

266815

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

PRO HELP LLC

COPY
Filed: Ad
Dept: SA
Date: 9/21/14
Time: 8:34

DOCKET NUMBER: 2014-343-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: Parker Snell

Telephone: 803-261-2092

Address: 1840 Ashby Rd
Columbia, SC 29204

Fax: _____

Other: _____

Email: Johnpsnell@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)

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 Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | 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

RECEIVED
SEP 21 2014
PSC SC
MAIL / DMS

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

THE LAW OFFICE OF PATRICK C. SHARPE

PO Box 12627
Columbia, SC 29211
Telephone: (803) 608-1741
patsharpelaw@gmail.com

September 16, 2016

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210

RECEIVED

SEP 20 2016

PSC SC
MAIL / DMS

Re: Pro Help LLC Application

To Whom it May Concern,

Attached please find the application for Class E Household Goods for my client, Pro Help LLC. If there is anything missing from the application, please do not hesitate to let me know.

I look forward to hearing from you in the future.

Sincerely,



Patrick C. Sharpe
Attorney at Law

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: Sept 15, 2016

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. Pro Help LLC

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

1840 Ashby Rd Columbia, SC 29204

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-261-2092

Phone

FAX

Johnpsnell@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.

Parker Snell - 1840 Ashby Rd Cola, SC 29204

Brandon Britt - 2605 Cooper Ave. Cola, SC 29205

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

- Yes No

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

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

- Yes No

If yes, list dates and nature of convictions below.

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

- Yes No

If yes, list dates and nature of revocations below.

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	14,294	Other Liabilities or Debts	0
Value of Other Assets and Equipment	1,500	Total Liabilities	0
Total Assets	15,794		

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):

- 2 trucks
- 2 movers - \$110/hr + \$75 travel fee
 - 3 movers - \$140/hr + \$75 travel fee
- 2 trucks
- 4 movers - \$175/hr + \$150 travel fee
 - 6 movers - \$230/hr + \$150 travel fee

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 |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> 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"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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:

PRO Help LLC
Name of Applicant
1840 Ashby Rd Columbia SC 29204
Address of Applicant

<u>Amount of Premium:</u>	<u>Limits Quoted: (See Below)</u>
Liability Insurance \$ <u>1,013.00</u>	Limits <u>2,000,000</u>
Cargo Insurance \$ <u>1,081.00</u>	Limits <u>25,000</u>

* Attach Certificate of Insurance if available.

Liability - Western World Cargo - Auto Owners
Name of Insurance Company
X 2230 Devine St #204 Columbia, SC 29205
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.

**COMMERCIAL LIABILITY COVERAGE PART
DECLARATIONS**

Policy Number: NPP8367505

Effective Date: 04/07/2016
12:01 AM, Standard Time

COMMERCIAL GENERAL LIABILITY LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations) \$ 2,000,000
 Products - Completed Operations Aggregate Limit \$ Included †
 Personal and Advertising Injury Limit \$ 1,000,000 Any One Person or Organization
 Each Occurrence Limit \$ 1,000,000
 Damage to Premises Rented to You \$ 100,000 Any One Premises
 Medical Expense Limit \$ 5,000 Any One Person
 Each Professional Incident Limit (if applicable) \$ Not Covered

† If the Limit is shown as Included, Products-Completed Operations are subject to the General Aggregate Limit.

PREMIUM

Classification	Code No.	Premium Basis	Rate		Advance Premium	
			Pr/Co	All Other	Pr/Co	All Other
Warehouses - NCC (P1/B1)	99938	Payroll 63,200.00	Included	16.021	Included	1,013.00
Total Advance Premium						\$ 1,013.00

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made part of policy at time of issue:

See Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Auto-Owners

Page 1

Issued 04-20-2016

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY ADAMS EADDY & ASSOCIATES
16-0766-00 MKT TERR 046 803-254-9404

New Business Effective 04-07-2016
POLICY NUMBER 166016-36681630-16

INSURED PROHELP LLC

ADDRESS 6314 BRIARWOOD RD
COLUMBIA SC 29206-1546

Company
Bill

Policy Term	
12:01 a.m.	12:01 a.m.
04-07-2016	to 04-07-2017

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: Small Moving Company

Entity: Limited Liab Corp

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL INLAND MARINE COVERAGE	\$1,081.00
TOTAL	\$1,081.00
PAID IN FULL DISCOUNT	\$108.00
TOTAL POLICY PREMIUM IF PAID IN FULL	\$973.00

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
55000 (07-12) 59392 (01-15)

A merit rating plan factor of 1.00 applies.

Countersigned By: _____

Justin Kempe

AUTO-OWNERS INS. CO.

Issued 04-20-2016

AGENCY ADAMS EADDY & ASSOCIATES
16-0766-00 MKT TERR 046

Company POLICY NUMBER 166016-36681630-16
Bill

INSURED PROHELP LLC

Term 04-07-2016 to 04-07-201

16198 (07-87)

COMMERCIAL INLAND MARINE COVERAGE

COVERAGES PROVIDED

Insurance applies to covered property for which a limit of insurance is shown.

Forms that apply to Inland Marine:

59351 (01-15) 16381 (07-08) 16080 (08-86) 16203 (06-88) 16231 (07-07)
16521 (04-12) 16349 (08-14) 59392 (01-15)

LOCATION 0001 - BUILDING 0001

Location: 6314 Briarwood Rd Columbia, SC 29206-1546

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
MOTOR CARGO 8535 Motor Cargo-Per Vehicle Rating-Special Form		\$1,000	\$25,000	4.324	\$1,081.00
TOTAL FOR THIS COVERAGE:					\$1,081.00

COMMERCIAL INLAND MARINE COVERAGE - LOCATION 0001 SUMMARY

	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59351	EXCLUDED
TERRORISM COVERAGE	
A PREMIUM CHARGE MAY BE MADE EFFECTIVE 01-01-21 SEE FORMS 16381, 59392	
LOCATION 0001	\$1,081.00

A single deductible applies per claim. If more than one item is involved in a claim, the single highest applicable deductible amount is used.

Exhibit Fit, Willing, and Able (FWA)

Pro Help LLC

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.

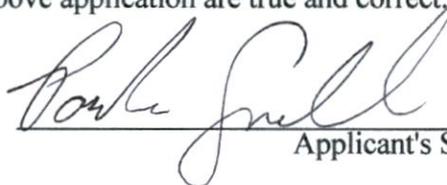
Please check the applicable box:

- 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 to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

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

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

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



Applicant's Signature

CEO

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

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 15th day of September, 2016



Notary Public

Commission Expires June 2nd, 2025

The State of South Carolina



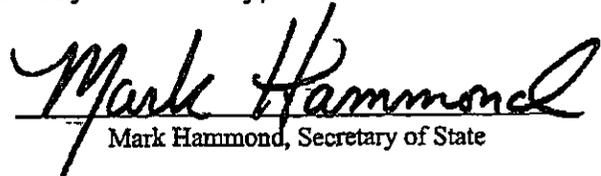
Office of Secretary of State Mark Hammond

Certificate of Existence

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

PROHELP LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 24th, 2016, 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
24th day of February, 2016.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

FEB 24 2016

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

ProHelp "LLC"

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

6314 Briarwood rd.

Street Address

Cola

City

29206

Zip Code

3. The initial agent for service of process is

Brandon Britt

Name

Brandon Britt

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2605 Cooper Ave

Street Address

Cola

City

29205

Zip Code

List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Brandon wellman Britt

Name

2605 Cooper Ave

Street Address

Cola

City

SC

State

29205

Zip Code

- (b) John Parker Snell

Name

3503 Yale Ave

Street Address

Columbia

City

SC

State

29205

Zip Code

Name of Limited Liability Company Pro Help

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

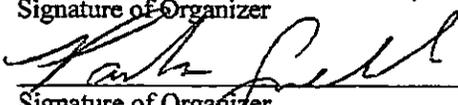
City State Zip Code

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signature of Organizer


Signature of Organizer

Date
2/23/16

Date