PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

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

ACCEPTED FOR PROCESSING - 2021 September 3 3:41 PM - SCPSC - 2021-293-T - Page 1 of 30

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

Date: 08/31/2021

CLASS C - CHARTER

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

110 Traders Cross, Bluffton, SC, 29909
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843) 505-4518
Phone

Fax

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

Ruben D Espana Ramos

Applicant is financially able to fu[illegible]n the services as specified in this app[illegible]tion 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	2,000.00
Value of Motor Vehicles	41,000.00	Loans Owed on Motor Vehicles	10,375.00
Cash on Hand	4,000.00	Business/Other Loans Owed	3,500.00
Cash in Bank	53,875.00	Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	15,875.00
Total Assets	98,875.00		

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.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Short Local Ride 10 $
Long Local Ride 20 $
Short Distance (In of state) 50$
Long Distance (Out of state) 100 $

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.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Nissan	2018 Versa	3N1CN7AP7JL868037	2363
Nissan	2019 Versa	3N1CN7AP5RL820618	2494
Nissan	2020 Versa	3N1CV8BV9LL916575	2599

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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:

Ruben Espana Ramos / Espana Service & Transport LLC

Name of Applicant

110 Traders Cross, Bluffton, SC, 29909

Address of Applicant

Amount of Premium:

Liability Insurance $ See attached

Limits Quoted: (See Below)

Limits 25000/50000/50000

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

1745 Loch Haven Roanoke VA 24019

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 Fit, Willing, and Able (FWA)

Espana Service & Transport LLC

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

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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.

Ruben Espain R.
Applicant's Signature

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

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 31 day of August, 2021

Notary Public

Commission Expires 11/27/2022

MARIO CABALLERO
My Commission Expires
NOTARY PUBLIC
11-27-2022
SOUTH CAROLINA

Print Application

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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:

ESPANA SERVICE & TRANSPORT LLC,
a limited liability company duly organized under the laws of the State of South Carolina on August 3rd, 2018, 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 3rd day of August, 2018.

Mark Hammond

Mark Hammond, Secretary of State

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Filing Date: 08/31/2021

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

ESPANA SERVICE & TRANSPORT LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable):

[X] a. A South Carolina limited liability company.

[ ] b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
110 Traders Cross

(Street Address)

Bluffton, South Carolina 29909

(City, State, Zip Code)

b. The name of the company's current agent for service of process is:

RUBEN DARIO ESPANA RAMOS

(Name)

c. The South Carolina street address of the current registered agent's office is:
20 SIMMONSVILLE RD APT 1910

(Street Address)

BLUFFTON, South Carolina 29910

(City, State, Zip Code)

4. Check and complete <u>all</u> boxes (a-c) that apply.

[ ] a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:

(Street Address)

(City, State, Zip Code)

Form Revised by South Carolina Secretary of State, August 2016
F0080

SC Secretary of State
Mark Hammond

ESPANA SERVICE & TRANSPORT LLC

Name of Limited Liability Company

☐ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

(Name)

I hereby consent to the appointment as registered agent.

(Agent's Signature)

☒ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:
110 Traders Cross

(Street Address)

Bluffton, South Carolina 29909

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____
(Date)

Date: 08/31/2021

Signed as Authorized Signature: Ruben D Espana Ramos

(Signature)

Ruben D Espana Ramos

(Print Name)

Capacity/Position of Person Signing (**You must check one box.**)

☐ Manager ☒ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

Form Revised by South Carolina Secretary of State, August 2016
F0080/F0086

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Allstate.
You're in good hands.

Steve Helwig & Asso
75 Towne Dr #102
Bluffton SC 29910-4201

Information as of March 2, 2021
Policyholder(s)
Elselore Waldron 905

Policy number
830 484 609

Your Allstate agency is
Steve Helwig & Asso
(843) 507-9888
SHELWIG@ALLSTATE.COM

ELSELORE WALDRON 905
20 SIMMONSVILLE RD
BLUFFTON SC 29910-5952

We're confirming your policy change

Thank you for choosing Allstate to help protect what's important to you. We've enclosed documents that confirm the policy change(s) you requested. You'll find your coverage details listed on the enclosed amended policy declarations.

The following change(s) are effective as of 02/27/2021:

A change in description for your 20 Nissan Versa.
A change in insurance coverage.
Changes to vehicle usage.

Your premium for the current policy period has been increased by a total of $97.50. Your discount savings for this policy period are: $1,207.38.

How to contact us

Give your Allstate Agent a call at (843) 507-9888 if you have any questions. It's our pleasure to keep you in good hands.

Sincerely,

Phil Telgenhoff
President, Allstate Northbrook Indemnity Company

EA120-1

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Your Insurance Coverage Checklist

We're happy to have you as an Allstate customer! This checklist outlines what's in this package and provides answers to some basic questions, as well as any "next steps" you may need to take.

☐ **What's in this package?**
See the guide below for the documents that are included. ***Next steps:*** review your *Policy Declarations* to confirm you have the coverages, coverage limits, premiums and savings that you requested and expected. Read any *Endorsements* or *Important Notices* to learn about new policy changes, topics of special interest, as well as required communications. Keep all of these documents with your other important insurance papers.

☐ **Am I getting all the discounts I should?**
Confirm with your Allstate Agent that you're benefiting from all the discounts you're eligible to receive.

☐ **What about my bill?**
Unless you've already paid your premium in full, we'll send your bill separately. ***Next steps:*** please pay the minimum amount by the due date listed on it.

You can also pay your bill online at allstate.com or by calling 1-800-ALLSTATE (1-800-255-7828). Para español, llamar al 1-800-979-4285. If you're enrolled in the Northbrook℠ Easy Pay Plan, we'll send you a statement detailing your payment withdrawal schedule.

☐ **What if I have questions?**
You can either contact your Allstate Agent or call us 24/7 at 1-800-ALLSTATE (1-800-255-7828) – para español, llamar al 1-800-979-4285 – with questions about your coverage, or to update your coverages, limits, or deductibles. Or visit us online at allstate.com.

A guide to your amended package

Proof of Insurance ID Cards
Your insurance cards are legally required, so please keep them in your vehicle at all times.

Policy Declarations*
The Policy Declarations lists policy details, such as your specific drivers, vehicles and coverages.

Insurance Made Simple
Insurance seem complicated? Our online guides explain coverage terms and features:
www.allstate.com/madesimple
Espanol.allstate.com/facildeentender

**** To make it easier to see where you may have gaps in your protection, we've highlighted any coverages you do not have in the Coverage Detail section in the enclosed Policy Declarations.***

XZ1 019 039
210302A001319
AUTR35SC2021030223344401A-000033-001-0-00-00

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Thank you for choosing Allstate

Allstate. You're in good hands.

Proof of Insurance Card

For your convenience, two insurance cards have been included for each vehicle. State law requires that one of these cards be kept in each vehicle. Please place them in your vehicles by the effective date.

Allstate. You're in good hands.

Please use the printed Insurance Cards below.

Allstate. You're in good hands.

Please use the printed Insurance Cards below.

South Carolina Automobile Insurance Identification Card

Allstate. You're in good hands.

Allstate Northbrook Indemnity Company
Elselore Waldron 905
20 Simmonsville Rd
Bluffton SC 29910-5952

POLICY NUMBER
830 484 609
EFFECTIVE DATE
01/10/21
EXPIRATION DATE
07/10/21

YEAR / MAKE / MODEL
2020 Nissan Versa
VEHICLE ID NUMBER
3N1CN8DV9LL916575

This card must be carried in the vehicle at all times as evidence of insurance.

South Carolina Automobile Insurance Identification Card

Allstate. You're in good hands.

Allstate Northbrook Indemnity Company
Elselore Waldron 905
20 Simmonsville Rd
Bluffton SC 29910-5952

POLICY NUMBER
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EXPIRATION DATE
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YEAR / MAKE / MODEL
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Allstate Northbrook Indemnity Company
Elselore Waldron 905
20 Simmonsville Rd
Bluffton SC 29910-5952

POLICY NUMBER
830 484 609
EFFECTIVE DATE
01/10/21
EXPIRATION DATE
07/10/21

YEAR / MAKE / MODEL
2018 Nissan Versa
VEHICLE ID NUMBER
3N1CN7AP7JL868037

This card must be carried in the vehicle at all times as evidence of insurance.

South Carolina Automobile Insurance Identification Card

Allstate. You're in good hands.

Allstate Northbrook Indemnity Company
Elselore Waldron 905
20 Simmonsville Rd
Bluffton SC 29910-5952

POLICY NUMBER
830 484 609
EFFECTIVE DATE
01/10/21
EXPIRATION DATE
07/10/21

YEAR / MAKE / MODEL
2018 Nissan Versa
VEHICLE ID NUMBER
3N1CN7AP7JL868037

This card must be carried in the vehicle at all times as evidence of insurance.

South Carolina Automobile Insurance Identification Card

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Allstate Northbrook Indemnity Company
Elselore Waldron 905
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Bluffton SC 29910-5952

POLICY NUMBER
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EFFECTIVE DATE
01/10/21
EXPIRATION DATE
07/10/21

YEAR / MAKE / MODEL
2019 Nissan Versa
VEHICLE ID NUMBER
3N1CN7AP5KL820618

This card must be carried in the vehicle at all times as evidence of insurance.

South Carolina Automobile Insurance Identification Card

Allstate. You're in good hands.

Allstate Northbrook Indemnity Company
Elselore Waldron 905
20 Simmonsville Rd
Bluffton SC 29910-5952

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EFFECTIVE DATE
01/10/21
EXPIRATION DATE
07/10/21

YEAR / MAKE / MODEL
2019 Nissan Versa
VEHICLE ID NUMBER
3N1CN7AP5KL820618

This card must be carried in the vehicle at all times as evidence of insurance.

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Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your agent or producer as soon as possible.
  Steve Helwig & Asso
  (843) 507-9888
  75 Towne Dr #102
  Bluffton, SC 29910-4201
- **The coverage provided by your policy meets South Carolina's minimum financial responsibility requirements.**

If you have an accident or loss:

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  Steve Helwig & Asso
  (843) 507-9888
  75 Towne Dr #102
  Bluffton, SC 29910-4201
- **The coverage provided by your policy meets South Carolina's minimum financial responsibility requirements.**

X21 019 039
210302A001319
AUTR35SC2021030223344401A-000033-002-0-00-11

Amended auto policy declarations

Your policy effective date is January 10, 2021

Allstate. You're in good hands.

Information as of March 2, 2021

Total Premium for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number (VIN)	Premium
2019 Nissan Versa	3N1CN7AP5KL820618	$1,551.98
2018 Nissan Versa	3N1CN7AP7JL868037	1,692.11
2020 Nissan Versa	3N1CN8DV9LL916575	1,496.17
Total*		**$4,740.26**

**** 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)

Antilock Brakes	**$383.23**	Good Payer	**$455.20**
Performance	**$153.33**	Northbrook Easy Pay Plan	**$215.62**
Total discounts			**$1,207.38**

Discounts per vehicle

2019 Nissan Versa				**$395.87**
Antilock Brakes	$128.12	Good Payer	$148.60	
Performance	$48.76	Northbrook Easy Pay Plan	$70.39	
2018 Nissan Versa				**$441.54**
Antilock Brakes	$145.34	Good Payer	$164.19	
Performance	$54.24	Northbrook Easy Pay Plan	$77.77	
2020 Nissan Versa				**$369.97**
Antilock Brakes	$109.77	Good Payer	$142.41	
Performance	$50.33	Northbrook Easy Pay Plan	$67.46	

Surcharges (included in your total premium)

Minor Violation • 2019 Nissan Versa	$154.04
Chargeable Accident(s) • 2018 Nissan Versa	$198.32

(continued)

Summary

Named insured(s)
Elselore Waldron 905

Mailing address
20 Simmonsville Rd
Bluffton SC 29910-5952

Policy number
830 484 609

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

Policy period
Beginning **January 10, 2021** through **July 10, 2021** at 12:01 a.m. standard time

Your policy changes are effective
February 27, 2021

Your Allstate agency is
Steve Helwig & Asso
75 Towne Dr #102
Bluffton SC 29910-4201
(843) 507-9888
SHELWIG@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.

SC019AMD

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Surcharges (included in your total premium) (continued)

Minor Violation • 2018 Nissan Versa	$308.63
Total surcharges	**$660.99**

Listed drivers on your policy*

Elselore Waldron
Espana Ramos Ruben

**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 an extended period? If so, please contact us so your policy information and coverage is up to date. There are circumstances under which a loss may not be covered by this policy because the auto was being operated by someone residing at your house who is not listed on the policy. Additional detail about how we treat undisclosed drivers can be found in your policy.*

Excluded drivers from your policy

None

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Coverage detail for 2019 Nissan Versa

Coverage	*Limits*	*Deductible*	*Premium*
Automobile Liability Insurance			
• Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	$374.05
• Property Damage	$50,000 each accident	Not applicable	$243.30
Uninsured Motorists Insurance			$44.98
• 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	$535.77
Auto Comprehensive Insurance	Actual cash value	$500	$184.38
Roadside Coverage	$100 each disablement	Not applicable	$12.17
Transportation Expense	up to $30 per day for a maximum of 30 days	Not applicable	$45.42
Underinsured Motorists Insurance		Not applicable	$111.91
• Bodily Injury	$25,000 each person $50,000 each accident		
• Property Damage	$50,000 each accident		
Automobile Medical Payments	**Not purchased***		
Portable Electronics and Media	**Not purchased***		
Sound System	**Not purchased***		
Total premium for 2019 Nissan Versa			**$1,551.98**

*** 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.**

VIN 3N1CN7AP5KL820618

Rating information
- This vehicle is driven over 7,500 miles per year, business use, married driver age 52

Residence information
- Does not own residence

Coverage detail for 2018 Nissan Versa

Coverage	*Limits*	*Deductible*	*Premium*
Automobile Liability Insurance			
• Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	$363.70
• Property Damage	$50,000 each accident	Not applicable	$312.66

(continued)

Coverage	Limits	Deductible	Premium
Uninsured Motorists Insurance			$44.98
• 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	$631.59
Auto Comprehensive Insurance	Actual cash value	$500	$169.68
Roadside Coverage	$100 each disablement	Not applicable	$12.17
Transportation Expense	up to $30 per day for a maximum of 30 days	Not applicable	$45.42
Underinsured Motorists Insurance		Not applicable	$111.91
• Bodily Injury	$25,000 each person $50,000 each accident		
• Property Damage	$50,000 each accident		
Automobile Medical Payments	**Not purchased***		
Portable Electronics and Media	**Not purchased***		
Sound System	**Not purchased***		
Total premium for 2018 Nissan Versa			**$1,692.11**

*** 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.**

VIN 3N1CN7AP7JL868037

Rating information
- This vehicle is driven over 7,500 miles per year, for pleasure, married driver age 56

Residence information
- Does not own residence

Coverage detail for 2020 Nissan Versa

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance			
• Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	$267.90
• Property Damage	$50,000 each accident	Not applicable	$177.87
Uninsured Motorists Insurance			$44.98
• 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	$542.25
Auto Comprehensive Insurance	Actual cash value	$500	$293.67
Roadside Coverage	$100 each disablement	Not applicable	$12.17

(continued)

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Received
X21 019 039
210302A001319
AUTR35SC021030223344401A-000033-00-00-00

Allstate.
You're in good hands.

Coverage	Limits	Deductible	Premium
Transportation Expense	up to $30 per day for a maximum of 30 days	Not applicable	$45.42
Underinsured Motorists Insurance		Not applicable	$111.91
• Bodily Injury	$25,000 each person $50,000 each accident		
• Property Damage	$50,000 each accident		
Automobile Medical Payments	**Not purchased***		
Portable Electronics and Media	**Not purchased***		
Sound System	**Not purchased***		
Total premium for 2020 Nissan Versa			**$1,496.17**

*** 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.**

VIN 3N1CN8DV9LL916575

Residence information
- Does not own residence

Your policy documents

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

- Allstate Auto Policy – ACR65
- South Carolina Uninsured Motorists Insurance and Underinsured Motorists Insurance Endorsement – ACR250
- South Carolina Amendatory Endorsement – ACR253

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 rate is lower because you are insuring multiple cars.

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

Phil Telgenhoff
President

Susan L. Lees
Secretary

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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-03-2018

cation Number:

Form: SS-4

Number of this notice: CP 575 G

ESPANA SERVICE & TRANSPORT LLC
RUBEN D ESPANA RAMOS SOLE MBR
20 SIMMONSVILLE RD APT 1910
BLUFFTON, SC 29910

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

plying for an Employer Identification Number (EIN). We assigned you EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ESPA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

PLATE NUMBER	PDI649	TITLE	770070361294682 A
PLATE CLASS	RP2	EQUIPMENT NO.	
ISSUE DATE	8/6/2021	COUNTY	7
PLATE EXP.	12/2021	VEHICLE NO.	26601492
DECAL EXP.	12/2021	FLEET NUMBER	
VIN	3N1CN7AP7JL868037		
YEAR	2018		
MAKE	NISS		
BODY	SD		
MODEL	VERSA		
VEHICLETYPE	1		
EMPTY/GVW	2363		

CUSTOMER NO. 34053308
ESPANA RAMOS, RUBEN DARIO OR
WALDRON MONTOYA, ELSELORE
110 TRADERS CROSS
BLUFFTON SC 299094637

95544484

DEC 21

PDI649

South Carolina Code of Law 23-3-460 requires a person convicted of a sex offense to register with the county sheriff within 10 days of establishing residency in this state.

ESPANA RAMOS, RUBEN DARIO
110 TRADERS CROSS
BLUFFTON, SC 29909-4637

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S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

PLATE NUMBER	QUL635	TITLE	772020358920078 A
PLATE CLASS	RP2	EQUIPMENT NO.	
ISSUE DATE	8/6/2021	COUNTY	7
PLATE EXP.	01/2023	VEHICLE NO.	26501750
DECAL EXP.	01/2022	FLEET NUMBER	
VIN	3N1CN7AP5KL820618		
YEAR	2019		
MAKE	NISS		
BODY	4S		
MODEL	VERSA		
VEHICLETYPE	1		
EMPTY/GVW	2494		

CUSTOMER NO. 34053308
ESPANA RAMOS, RUBEN DARIO OR
WALDRON MONTOYA, ELSELORE
110 TRADERS CROSS
BLUFFTON SC 299094637

95544485

JAN 22
QUL635

South Carolina Code of Law 23-3-460 requires a person convicted of a sex offense to register with the county sheriff within 10 days of establishing residency in this state.

ESPANA RAMOS, RUBEN DARIO
110 TRADERS CROSS
BLUFFTON, SC 29909-4637

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S.C. DOCUMENT OF REGISTRATION
S.C. DEPARTMENT OF MOTOR VEHICLES

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

PLATE NUMBER	TYN351	TITLE	772020399304654 A
PLATE CLASS	RP2	EQUIPMENT NO.	
ISSUE DATE	8/6/2021	COUNTY	7
PLATE EXP.	03/2023	VEHICLE NO.	28314553
DECAL EXP.	03/2022	FLEET NUMBER	
VIN	3N1CN8DV9LL916575		
YEAR	2020		
MAKE	NISS		
BODY	4S		
MODEL	VERSA		
VEHICLETYPE	1		
EMPTY/GVW	2599		

CUSTOMER NO. 34053308
ESPANA RAMOS, RUBEN DARIO

110 TRADERS CROSS
BLUFFTON SC 299094637

95544486

MAR 22

TYN351

South Carolina Code of Law 23-3-460 requires a person convicted of a sex offense to register with the county sheriff within 10 days of establishing residency in this state.

ESPANA RAMOS, RUBEN DARIO
110 TRADERS CROSS
BLUFFTON, SC 29909-4637

OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 34584150 **Driver Lice**
Name: WALDRON MONTOYA, ELSELORE
Address: 4 SUNNY GLEN DR
City: BLUFFTON **State:** SC **Zip:** 299105844
FORT
Sex: F **Driver Training:** N

Status - DL: NO SUSPENSION **CDL:** NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current								
DL (R)	D	Renewal	09/10/2020	09/10/2021	10/12/2018	N	N	0700580102286030473
Prior								
DL (R)	D	Original	10/12/2018	09/28/2020	10/12/2018	N	N	0700580002248930715

Address Change -
Date Changed: 07/19/2020
Address: 20 SIMMONSVILLE RD APT 1910
City: BLUFFTON **State:** SC **Zip:** 299105973

Address Change -
Date Changed: 08/11/2021
Address: 20 SIMMONSVILLE RD APT 905
City: BLUFFTON **State:** SC **Zip:** 299105962

Point Summary
Total Current Points: 5
Driver Credit: -0
Adjusted Current Points: 5

VIOL: 441 - Speeding more than 10 mph but LT 25 mph **Ticket#:** 20200270054997
Violation: 10/19/2020 **Conviction:** 12/01/2020 **Actual Speed:** 34 **Posted Speed:** 20
ACD: S92 **Conviction Loc Ref:** **Recd:** 12/02/2020 **Post:** 12/03/2020
Conviction State: SC **Conviction Reference:**
Court Type: MUNICIPAL COURT
Violation Points: 4 **Current Points:** 4

VIOL: 421 - Speeding 10-mph or less **Ticket#:** 20190270045921
Violation: 12/10/2019 **Conviction:** 01/28/2020 **Recd:** 01/29/2020 **Post:** 01/30/2020
ACD: S51 **Conviction Loc Ref:**
Conviction State: SC **Conviction Reference:**
Court Type: MUNICIPAL COURT
Violation Points: 2 **Current Points:** 1

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

S. H. Rweis
Driver Services, Director

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OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 34053308 **Driver Licens**
Name: ESPANA RAMOS, RUBEN DARIO
Address: 4 SUNNY GLEN DR
City: BLUFFTON **State:** SC **Zip:** 299105844
C BEAUFORT
Sex: M **Driver Training:** N

Status - DL: NO SUSPENSION **CDL:** NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current								
DL (R)	D	Duplicate	08/06/2021	01/30/2022	10/09/2017	N	N	0700580302304958722
Prior								
DL (R)	D	Re-exam	02/10/2020	01/30/2022	10/09/2017	N	N	0700580302304958722
DL	D	Modify	12/05/2017	09/19/2019	10/09/2017	N	N	1011717000002194
DL	D	Original	10/09/2017	09/19/2019	10/09/2017	N	N	1011713100034486

Address Change -
Date Changed: 02/10/2020
Address: 20 SIMMONSVILLE RD APT 1910
City: BLUFFTON **State:** SC **Zip:** 299105973

Address Change -
Date Changed: 08/06/2021
Address: 20 SIMMONSVILLE RD APT 905
City: BLUFFTON **State:** SC **Zip:** 299105962

Address Change -
Date Changed: 05/20/2021
Address: 20 SIMMONSVILLE RD APT 905
City: BLUFFTON **State:** SC **Zip:** 299105962

Point Summary
Total Current Points: 0
Driver Credit: -0
Adjusted Current Points: 0

VIOL: 421 - Speeding 10-mph or less **Ticket#:** 20190590026570
Violation: 05/22/2019 **Conviction:** 06/20/2019 **Recd:** 06/25/2019 **Post:** 06/26/2019
ACD: S51 **Conviction Loc Ref:** **Conviction Reference:**
Conviction State: SC **Court Type:** MAGISTRATE COURT
Violation Points: 2 **Current Points:** 0

VIOL: 421 - Speeding 10-mph or less **Ticket#:** 20190270048063
Violation: 05/11/2019 **Conviction:** 05/21/2019 **Recd:** 05/22/2019 **Post:** 05/23/2019
ACD: S51 **Conviction Loc Ref:** **Conviction Reference:**
Conviction State: SC **Court Type:** MUNICIPAL COURT
Violation Points: 2 **Current Points:** 0

ACC: REPORTABLE
Accident: 01/03/2019 **Posted:** 01/16/2019
Accident Case Number: 19502794 **FR-10 Audit Number:** M-896737
Accident Jurisdiction: SC **Acc Loc Ref:** SCHDPT **History:** N
Contributed: N

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OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 34053308 **Driver Li**
Name: ESPANA RAMOS, RUBEN DARIO

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

S. H. Rivers

Driver Services, Director

OFFICIAL 3 YEAR DRIVER RECORD

Customer No: 35340093 **Driver License N**
Name: ESPANA WALDRON, RUBEN ANDRES
Address: 4 SUNNY GLEN DR
City: BLUFFTON **State:** SC **Zip:** 299105844
County: BEAUFORT
DOB **Sex:** M **Driver Training:** N

Status - DL: NO SUSPENSION **CDL:** NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current DL (R)	D	Original	07/08/2021	07/08/2029	07/08/2021	N	N	0700580002303132400

Point Summary

Total Current Points: 0
Driver Credit: -0
Adjusted Current Points: 0

OOS Driver Lic d

OOS License No: **OOS Jurisdiction:** OC **Issued:** 01/15/2020
Date Surrendered: 07/07/2021
Reason for Return: OOS LICENSE EXCHANGE FOR SC LICENSE

End of Report

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

S. H. Rivers
Driver Services, Director

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South Carolina
Department of Motor Vehicles

8/13/2021

ELSELORE WALDRON MONTOYA
4 SUNNY GLEN DR
BLUFFTON, SC 29910-5844

Dear ELSELORE WALDRON MONTOYA :

Thank you for using the South Carolina Department of Motor Vehicles Online Services. Please find enclosed a copy of your certified South Carolina driving record.

DMV is proud to offer new services through our WEB site and welcomes any comments or suggestions that you may have that will help us to continuously improve our level of customer service. Please e-mail your comments to help@scdmvonline.com or call us at (803) 896-5000. You may also contact us by mail at the address listed below.

DMV Alternative Media Office
P. O. Box 1498
Blythewood, SC 29016

Again, thank you for using our Online Services.

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South Carolina
Department of Motor Vehicles

8/13/2021

RUBEN ANDRES ESPANA WALDRON
4 SUNNY GLEN DR
BLUFFTON, SC 29910-5844

Dear RUBEN ANDRES ESPANA WALDRON :

Thank you for using the South Carolina Department of Motor Vehicles Online Services. Please find enclosed a copy of your certified South Carolina driving record.

DMV is proud to offer new services through our WEB site and welcomes any comments or suggestions that you may have that will help us to continuously improve our level of customer service. Please e-mail your comments to help@scdmvonline.com or call us at (803) 896-5000. You may also contact us by mail at the address listed below.

DMV Alternative Media Office
P. O. Box 1498
Blythewood, SC 29016

Again, thank you for using our Online Services.