,000
Products/Completed Operations Aggregate Limit	\$ 2,000,000

**BUSINESS INFORMATION**

Form of Business:  Individual  Joint Venture  Partnership  Limited Liability Company  Trust  
 Organization, including a Corporation (but not including a partnership, joint venture, trust or limited liability company.)

Loc. # Address of All Premises (Including Zip Code) That You Own, Rent or Occupy

001 500 CALHOUN PARK LN LEXINGTON SC 29012  
Apt. 113

**PREMIUM**

Loc. #	Classification	Code No.	Premium Base	Rate		Advance Premium	
				Per CO	All Other	Per CO	All Other
001	Business - Commercial -	9999	200	1.000	2.000	200.00	400.00
				Subling Premiums		\$ 200.00	\$ 400.00
				Total Advance Premium		\$ 200.00	\$ 400.00

**FORMS AND ENDORSEMENTS**

The schedule of coverage declarations, forms and endorsements shown on STD-ILS make up your policy as of the effective date shown above.

(THIS DECLARATION AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS AND FORMS AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART HEREOF, COMPLETE THE ABOVE-NUMBERED POLICY

625840 CG (8/07)

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Page 1 of 2

When used as a premium base,  
"Area" (premium base symbol) means:  
The total number of square feet of floor space of the insured premises,  
computed as follows:  
1. For single buildings, by multiplying the product of the horizontal  
dimensions of the outside of the outer building walls by the  
number of floors, including basements but do not use the area of

c. The value of special rewards for individual invention or  
discovery;  
d. Dismissal or severance payments except for time worked or  
served vacation;  
e. The payroll of clerical office employees. Clerical office  
employees are those employees who work in an area which is  
physically separated by walls, floors or partitions from all other

- the following:
- Courts and masonry types of floor openings.
  - Porches or basements or floors which 50% or more of the area is used for shop or storage for building maintenance, dwelling by building maintenance employees, heating units, power plants or air-conditioning equipment.
- For tenants. Determine the area they occupy in the same manner as for the entire building.
  - The rates apply per 1,000 square feet of area.
- Total Cost** (premium basis symbol c) means:  
The total cost of all work lot or sublot in connection with each specific project including:
- The cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work, however, do not include the cost of finished equipment installed but not furnished by the subcontractor if the subcontractor does no other work on it in connection with such equipment; and
  - All fees, bonuses or commissions made, paid or due.
  - The rates apply per \$1,000 of total cost.
- Admission** (premium basis symbol m) means:  
The total number of persons, other than employees of the named insured, admitted to the event insured or to events conducted on the premises whether on paid admissions, tickets, complimentary tickets or passes.
- The rates apply per 1,000 admissions.
- Payroll** (premium basis symbol p) means:
- Commissions
  - Bonuses
  - Extra pay for overtime work, except as provided in Paragraph 17;
  - Pay for holidays, vacations or periods of sickness;
  - Payment by an employer of amounts otherwise required by law to be paid by employees to statutory insurance or benefit plans, such as the Federal Social Security Act;
  - Payment to employees on any basis other than time worked, such

work areas of the insured and whose duties are directly related to keeping the insured's books or records or conducting correspondence, including any other employees engaged in office work in the same area;

- The payroll of salesmen, executives or representatives who work principally away from the insured's premises, salesmen, collectors or messengers or those employees engaged principally in any such duties away from the premises of the employer.  
Exception: This limit does not apply to any employee whose duties include the delivery of any merchandise handled, stored or sold.
  - The payroll of drivers and their helpers if their principal duties are to work on or in connection with automobiles.
  - The payroll of aircraft pilots or co-pilots if their principal duties are to work on or in connection with aircraft in either capacity.
  - The payroll of draftsmen if their duties are limited to office work only and who are engaged strictly as draftsmen in such a manner that they are not exposed to the operative hazards of the business. The payroll of these draftsmen shall be assigned to the classification "Draftsmen - Code 81105".
- 17. Overtime**
- Definition**  
Overtime means those hours worked for which there is an increase in the rate of pay:
    - For work on any day or in any week in excess of the number of hours normally worked; or
    - For hours worked in excess of 8 hours in any day or 40 hours in any week; or
    - For work on Saturdays, Sundays or holidays in the case of guaranteed wage agreements, overtime means only those hours worked in excess of the number specified in such agreement.
  - Exclusion Of Overtime Payroll





**Northfield Insurance Company**

385 Washington Street, St. Paul, MN 55102

1-800-237-9334 Claims: 1-800-328-5972

**COMMERCIAL INSURANCE  
POLICY**

**Your Policy Number:** WS433458

This policy consists of this policy cover, the Declarations and the forms, schedules and endorsements listed. **READ YOUR POLICY CAREFULLY.**

In return for the payment of the premium, the insuring company agrees with the Named Insured to provide the insurance afforded by this policy. That insurance will be provided by the company indicated as insuring company in the Declarations.

**In Witness Whereof**, we have caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative for us.

Secretary

President



X Rudy Ru's Moving Crew P...



CG 00 01 12 07

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Page 18 of 18

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement is EFFECTIVE 07/17/2020

and is part of Policy Number: WR 4 234 55

Issued to: Rudy Ru's Moving Crew, LLC

Entry optional if shown in the Policy Declarations. If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE OF DEDUCTIBLES

Table with 2 columns: Coverage and Amount of Deductible. Rows include Bodily Injury Liability, Property Damage Liability, Bodily Injury Liability and Property Damage Liability Combined, and Personal and Advertising Injury Liability.

PROVISIONS

The following Section is added:

DEDUCTIBLE LIABILITY INSURANCE

- 1. Our obligation under the Bodily Injury Liability, Property Damage Liability, and Personal and Advertising Injury Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amount shown in the Schedule Of Deductibles as applicable to such coverages.
2. The applicable limit of insurance will be reduced by the amount of any damages within the deductible amount. Any aggregate limit will not be reduced by the application of the deductible amount.
3. The deductible amount will also apply towards handling, investigation, adjustment, and legal expenses, even when no payment is made to the claimant, when a compromise settlement is reached, or when the claim is denied.
4. The deductible amount shown in the Schedule Of Deductibles applies as follows:
a. Each Claim. If the deductible amount is shown as Each Claim, the deductible amount applies as follows:
(1) Under Bodily Injury Liability coverage, to all damages because of "bodily injury" sustained by any one person as a result of any one "occurrence".
(2) Under Property Damage Liability, to all damages because of "property damage" sustained by any one person

or organization as a result of any one "occurrence".

EST: 10/1/2010

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Page 1 of 2

(3) Under Bodily Injury Liability and Property Damage Liability combined, to all damages because of "bodily injury" and "property damage" sustained by any one person or organization as a result of any one "occurrence".

(4) Under Personal and Advertising Injury Liability, to all damages because of "personal and advertising injury" sustained by any one person or organization.

b. Each Occurrence. If the deductible amount is shown as Each Occurrence, the deductible amount applies as

Aug. 24. 2020 3:05PM

Lendmark Financial

No. 1398 P. 1/3



All Risks, LTD.  
300 Arboretum PI  
Richmond, VA 23236

## Insurance Proposal

August 24, 2020

Jeffcoat & Jeffcoat LLC

Attn: Brandon Gunter

200 Caughman Farm Road, Suite 200 Lexington, SC 29072

**Applicant:** Rudy Ru's Moving Crew LLC  
300 Caughman Farm Ln Apt 111  
Lexington, SC 29072

**Submission #:** APP3233150

**Policy Period:** 08/24/2020 12:01 AM To 08/24/2021 12:01 AM

**Coverage:** Liability

**Issuing Company:** Northfield Insurance Company

RECEIVED

AUG 24 2020

PSC SC  
CLERK'S OFFICE

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Calvin Thompson

Broker

All Risks, LTD.

CATHOMPSON@allrisks.com

704-541-7628 Ext. 4317

Aug. 24. 2020 3:05PM

Lendmark Financial

No. 1398 P. 2/3



All Risks, LTD.  
300 Arboretum PI  
Richmond, VA 23236

## Insurance Proposal

### Cost Summary

General Liability Premium	\$438.00
SC Surplus Lines Tax	\$26.28
<b>Total Policy Cost</b>	<b>\$464.28</b>

#### Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10.00%

#### Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

Aug. 24. 2020 3:05PM

Lendmark Financial

No. 1398 P. 3/3

NOTICE TO POLICYHOLDER

**This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.**



Christopher McGovern

Aug. 24. 2020 4:04PM

Lendmark Financial

No. 1401 P. 1



All Risks, LTD.  
300 Arboretum PI  
Richmond, VA 23236

## Insurance Proposal

August 24, 2020

**Jeffcoat & Jeffcoat LLC**

Attn: Brandon Gunter

200 Caughman Farm Road, Suite 200 Lexington, SC 29072

**Applicant:** Rudy Ru's Moving Crew LLC  
300 Caughman Farm Ln Apt 111  
Lexington, SC 29072

**Submission #:** APP3233150

**Policy Period:** 08/24/2020 12:01 AM To 08/24/2021 12:01 AM

**Coverage:** Liability

**Issuing Company:** Northfield Insurance Company

---

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Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

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TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Calvin Thompson

Broker

All Risks, LTD.

CATHOMPSON@allrisks.com

704-541-7628 Ext. 4317



All Risks, LTD.  
300 Arboretum Pl  
Richmond, VA 23236

## Insurance Proposal

### Cost Summary

General Liability Premium	\$438.00
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Agent Commission: 10.00%

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In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

Aug. 24. 2020 4:04PM

Lendmark Financial

No. 1401 P. 3

NOTICE TO POLICYHOLDER

**This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.**



Christopher McGovern

**Exhibit Fit, Willing, and Able (FWA)**

**Demari Rudolph**

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

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](http://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.

[Signature]  
Applicant's Signature

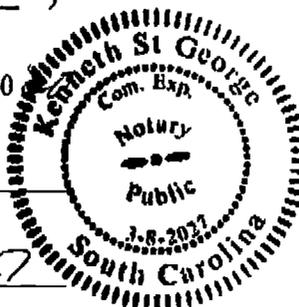
Owner Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lexington )

SWORN TO BEFORE ME  
This 31st day of July, 2020

[Signature]  
Notary Public

Commission Expires 3-8-2027



# *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:**

Rudy Ru's Moving Crew, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 9th, 2019, 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 10th day of June, 2019.

*Mark Hammond*  
Mark Hammond, Secretary of State

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

Demari Rudolph

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:

[X] 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:

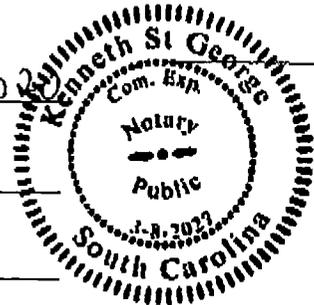
[X] Yes [ ] Not Applicable

I, Demari Rudolph, 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 31st day of July, 2020

[Signature]
Notary Public

Commission Expires 3-1-2027



[Signature]
Applicant's Signature

Print Application

ACCEPTED FOR PROCESSING - 2020 August 25 11:41 AM - SCPSC - 2020-204-T - Page 23 of 23