

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

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

REVISED

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

Select Class: (Check one)

Date: December 5, 2012

- 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 (**Revised**)
 Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

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

Cougar Moving Company L.L.C.

9 Rosemont Street, Charleston, South Carolina, 29403

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-553-1813

Phone

FAX

CougarMoving@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.

Taylor Nelson, 9 Rosemont Street, Charleston, South Carolina, 29403

Jason Barman, 9 Rosemont Street, Charleston, South Carolina, 29403

4. Applicant proposes to operate service as follows: (Check one.)

- Intrastate Only
- Interstate Only
- Both

5. 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.

6. 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.

7. 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.

BALANCE SHEET

Balance at Time Application is Filed:
 Month December Year 2012

Assets:

Cash	\$5,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	\$500.00
Motor Vehicles (Net)	\$900.00
Garage Equipment (Net)	
Machinery and Tools (Net)	\$200.00
Supplies on Hand	\$150.00
Prepays and Other Assets	
Total Assets *	\$6,750.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$0
Capital Stock	\$3,000.00
Retained Earnings	\$3,750.00
Total Equity	\$6,750.00
Total Liabilities and Equity *	\$6,750.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

See attached file

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

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. 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:

Cougar Moving Company LLC
Name of Applicant
9 Rosemont Street Charleston SC 29403
Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 20,983 *

Limits \$ 1,000,000

Cargo Insurance \$ Still Working on

Limits _____

* Attach Certificate of Insurance if available. * Quote includes \$4,000 physical damage - see attached

Progressive Northern Insurance
Name of Insurance Company
747 Alpha Drive Highland Heights Oh 44143
Home Office Address of Company

I 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.

12/5/12 Date
Vereesa Dendy Authorized Insurance Company Representative's Signature

* 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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. 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:

Taylor Nelson

Name of Applicant

70 Bogard Street, Charleston, South Carolina 29403

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ 1749.00

Limits 10,000

* Attach Certificate of Insurance if available.

Lloyds of London

Name of Insurance Company

London ENGLAND

Home Office Address of Company

I 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.

12-6-12

Date

Cheresa Dendy

Authorized Insurance Company Representative's Signature

* 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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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.

BB&T/ GREENVILLE
P O Box 27149
Greenville, SC 29616



COUGAR MOVING CO LLC
9 ROSEMONT ST
CHARLESTON, SC 29403

Underwritten by:
Progressive Northern Insurance Co
December 5, 2012
Policy Period: Dec 5, 2012 - Dec 5, 2013
Page 1 of 2

Customer Phone number: 1-609-477-2491

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

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

Total policy premium	\$20,983.00
Paid in full discount	-3102.00
Policy premium if paid in full	\$17,881.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$20,983.00	\$1,909.18	10 payments of \$1,908.39
11 Payments, 16.67% Down	\$20,983.00	\$3,499.54	10 payments of \$1,749.35

Make payments by mail or at progressiveagent.com. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$20,983.00	\$4,198.20	9 payments of \$1,869.98
10 Payments, 25.0% Down	\$20,983.00	\$5,247.25	9 payments of \$1,753.42
1 Payment	\$17,881.00	\$17,881.00	None
4 Payments, 25.0% Down	\$20,983.00	\$5,247.25	3 payments of \$5,250.25
OPF	\$20,983.00	\$20,983.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-476-4339**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.



Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
TAYLOR NELSON	21	Single	9	
JASON BARMAN	21	Single	15	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$19,945
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			145
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			157
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Comprehensive			113
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			621
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$20,981
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$20,983

Auto coverage schedule

- 1998 GMC SAVANA G3500** Stated Amount: * \$4,000 (including Permanently Attached Equip)
 VIN: **1GDJG31R9W1013102** Garaging Zip Code: 29403 Territory: 7 Radius: 100 miles
 Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	
	\$19945	\$129	\$153	\$16	\$4	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium		Auto Total
	\$1,000	\$113	\$1,000	\$621		\$20,981

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Exhibit Fit, Willing, and Able (FWA)

Cougar Moving Company L.L.C.

Name

U.S.D.O.T No.

ICC No.

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 places "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

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
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

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 26, 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 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

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 _____)

SWORN TO BEFORE ME
This _____ day of _____, 20____

Notary Public

Commission Expires _____

Cougar Moving Company L.L.C.
9 Rosemont Street, Charleston, South Carolina, 29403

Schedule of Rates and Charges for Household Goods

- Hourly Rate Two (2) Movers Residential..... \$70.00 Per/Hour
Hourly Rate Two (2) Movers Small Business..... \$80.00 Per/Hour
Hourly Rate Two (2) Movers Student Special..... \$60.00 Per/Hour
- Each Additional Mover..... \$30.00 Per/Hour
 - Customers will be charged a two (2) hour minimum for all moving labor, following in increments of fifteen (15) minutes additional to the initial two (2) hours.
 - Packing and Unpacking Rates apply to the same hourly rates as specified above plus the cost of any and all packing materials, if the packing materials are provided by Cougar Moving Company L.L.C.
- Truck Rates for 17 ft Box Truck..... \$30.00 Per/First 2 Hours
- \$10.00 Per/Hour for each additional hour exceeding two (2) hours
 - Customers will be charged a two (2) hour minimum for all truck use, following in increments of fifteen (15) minutes additional to the initial two (2) hours.
 - Customers will be charged a additional \$5.00 gas rate per each 10 miles of travel.

The hourly rate of charge for the labor, truck, or both as stated above begins upon the arrival of the moving team/truck at the residential, small business, or student housing location. The hourly rate of charge for the labor rate stated above stops upon the moving team vacating the location of consignment. If the elated time needed to provide the service until its finish falls under two (2) hours the customer will still be charged at a rate of two (2) hours.

Rates and Charges for Specialty Items..... As Listed Below

- Pianos..... \$
- Slated Pool Tables..... \$100.00 plus hourly rate
- Guns..... \$50.00 per gun plus hourly rate
- Gun Safe..... \$100.00 plus hourly rate

Bill of Lading

PSC/ORS# _____

Carrier: Cougar Moving Company L.L.C.

9 Rosemont Street
Charleston, South Carolina, 29403
Owner:
INVOICE Number: 000001

Shipper Name: _____

Shipper Address: _____

Destinations: _____

Receiver: _____

Receiver Address: _____

Date: _____ StartTime: _____ StopTime: _____

Rates: Two Movers -\$70 per Hour X(times)per _____ Hour= _____

Two Movers -\$80 per Hour X(times)per _____ Hour= _____

Two Movers-\$60 per Hour X(times) per _____ Hour= _____

One Truck \$30 for Hour X(times)per _____ Hour= _____

Fuel fee \$5.00 per Mile X(times)per _____ Mile= _____

Basic Moving & Labor has insurance coverage from:

Valuation Clause: This shipment will move subject to the rules of the carrier and tariff. All terms printed or stamped hereon or on the reverse side hereof. Shipper hereby releases the entire shipment to a value not exceeding _____. The carrier's liability for loss and damage will be \$0.60 per lb. per article unless a greater amount is specified by the Shipper.

_____ Shipper Signature and

_____ Date _____ Time

Owner Signature of Payment Received _____

Date _____

INVOICE

Invoice # _____

Payment Type : Cash Check

Date : _____

Payment Status : Due Received

Client Name: _____
Address: _____
City: _____
State, Zip: _____
Phone #: _____
Email: _____

Job: _____

Time Record:

Job Hours: _____

Start Time: _____ AM / PM

Miles Traveled: _____

End Time: _____ AM / PM

No	Description	Total Hour	Hourly Rate	Amount
	Moving Men (2)			
	Additional Movers: _____			
	Box Truck (17 Foot)			
	Packing/Unpacking			
	Delivery			
	Other Charges			

Payment to :

Cougar Moving Company L.L.C.

9 Rosemont Street, Charleston, South Carolina, 29403

CougarMoving@gmail.com

Sub-Total

State Tax

Grand Total

INVOICE

The Customer's Signature states that there were no on-site damages were caused to any items, possessions, or belongings of the undersigned customer by Cougar Moving Company L.L.C., the company's employees, or company representatives. Cougar Moving Company L.L.C. is not liable for any and all damages to personal items and belongings following the signature on this document**

Customer Signature