2171-56
2171-7
2005-334-T
2009-105-T

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina **Docketing Department** **Motor Carrier Matters** **P.O. Box 11649** **Columbia, S.C. 29211** **(803) 896 – 5100** **FAX (803) 896-5199**	**S.C. Office of Regulatory Staff** **Transportation Department** **1401 Main Street, Suite 900** **Columbia, S.C. 29201** **(803) 737-0578** **FAX (803) 737-0815**

DATE: 6-3-09

Please consider this an application for Reinstatement of my Class C:

- [x] (Taxi) Certificate
- [ ] Charter Certificate
- [ ] Charter Bus Certificate
- [ ] Non-Emergency Certificate

RECEIVED
PSC SC
DOCKETING DEPT.

My Certificate of Public Convenience and Necessity No. is 7623. My certificate was revoked/cancelled on 5-14-09 because of failure to provide proof of current insurance. I seek re-certification because I now have current insurance. Copy ATTACHED

Hillcrest Taxi, LLC (Name of Company) DBA N/A (if applicable)

1391 Ridgewood Drive (Street Address) (Mailing Address if different from Street Address)

Orangeburg, SC 29118 (City, State, Zip Code) X James Pough (Signature)

803-707-9914 (Telephone Number) PRESIDENT (Title)

ORS Revised 1/29/08

JAMES THOMAS MOSLEY
517 BRIDGE ST
STMATTHEWS, SC 29135

PROGRESSIVE

Named insured

HILLCREST TAXI LLC
1391 RIDGEWOOD DR
ORANGEBURG, SC 29118

Policy number: 05344912-0
Underwritten by:
United Financial Casualty Company
April 9, 2009
Policy Period: Mar 19, 2009 - Mar 19, 2010
Page 1 of 3

progressiveagent.com
Online Service
Make payments, check billing activity, print policy documents, or check the status of a claim.

803-655-5161
JAMES THOMAS MOSLEY
Contact your agent for personalized service.

800-444-4487
For customer service if your agent is unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began the later of March 19, 2009 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on March 19, 2010 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms Z228 (07/05), 2852SC (12/05), 4852SC (08/04), 4757SC (09/04), 4181SC (10/04) and Z313 (05/07).

The named insured organization type is a corporation.

Policy changes effective March 19, 2009

Premium change:	$0.00
Changes:	The mailing address information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$2,808
Bodily Injury and Property Damage Liability	$100,000 combined single limit		
Uninsured Motorist			217
Bodily Injury	$25,000 each person/$50,000 each accident		
Property Damage	$25,000 each accident	$200	
Underinsured Motorist			242
Bodily Injury	$25,000 each person/$50,000 each accident		
Property Damage	$25,000 each accident	$0	
Medical Payments	$1,000 each person		135
Comprehensive			589
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			973
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			45
See Auto Coverage Schedule			
Subtotal policy premium			**$5,009**
South Carolina Uninsured Motorist Fund charge			6
Total 12 month policy premium			**$5,015**

Rated drivers

1. JOHN POLITE
2. GERRY JACQUES
3. REBECCA SMITH
4. STEPHANIE HAMPTON

Auto coverage schedule

1. **2004 Ford Freestar Sel**
VIN: 2FMDA52204BB11674

Stated Amount: $14,000
Garaging Zip Code: 29118
Radius: 50

	Liability	UM	UIM	Med Pay
Liability Premium	$944	$62	$69	$45

	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
Physical Damage Premium	$500/$0	$221	$500	$366

	Roadside Limit	Roadside Premium	Auto Total
Other Coverages Premium	Selected	$15	**$1,722**

Continued

2. **2001 Ford Crown Victoria**
VIN: 2FAF[illegible]72W11X115313

Stated Amount: $5,000
Garaging Zip Code: 29118 Radius: 50

	Liability	UM	UIM	Med Pay		
Liability Premium	$920	$93	$104	$45		
	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		
Physical Damage Premium	$500/$0	$143	$500	$233		
	Roadside Limit	Roadside Premium				Auto Total
Other Coverages Premium	Selected	$15				**$1,553**

3. **2007 Dodge Grand Caravan S**
VIN: 2D4GP44LX7R348168

Stated Amount: $14,500
Garaging Zip Code: 29118 Radius: 50

	Liability	UM	UIM	Med Pay		
Liability Premium	$944	$62	$69	$45		
	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		
Physical Damage Premium	$500/$0	$225	$500	$374		
	Roadside Limit	Roadside Premium				Auto Total
Other Coverages Premium	Selected	$15				**$1,734**

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Form 4790 SC (12/02)