

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

A-2015-2472806

PUC Application Docket No.

Companion Care Partners LLC

Legal Name of Applicant

Trade Name, if any

502 Chapel Ave W Cherry Hill, NJ 08002

Street Address (principal place of business)

City or Municipality

State

Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

JAMES Grant, owner

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

owner

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Please see Attachment 1 Question 3

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

Please view Attachment 7 Question 4

5. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and continuous communication with drivers.

Please view Attachment 7 Question 5

6. Please explain:

Please view Attachment 7 Question 6

- a. Your hiring standards for drivers;
- b. Your system to ensure prospective drivers will be subject to a criminal background check;
- c. Your driver training program;
- d. Your system for ensuring that your drivers are properly licensed at all times;
- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
- f. Your policies regarding alcohol and drug use by your drivers.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

Please view Attachment 1 Question 7

| <u>YEAR</u> | <u>MAKE</u> | <u>MODEL</u> | <u>SEATING CAPACITY</u> | <u>VEHICLE ID #</u> |
|-------------|-------------|--------------|-----------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Describe your vehicle safety program. Please include the following in your explanation: Please view Attachment 1 Question 8

a. Your periodic vehicle maintenance plan;

b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age:

N/A

d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N/A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

Agent* = RAFAEL MARTINEZ, TRANS RISK SOLUTIONS 732-675-6777

MARIA BIAKE, ABCO INSURANCE Agency 856-488-5333

* All quotes are pending AMANDA CREWS, SOVEREIGN RISK SOLUTIONS 678-996-3420

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES ___ NO

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 6/29/15

ASSETS

Current Assets

| | |
|--------------------------------|-------------------|
| Cash | <u>23,000</u> |
| Other Current Assets (specify) | <u> </u> |

Other Assets

| | |
|---------------------------------|-------------------|
| Motor Vehicle Equipment | <u>500</u> |
| Building and Structures | <u> </u> |
| Office Equipment | <u>1200</u> |
| Investments and Funds (specify) | <u> </u> |

| | |
|---------------------|---------------|
| <u>TOTAL ASSETS</u> | <u>24,700</u> |
|---------------------|---------------|

LIABILITIES

| | |
|----------------------------------------------------|----------|
| Current Liabilities (Due within one year of date) | <u>0</u> |
| Long Term Liabilities (Due after one year of date) | <u>0</u> |

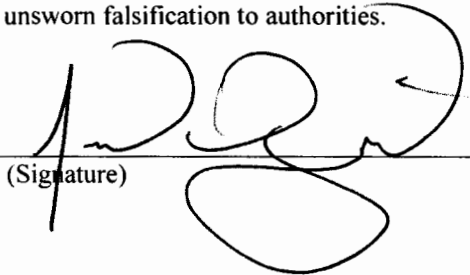
| | |
|--------------------------|----------|
| <u>TOTAL LIABILITIES</u> | <u>0</u> |
|--------------------------|----------|

| | |
|----------------------------------------------------------------------------------|---------------|
| <u>NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)</u> | <u>24,700</u> |
|----------------------------------------------------------------------------------|---------------|

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

A handwritten signature in black ink, appearing to read 'James Grant', written over a horizontal line. The signature is stylized with large loops and a long vertical stroke on the left.

(Signature)

6/29/15

(Date)

JAMES GRANT, OWNER

(Name and Title, printed or typed)