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STATE OF SOUTH CAROLINA

(Caption of Case)

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

V.I.P. Transportation LLC.
DBA
VIP. Transportation

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2021 - 207 - 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: Larry Smith

Address: 1643B Savannah Hwy #375
Charleston S.C. 29407

Telephone: Not working (843) 512-5552

Cell (843) 735-1221

Other:

Email: LarrySmithNYC@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)

- [ ] Application - Class A/A Restricted
- [x] 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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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

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TRANS DEPT

- [ ] 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: _____

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
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

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

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

Date: 6/3/21

CLASS C - TAXI

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JUN - 9 2021
TRANSPORT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
V.I.P. Transportation LLC
DBA. V.I.P Transportation

1643B Savannah Hwy #375 Charleston S.C. 29407
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

Phone Fax

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 addresses of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

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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.

BALANCE SHEET

Balance at Time Application is Filed:
Month 6 Year 2021

Assets:	
Cash	9,500.00
Receivables	NA
Real Estate	NA
Buildings and Equipment (Net)	NA
Motor Vehicles (Net)	12000.00
Garage Equipment (Net)	500.00
Machinery and Tools (Net)	NA
Supplies on Hand	
Prepaids and Other Assets	NA
Total Assets*	22,000.00
Liabilities and Equity:	
Accounts Payable	Ø
Notes Payable	350.00
Mortgages Payable	Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	Ø
Other Accrued Obligations	Ø
Other Liabilities	Ø
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	22000.00
Total Liabilities and Equity*	350.00

* Total Assets = Total Liabilities and Equity

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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):

2.52 per mile plus 14.00 per passenger after the 1st 2 passengers

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 being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- [x] 1-7 Passengers, including driver
- [ ] 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Dodge	2012 Caravan	2c4rdgeg3cr114496	4217
Dodge	2014 Caravan	2c4rdgcg0er290783	4217
			7/11

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INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**
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

The following insurance quote is for:

Larry Smith

Name of Applicant

1436 Savannah Hwy #375 Charleston S.C. 29407

Address of Applicant

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

Liability Insurance $ 25,000/50,000/25,000 Limits _____

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$ 25,000/50,000/25,000**	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
8-15 Passengers*	**$ 25,000/100,000/25,000**	

_____
Name of Insurance Company

_____
Home Office Address of Company

I 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.

_____ _____
Date Authorized Insurance Company Representative's Signature

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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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)

Larry Smith

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ☑ No

   If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ☑ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ☑ Yes ○ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

   ☑ Yes ○ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

   ☑ Yes ○ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

   ☑ Yes ○ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

   ☑ Yes ○ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ☑ Yes ○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

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 26, 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 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

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.

MICHAEL CUNNINGHAM NOTARY PUBLIC SOUTH CAROLINA

Applicant's Signature

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

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 9th day of June, 2021

Notary Public

Commission Expires 04/08/2031

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Personal Identification Information

Name of Applicant: Larry Smith

Address: 1643 B Savannah Hwy #375
Charleston S.C. 29407

Federal Employer Identification Number: _ _ _ _

******* **Confidential** *******

For Internal Use Only

Print Application

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The UPS Store

472 Meeting Street, Suite C
Charleston, SC 29403
843.236.3466 Tel
843.805.4941 Fax
store7194@theupstore.com
theupsstorelocal.com/7194

Fax

To Carol Chauvin

Company ORS

Fax number 803 737-0815

Date 6/8/21

Job number

From Larry Smith VIP Transportation

Phone number 843 735-1221

Fax number

Total pages 19 pages

Copyright © 2018 The UPS Store, Inc. MS410_21220G1A

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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

Larry Smith.

Name of Applicant

1643b Savannah Hwy#375. Charleston S.C. 29407.

Address of Applicant

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

Liability Insurance $ Limits

The above quoted premium is for a term of months

OFFICE OF REGULATORY STAFF
RECEIVED
JUN 17 2021

Minimum Limits - Intrastate Only

1-7 Passengers*	**$ 25,000/50,000/25,000**
8-15 Passengers*	**$ 25,000/100,000/25,000**

* Passengers - Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Commercial Insurance.

Name of Insurance Company

6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143.

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.

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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Progressive
P.O. Box 94739
Cleveland OH 44101

PROGRESSIVE
COMMERCIAL

Insured Name
Progressive Northern Insurance Co
June 17, 2021
Policy Period: Jun 1, 2021 - Jun 1, 2022
Page 1 of 3
Customer Phone number: 1-843-735-1221

VIP Transportation LLC
1643 B SAVANNAH HIGHWAY
CHARLESTON SC 29407

OFFICE OF REGULATORY STAFF
RECEIVED
JUN 17 2021

Commercial Auto Insurance Quote

Dear VIP Transportation LLC,

Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities for safe driving, and nationally recognized claims service that keeps you and your business on the road and in business. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us at 1-888-814-6494, or you can visit us online at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please visit us online at progressivecommercial.com or call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business: Airport Taxi

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	$2,664.00
Paid in full discount	295.00
Policy premium if paid in full	$2,369.00

Payment plans

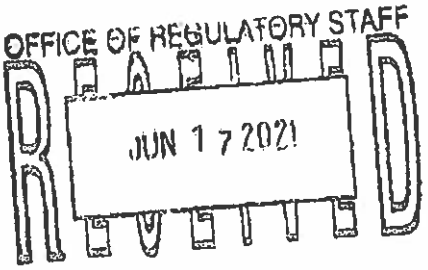
Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a $5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	$2,664.00	$570.40	8 payments of $237.63 and 1 of $237.56
6 Pay, Seasonal, 20.0% Down	$2,664.00	$570.40	5 payments of $423.72
10 Payments, 25.0% Down	$2,664.00	$701.25	8 payments of $223.09 and 1 of $223.03
4 Pay, Seasonal, 25.0% Down	$2,664.00	$701.25	3 payments of $659.25
2 Payments, 50.0% Down	$2,664.00	$1,355.50	1 payments of $1,313.50

Make payments by mail or at progressivecommercial.com. Each payment includes a $12.00 installment fee.

FAX

To: larrysmithnyc@gmail.com
Company:
Fax: larrysmithnyc@gmail.com
Phone:



From: Progressive Insurance
Fax:
Phone:
E-mail: progressivecommercial@email.progressive.com

NOTES:

Date and time of transmission: Thursday, June 17, 2021 2:28:16 PM
Number of pages including this cover sheet: 04

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