286368

STATE OF SOUTH CAROLINA

(Caption of Case)

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

Ovidiu Caradinta

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2019 - 263 - 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: OVIDIU CARADINTA

Address: 230 SANTEE GUN CLUB RD
McClellanville
SC, 29458

Telephone: (843) 520-9694

Fax:

Other:

Email: CARADINTA@ICLOUD.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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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
- [ ] 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
AUG 02 2019
PSC SC
CLERK'S OFFICE

ACCEPTED FOR PROCESSING: 2019 August 5 7:47 AM SCPSC - 2019-263-T - Page 1 of 13

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

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: 07/30/2019

CLASS C - TAXI

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

1. Ovidiu Caradinta dba CHECKER TAXI
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

230 SANTEE GUN CLUB RD
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 520-9694
Phone

Fax

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

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 2 of 13

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	$8,000	Loans Owed on Motor Vehicles	$9,380
Cash on Hand		Business/Other Loans Owed	
Cash in Bank	1,657.75	Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	9,380
Total Assets	9,657.75		

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.

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 3 of 13

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: $2.50/Mile

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	

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 4 of 13

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	2014 / GRAND CARAVAN	2C4RDGBGXER167641	4321

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 5 of 13

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 6 of 13

Renewal auto policy declarations

Your policy effective date is April 28, 2019

Platinum Gold Standard Value Plan

Allstate. You're in good hands.

Total Premium for the Policy Period

Please review your insured vehicle and verify its VIN is correct.

Vehicle covered	Identification Number (VIN)	Premium
2014 Dodge Van Grand Caravn	2C4RDGBGXER167641	$805.17
If you pay in installments*		**$805.17**
If you pay in full (includes FullPay® Discount)		**$742.32**

Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s). If you do not pay your bill by the due date shown on your billing statement, you may be charged a late fee.

Discounts (included in your total premium)

Passive Restraint	**$13.92**	Antilock Brakes	**$64.30**
The Good Hands People® Program	**$21.63**	Premier Plus	**$216.46**
Good Payer	**$38.15**	Allstate eSmart®	**$38.15**
Total discounts			**$392.61**

Discounts per vehicle

2014 Dodge Van Grand Caravn			**$392.61**
Passive Restraint	$13.92	Antilock Brakes	$64.30
The Good Hands People® Program	$21.63	Premier Plus	$216.46
Good Payer	$38.15	Allstate eSmart®	$38.15

Listed driver on your policy

Ovidiu Caradinta

**Are there licensed drivers not listed above who either reside in your household (even if temporarily away from home) or are guests staying in your home for more than 90 days? If so, please contact us. Even if you have purchased coverage for loss to your insured auto (for example, Auto Collision Insurance), there are circumstances in which a loss to that auto (or an attached trailer) might not be covered by the policy simply because the auto was being operated by one of those unlisted drivers at the time of the loss. Details regarding this, and details regarding your policy's exclusion of any drivers listed below, can be found in your policy documents.*

Excluded drivers from your policy

None

Information as of March 25, 2019

Summary

Named Insured(s)
Ovidiu Caradinta

Mailing address
442 Tyson Dr
Pawleys Island SC 29585-6918

Policy number
990 652 545

The company issuing the policy is:
Allstate Fire and Casualty Insurance Company
2775 Sanders Road
Northbrook, IL 60062-6127
1-800-ALLSTATE (1-800-255-7828)

Policy period
Beginning **April 28, 2019** through **October 28, 2019** at 12:01 a.m. standard time

Your Allstate agency is
Mike Addy and Assoc
4849 US 501
Myrtle Beach SC 29579
(843) 504-3160
APRILGORDON@ALLSTATE.COM

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

CB8010035

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 7 of 13

Renewal auto policy declarations
Policy number: 990 652 545
Policy effective date: April 28, 2019

Coverage detail for 2014 Dodge Van Grand Caravn †

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance			
Bodily Injury	$50,000 each person $100,000 each accident	Not applicable	$229.50
Property Damage	$50,000 each accident	Not applicable	$128.36
Uninsured Motorists Insurance			$17.77
Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	
Property Damage	$50,000 each accident	$200	
Auto Collision Insurance	Actual cash value	$500	$220.71
(Safe Driving Deductible Reward - deductible reduction amount available is $300)			
Auto Comprehensive Insurance	Actual cash value	$500	$113.56
Rental Reimbursement	up to $40 per day for a maximum of 30 days	Not applicable	$32.90
Towing and Labor Costs	$100 each disablement	Not applicable	$6.80
Underinsured Motorists Insurance		Not applicable	$23.11
Bodily Injury	$25,000 each person $50,000 each accident		
Property Damage	$50,000 each accident		
Automobile Medical Payments	$5,000 each person	Not applicable	$32.46
Customizing Equipment - Collision	**Not purchased***		
Customizing Equipment - Comprehensive	**Not purchased***		
Sound System	**Not purchased***		
Tape	**Not purchased***		
Total premium for 2014 Dodge Van Grand Caravn			**$805.17**

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

†Allstate Ride For Hire Endorsement applies to this vehicle.

VIN 2C4RDGBGXER167641

Rating information
- Does not own residence
- This vehicle is driven over 7,500 miles per year, 3-9 miles to work/school, unmarried male age 36, good driver rate

Renewal auto policy declarations
Policy number: 990 652 545
Policy effective date: April 28, 2019

Allstate.
You're in good hands.

Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- South Carolina Auto Policy – AFA24
- Amendatory Endorsement – AFA90
- Claim Satisfaction Guarantee Amendatory Endorsement – AP4878-1
- Amendatory Endorsement – AP4838-1
- Dividend Provision – PDU79
- South Carolina Allstate Ride For Hire Endorsement – AU14722
- South Carolina Amendatory Endorsement – AU14723

Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

▶A $10.00 late fee may be assessed if payment is received after the due date.

▶Your Platinum Protection package contains the following features:
- Accident Waiver Enhancement Plus feature
- Safe Driving Deductible Reward feature
- Safe Driving Bonus feature

Allstate Fire and Casualty Insurance Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Julie Parsons
President

Susan L. Lees
Secretary

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 8 of 13

SC010R3D

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:

OVIDIU CARADINTA
Name of Applicant

230 SANTEE GUN CLUB RD, McClellanville, SC, 29458
Address of Applicant

Amount of Premium:

Liability Insurance $ 50,000/100,000/50,000

Limits Quoted: (See Below)

Limits 1-7 PASSENGERS

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

Allstate
Name of Insurance Company

4849 US 501, MYRTLE BEACH, SC, 29579
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.

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 9 of 13

Exhibit Fit, Willing, and Able (FWA)

OVIDIU CARADINTA
Name of Applicant

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

   If Yes, list judgements 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?
   ⊗ Yes ○ No

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

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 10 of 13

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

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 11 of 13

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 12 of 13

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 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 Georgetown)

SWORN TO BEFORE ME
This 2 day of August, 2019

Notary Public

Commission Expires

Teena M. Miller
Notary Public, State of South Carolina
My Commission Expires Aug. 31, 2026

Print Application

GKCU
Georgetown Kraft Credit Union
www.gkcu.org

MAIN BRANCH:
1379 North Fraser Street, Georgetown SC 29440
843-546-8494

Georgetown, SC 29440
1530 Bourne Street
843-546-8494

Andrews, SC 29510
103 S. Morgan Ave.
843-264-3677

Kingstree, SC 29556
488 Nelson Boulevard
843-354-2219

Pawleys Island, SC 29585
49 Jetty Drive
843-979-1300

FAX COVER SHEET

To: Public Service Commission/Janice

From: Ovidiu Caradinta

Fax No: 803-896-5199

Number of pages including cover sheet: 5

Re:

ACCEPTED FOR PROCESSING - 2019 August 5 7:47 AM - SCPSC - 2019-263-T - Page 13 of 13