297579

STATE OF SOUTH CAROLINA

(Caption of Case)
Example: Application for a Class C Charter Certificate from John Doe (Set Docket Date)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2021-67-T

FILED 2/23/21 tod

If this is your first time filing an application with the PSC, you will n have a Docket Number. The Commission will assign one to you. If y has filed with the Commission before, a Docket Number was assign and should be entered above.

(Please type or print)
Submitted by: Debbie T. Harris
Address: 17 Oakleaf Lane
Seabrook SC 29940

Telephone: 843 271 5569
Fax:
Other:
Email: debbieTharris@hotmail.cor

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

NATURE OF ACTION (Check all that apply)

- [ ] Application - Class A/A Restricted
- [ ] Application - Class C Taxi
- [X] 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 F 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 Restricted
- [ ] 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 19 2021
PSCSC
Clerks Office

JS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5190.

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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

Date: 02/19/21

CLASS C - CHARTER

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. Debbie T. Harris DBA Black Diamond Airport Shuttle
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

17 Oakleaf Seabrook SC 29940
Street Address of Applicant

PO Box 6731 Burton SC 29903
Mailing Address of Applicant (if different from street address)

843 271 5569
Phone Fax

debbietharris@hotmail.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)

[X] 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.

Debbie T. Harris

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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		Mortgaged Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank	5000	Other Liabilities or Debts	
Value of Other Assets and Equipment	2000	Total Liabilities	
Total Assets	7000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property holdings 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
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 balance
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:

One passenger - $65
2 to 3 passengers - $85 - in a party
4 to 7 passengers - $100 - in a party

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	[ ] Dorchester	[ ] Horry	[ ] Newberry	[ ] York
[ ] Beaufort	[ ] Dillon	[ ] Jasper	[ ] Oconee	
[ ] Berkeley	[ ] Dorchester	[ ] Kershaw	[ ] Orangeburg	[X] 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 CPS, 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
- [X] 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

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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 carrc 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 approval and an order has been issued by the PSC. THIS IS ONLY A QUOT

The following insurance quote is for:

Debbie T. Harris DBA Black Diamond Airport Shuttle
Name of Applicant

17 Oakleaf Lane Seabrook, SC 29940
Address of Applicant

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

Liability Insurance $ 3947.00 Limits 100,000 / 500,000 / 100,000

The above quoted premium is for a term of 6 months

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

bi Berk
Name of Insurance Company

PO box 113247 Stanford, CT 06911-3247
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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Exhibit F(i), Willing, and Able (FWA)

Debbie T. Harris DBA Black diamond airport Shuttle
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ( ) Yes (X) No

   If Yes, list judgments here:

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?
   (X) Yes ( ) No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   (X) 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 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 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
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 (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 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.

Debbie S Harris
Applicant's Signature

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

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 14th day of August, 20 20

Nelli Lynn Thomas
Notary Public

Commission Expires: May 08, 2030

Print Application

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AI INSURANCE SERVICES LLC

Phone: 843-266-1411
Fax: 843-408-4564

Fax

To: Janice	**From: A I INSURANCE SERVICES LLC A I INSURANCE SERVICES LLC**
Fax: 8038965199	**Pages: 3**
Re: BA Quote	**Date: February 19, 2021**

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AI INS SERVICES
3506 W MONTAGUE #300
CHARLESTON, SC 29418

PROGRESSIVE COMMERCIAL

Underwritten by:
Progressive Northern Insurance Co
February 19, 2021
Policy Period: Feb 19, 2021 - Feb 19, 2022
Page 1 of 2
Customer Phone number: 1-843-797-6738

Genoris D White
WHITE COMPASSION TRANSPORTATION LTD. CO.
PO BOX 2336
SUMMERVILLE, SC 29484

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Taxi Service

Quote for 12 month policy period

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

Total policy premium	$3,562.00
Paid in full discount	-531.00
Policy premium if paid in full	$3,031.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a $3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	$3,562.00	$325.61	9 payments of $326.64 and 1 of $326.63
10 Payments, 10.0% Down	$3,562.00	$358.00	9 payments of $359.00
11 Payments, 12.50% Down	$3,562.00	$447.00	10 payments of $314.50
11 Payments, 16.67% Down	$3,562.00	$595.46	9 payments of $299.66 and 1 of $299.60
10 Payments, 20.0% Down	$3,562.00	$714.00	8 payments of $319.45 and 1 of $319.40
6 Pay, Seasonal, 20.0% Down	$3,562.00	$714.00	5 payments of $572.60
10 Payments, 25.0% Down	$3,562.00	$892.00	8 payments of $299.67 and 1 of $299.64
4 Pay, Seasonal, 25.0% Down	$3,562.00	$892.00	3 payments of $893.00
2 Payments, 50.0% Down	$3,562.00	$1,782.00	1 payments of $1,783.00

Make payments by mail or at progressiveagent.com. Each payment includes a $6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	$3,031.00	$3,031.00	None
11 Payments, 9.09% Down	$3,564.00	$325.79	9 payments of $329.83 and 1 of $329.74
10 Payments, 10.0% Down	$3,564.00	$358.20	9 payments of $362.20
11 Payments, 12.50% Down	$3,564.00	$447.25	9 payments of $317.68 and 1 of $317.63
11 Payments, 16.67% Down	$3,564.00	$595.79	9 payments of $302.83 and 1 of $302.74
11 Payments, 20.0% Down	$3,564.00	$714.40	10 payments of $290.96
10 Payments, 20.0% Down	$3,564.00	$714.40	8 payments of $322.63 and 1 of $322.56
6 Pay, Seasonal, 20.0% Down	$3,564.00	$714.40	5 payments of $575.92

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10 Payments, 25.0% Down	$3,564.00	$892.50	8 payments of $302.84 and 1 of $302.78
4 Pay, Seasonal, 25.0% Down	$3,564.00	$892.50	3 payments of $896.50
4 Pay, Quarterly, 25.0% Down	$3,564.00	$892.50	3 payments of $896.50
2 Payments, 50.0% Down	$3,564.00	$1,783.00	1 payment of $1,787.00
Outside Premium Financing	$3,564.00	$3,564.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-266-1411.** Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Genoris D White	10/13/1959	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$2,832
Bodily Injury and Property Damage Liability	$1,000,000 combined single limit		
Uninsured Motorist			672
Bodily Injury	$1,000,000 combined single limit		
Property Damage	(included in combined single limit)	$200	
Underinsured Motorist	Rejected		–
Medical Payments	$1,000 each person		56
Subtotal policy premium			**$3,560**
UM Fund Fee			2
Total 12 month policy premium and fees			**$3,562**

Auto coverage schedule

1. **2011 FORD ECONOLINE**
VIN: **1FBNE3BL3BDB02814** Garaging Zip Code: 29420 Radius: 50 miles
Personal use: N Body type: Passenger Van

	Liability Premium	UM Premium	Med Pay Premium	Auto Total
Liability Premium	$2832	$672	$56	**$3,560**

Premium discount

Policy
Electronic Funds Transfer