



Enhancing lives through quality care at Homes

RECEIVED

OCT 07 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

October 04, 2019

A - 6422198

Docket #: A - 2019 - 3009800

Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

Dear Rosemary Chiavetta,

Shadai Healthcare Services LLC T/A Shadai Home Health Care Services LLC was issued an authority to operate motor carrier on July 09, 2019 and filed an insurance Form E with PUC. The insurance company us gave a notice to cancel the insurance on the September 11, 2019 because the entity was registered under our healthcare company, which will open them up to liability issues. On September 6, 2019 Shadai Healthcare Services submitted a letter to the PA Public Utility Commission for a name change from **Shadai Healthcare Services LLC/ Shadai Home Health Care Services LLC** to **Shadai Transportation LLC**. And, we instructed our insurance company, United Financial Casualty Co. to file Form E with PUC in the new name, **Shadai Transportation LLC**. They file the form E accordingly effective from 09/09/2019 12:01 A.M standard time and was received by PUC Bureau of Technical Services on September 13, 2019.

On September 16, 2019 PUC rejected the insurance Form E because it was filed under the new name Shadai Transportation LLC. On September 18, 2019, PUC sent us an approval for the name change and requested that we inform our insurance company to file Form E and Tarrif adoption Supplement within 60 days from the date of approval.

On September 25, 2019, we received a letter of suspension effective September 11, 2019 from PUC for failure to maintain evidence of insurance on file with the Commission.

That said, it is our civil duty as a company to comply with all the rules and regulations of PUC and we have a valid insurance with an effective date of September 09, 2019 before the day of cancellation.

I have attached copies of all the correspondences to this letter for your records.

I hope this my explanation will meet your kind consideration and the reversal of your decision.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Sosu".

Frank Sosu, C.E.O

Shadai Transportation LLC
3507 Market Street, Ste 303
Camp Hill PA, 17011

Camp Hill, 3507 Market Street, Suite 303, PA 17011 | Lancaster, 313 West Liberty Street, Suite 250, PA 17603



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE
REFER TO OUR FILE

July 9, 2019

A-6422198
A-2019-3009800

SHADAI HEALTHCARE SERVICES LLC
T/A SHADAI HOME HEALTH CARE SERVICES LLC
3507 MARKET STREET
CAMP HILL PA 17011

Re: Application of Shadai Healthcare Services LLC, t/a Shadai Home Health Care Services LLC, 3507 Market Street, Camp Hill, Cumberland County, Pennsylvania 17011. (717) 303-0272

To Whom It May Concern:

The purpose of this Letter is to advise you that your application has been reviewed and approved by the Pennsylvania Public Utility Commission (Commission). However, before you begin operations, you must file with the Commission all of the information listed in paragraphs (a) and (b) below. **You cannot operate under the approved motor carrier rights set forth in this Letter until all of the information listed below is filed with, and approved by, the Commission.** Once the information listed below is received and approved by the Commission, you will receive a Certificate of Public Convenience, with PUC No. A-6421831, which authorizes you to begin operating under the motor carrier rights set forth in this Letter.

- (a) An acceptable **Form E** filed by an insurance company which is evidence of bodily injury and property damage liability insurance. **Your insurance company must file a Form E with the exact name of the applicant as it appears on this Letter – Shadai Healthcare Services LLC, t/a Shadai Home Health Care Services LLC. You should also advise your insurance company to place the following numbers at the top of your insurance form – A-6422198 and A-2019-3009800.**
- (b) An acceptable **tariff** establishing just and reasonable rates.

Upon issuance of a Certificate of Public Convenience you are granted the right to operate as follows:

To transport, as a common carrier, by motor vehicle, persons in paratransit service, between points in the Counties of Adams, Berks, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Montgomery, Perry, Union and York, and the City and County of Philadelphia; provided that no trips shall originate in Montgomery County.

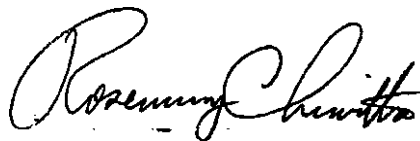
FAILURE TO COMPLY WITH ANY PROVISION OF THIS LETTER WITHIN SIXTY (60) DAYS OF THE DATE OF THIS LETTER WILL RESULT IN THE DISMISSAL OF THE APPLICATION AND REQUIRE THE FILING OF A NEW APPLICATION AND FILING FEE.

If you have not previously submitted a copy of a current satisfactory safety rating from the U.S. Department of Transportation or another state with safety regulations comparable to Pennsylvania, you must demonstrate safety fitness by completing a Safety Fitness Review which will be scheduled by a PUC enforcement officer within 180 days of the date your certificate of public convenience is issued/entered. **Failure to submit to the Safety Fitness Review will result in the cancellation of your certificate.** An overview of the safety regulations for carriers of people, property, and household goods between points in Pennsylvania can be found on the PUC's Website: www.puc.pa.gov/general/onlineforms/pdf/safety_fitness_compliance.pdf

You should become familiar with the requirements of 52 Pa. Code as applicable to the operation of a common carrier as authorized by this grant of authority. Any change in address of ***Shadai Healthcare Services LLC, t/a Shadai Home Health Care Services LLC***, must be reported to the Commission by filing a Change of Address Form. This form can be found on the Commission's website at: www.puc.pa.gov/general/onlineforms/pdf/MC_Address_Change.pdf. Failure to comply with all applicable requirements may subject the carrier to penalties, including fines, suspension of operating rights or cancellation of authority. Title 52 of the Pennsylvania Code may be accessed at www.pacode.com.

If you are dissatisfied with the resolution of this matter, you may, as set forth in 52 Pa. Code §5.44, file a petition with the Commission within twenty (20) days of the date of this Letter.

Very truly yours,



Rosemary Chiavetta
Secretary

Contact: Insurance (717-787-1227)
Tariff (717-787-1227)
Safety (717-783-5011)

SECRETARY PA PUBLIC UTILITY COMMISSION

Docket No. A-2019-3009800

400 NORTH STREET 2ND FLOOR

HARRISBURG PA 17120

Notification for the Change of Name

Dear Secretary,

We will like to humbly inform you to change the name of

From: SHADAI HEALTHCARE SERVICES LLC T/A SHADAI HOME HEALTH CARE SERVICES LLC

To: SHADAI TRANSPORTATION LLC

We are requesting for a name change because our current auto cancelled our current insurance coverage since this entity is registered under our healthcare company and they wanted to prevent any lawsuits/liabilities issues that may arise in the future. We have made tremendous effort to find an insurance company to write our auto policy but could not find any. The only way to get a coverage is to operate the transportation services as a separate entity.

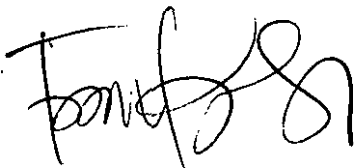
The ownership of this company remain does not change and the name of the members are as follows:

1. Frank Sosu
2. Evelyn Sosu

Attached to this letter are:

1. A copy of the fictitious name registration for filled with the Department of State
2. A signed and dated Verified Statement

Thanks for your consideration and approval.



Frank Sosu, C. E. O

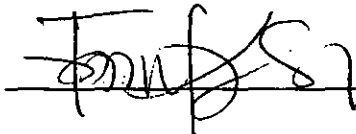
RECEIVED
2019 SEP -6 PM 2:01
PA PUC
SECRETARY'S BUREAU
FRONT DESK

Certificate No. A-6422198

Supplement No. 1
to
Paratransit Pa. P.U.C. No. 1

Shadai Healthcare Services LLC t/a
Shadai Home Health Services LLC

Shadai Healthcare Services LLC t/a Shadai Home Health Services LLC hereby
withdraws its Paratransit Pa. P.U.C. No. 1.

Signed: 

Address: 3507 Market Street, Ste 303
Camp Hill PA 17011

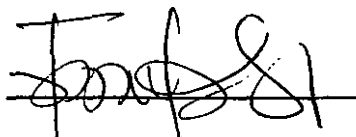
Certificate No. A- 6422198

Supplement No. 1
to
Paratransit Pa. P.U.C. No. 1

Shadai Transportation LLC

Shadai Transportation LLC hereby accepts and establishes as Paratransit Pa. P.U.C.
No. 1 the ~~right~~ of Shadai Healthcare Services LLC t/a Shadai Home Health Services LLC,
heretofore known as Paratransit Pa. P.U.C. No. 1.

RECEIVED
2019 SEP 20 AM 10:36
PA P.U.C. BUREAU
SECRETARY'S OFFICE
FRONT DESK

Signed: 

Address: 3507 Market Street, Ste 303
Camp Hill PA 17011

Issued: 09/18/2019

Effective: 09/18/2019



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET, HARRISBURG, PA 17105-3265

IN REPLY
REFER TO:

September 13, 2019

SHADAI HEALTHCARE SERVICES LLC T/A SHADAI HOME HEALTH SERVICES
3507 MARKET STREET
CAMP HILL PA 17011

Re: Return of PA PUC Insurance Filing(s)
A-6422198

To Whom It May Concern:

This letter is to inform you that the Form E filing made by your insurance company were returned to the company for the reason(s) listed on the attached form.

Please contact your insurance agent with this information so that your agent may follow up with the insurance company to ensure that the corrected Form is resubmitted in time to comply with the Commission's Secretarial Letter/Order and regulations.

Questions concerning this insurance filing may be directed to the Compliance Office, Bureau of Technical Utility Services at 717-787-1227.

Very truly yours,

Evan Riccardo
Compliance Specialist I
Bureau of Technical Utility Services
Motor Carrier Compliance Division

Attachment

DOT # A6477198

**Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG, PA 17105

This is to certify that the United Financial Gas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to SHADAI TRANSPORTATION LLC of 3567 MARKET STREET, CAMP HILL, PA 17011-0000 a policy or policies of insurance effective from 09/19/2019 to 09/19/2020 at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

REJECTED

Whenever requested, the Company agrees to furnish the Commission with copies of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission. Courtesigned at 6300 WILSON MILLS, MAYHELD VILLAGE, OH 44143 this 17th day of September, 2019.

Insurance Company File No. CA 01100077
(Policy Number)
MC1633A0899

PA
PUBLIC UTILITY COMMISSION
(Authorized Company Representative) IRB35398

SEP 13 2019

BUREAU OF
TECHNICAL UTILITY SERVICES





16/2019

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE
REFER TO OUR FILE

September 13, 2019

Utility #A-6422198

SHADAI HEALTH CARE SERVICES LLC T/A
SHADAI HOME HEALTH SERVICES
Insurance Policy #CA 01100077

UNITED FINANCIAL CASUALTY CO
PO BOX 94739
CLEVELAND OH 44101

SUBJECT: FORM E FORM H FORM K UCPC-31 OTHER

_____ The enclosed insurance filing is being returned for the following reason(s):

- Incorrect name. Reissue with the name Shadai Healthcare Services LLC t/a Shadai Home Health Services.**
- _____ Incorrect address. Please contact the insured and reissue using the correct address.
- _____ Reinstatement does not match cancellation date.
- _____ Other: Form K cannot be accepted unless it is submitted at least 30 days before the effective policy cancellation date.

Please submit the correct and proper insurance filing to our office as soon as possible. Failure to do so may result in suspension and/or cancellation of the motor carrier's authorized P. U. C. rights.

If there are any questions concerning the above, please contact the Bureau of Technical Utility Services, Motor Carrier Compliance Division at (717) 787-1227.

Sincerely,

Evan Riccardo
Compliance Specialist I
Bureau of Technical Utility Services
Motor Carrier Compliance Division

09/16/2019
Filed with the
PA 17105

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

THE PENNSYLVANIA PUBLIC UTILITIES COMMISSION (hereinafter called Commission) of PO BOX 3265, HARRISBURG,

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to SHADAI TRANSPORTATION LLC of 3507 MARKET STREET, CAMP HILL, PA 17011-0000 a policy or policies of insurance effective from 09/09/2019 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

REJECTED

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 12th day of September, 2019

Insurance Company File No. CA 01100077

(Policy Number)

PA

PUBLIC UTILITY COMMISSION

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

SEP 13 2019

BUREAU OF
TECHNICAL UTILITY SERVICES

FAX

To: KO

Company:

Fax: KSWIN@EISGROUPS.COM

Phone:

From: Progressive Insurance

Fax:

Phone:

E-mail: progressivecommercial@email.progressive.com

NOTES:

Date and time of transmission: Monday, September 30, 2019 11:38:52 AM
Number of pages including this cover sheet: 05



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION AND SAFETY
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE
REFER TO OUR FILE

September 18, 2019

A-6422198
A-2019-3009800

SHADAI HEALTHCARE SERVICES T/A
SHADAI HOME HEALTH SERVICES LLC
3507 MARKET STREET
CAMP HILL PA 17011

RE: A-6422198 – Request for change of name/entity for Shadai Healthcare Services LLC t/a Shadai Home Health Services LLC, to stand in the name of Shadai Transportation LLC.

To Whom It May Concern:

Your request for a change of name has been received and reviewed. It has been determined that approval shall be granted upon compliance as stated below.

YOU ARE ADVISED THAT:

The Certificate of Public Convenience will be changed to stand in the name of Shadai Transportation LLC, upon the filing of a Form E and the submission of a supplemental tariff adopting the previous tariff under the new name.

Contact your insurance agent/broker so that the required evidence of insurance will be filed with this Commission containing the name of Shadai Transportation LLC.

Failure to file a Form E and the enclosed tariff adoption supplement containing the change of name within sixty (60) days of the date of this letter will be deemed as dismissal of the request.

Very truly yours,

Rosemary Chiavetta
Secretary

c: Secretary's Bureau – File

Contact: Insurance 717.787.1227

NAME CHANGE SUPPLEMENT INSTRUCTIONS

Enclosed you will find one adoption name change supplement. An official of the company should sign and address the copy. **DO NOT ENTER AN ISSUE OR EFFECTIVE DATE.** Retain a copy for your records and return the original to the Public Utility Commission at the address below:

**ATTN: TARIFF SECTION
PA PUBLIC UTILITY COMMISSION
BUREAU OF TECHNICAL UTILITY SERVICES
COMPLIANCE SECTION
400 NORTH STREET
HARRISBURG PA 17120**

Certificate No. A-6422198

Supplement No. 1
to
Paratransit Pa. P.U.C. No. 1

**Shadai Healthcare Services LLC t/a
Shadai Home Health Services LLC**

Shadai Healthcare Services LLC t/a Shadai Home Health Services LLC hereby
withdraws its Paratransit Pa. P.U.C. No. 1.

Signed: _____

Address: _____

Certificate No. A- 6422198

Supplement No. 1
to
Paratransit Pa. P.U.C. No. 1

Shadai Transportation LLC

Shadai Transportation LLC hereby accepts and establishes as Paratransit Pa. P.U.C.
No. 1 the tariff of Shadai Healthcare Services LLC t/a Shadai Home Health Services LLC,
heretofore known as Paratransit Pa. P.U.C. No. 1.

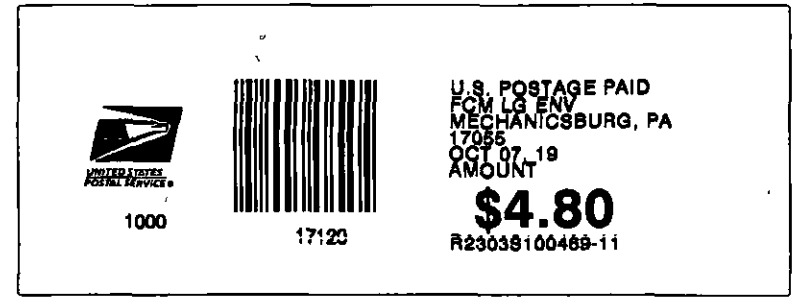
Signed: _____

Address: _____

Issued: _____

Effective: _____

Frank Sasa
Shadai Transportation
3507 Market Street
Camp Hill PA 17011



ROSEMARY CHIAVETTA, SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
400 NORTH STREET
HARRISBURG, PA 17120