

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not e-Filed, mail your application and attachments to:

**SECRETARY PA PUBLIC UTILITY COMMISSION  
400 NORTH STREET 2<sup>ND</sup> FLOOR  
HARRISBURG PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at [www.mcinfo.org](http://www.mcinfo.org)), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

**SENIOR CARE CENTERS OF PENNSYLVANIA, INC.**

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- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

**N/A**

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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?**  **NO** **Previous Authority?**  **NO**

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  **NO**

If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** **TML191016JF0164-1**

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Robert Creamer, CEO/Board  
President (*only officer/director*)

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6. **Physical Address** (do not use PO Box)

**590 REED ROAD, UNIT B2**

Street Address

**BROOMALL, PA 19008**

City, State and Zip Code

**215-642-6600**

Telephone Number

**DELAWARE**

County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

**6 NESHAMINY INTERPLEX, SUITE 401**

Street Address

**TREVOSE, PA 19053**

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

**NA**

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

       No                        X   Yes, at No.   1739188

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).
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**To transport people who are unable to transport themselves to and from various medical and wellness care facilities throughout Eastern Pennsylvania, including counties such as Delaware County, Philadelphia County, Chester County, Bucks County, etc.**

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*Examples:*

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.


Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Robert Creamer, CEO/Board President  
(Print Name)

  
(Signature) 11/21/2019  
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

# VERIFIED STATEMENT OF APPLICANT

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.

**SENIOR CARE CENTERS OF PENNSYLVANIA, INC.**

Legal Name of Applicant

Trade Name, if any

**6 NESHAMINY INTERPLEX,  
SUITE 401**

**TREVOSE**

**PA**

**19053**

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

**Name: Joseph Caliva**  
**Title: Transportation Manager**  
**Business Address: 590 Reed Rd., Unit B2, Broomall, PA 19008**  
**Telephone Number: 215-642-6600**

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

**N/A**

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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 how you will maintain continuous communication with your drivers.

**Our main transportation facility, or hub, will be located in Broomall, PA. We will have nine vehicle assets on site, staged in a secure industrial complex. The hub will include several offices to facilitate on-site administration staff, including a Transportation Manager, Transportation Coordinator, and Lead Driver. It will also include a conference/training area, two restrooms, a break room, and several storage closets. Office machines to be utilized will include a high-speed, professional copier, several desktop and laptop computers, company provided mobile phones, a flat screen television monitor for presentations and to monitor GeoTab data, a 2-way radio base station, and an OfficeSuite CAT5 based office phone system.**

**Assets will be scheduled for routine preventive maintenance through a telematics software platform called GeoTab, and all service will be recorded and tracked through that same system. GeoTab will also track driver performance, routing efficiency, safety concerns, etc. Driver credentials and compliance records will be stored digitally on local servers or computers and backed up through a cloud-based server. Hard copies of records will also be kept in secure filing equipment at the hub site. We will be working with a medical transportation broker who will contact the hub via phone, email, or an online request form, at which time a driver will be dispatched via 2-way radio or a push-to-talk (PTT) feature on a DOT-approved electronic tablet through a company called Routing Box, installed in each vehicle asset. Other ongoing communication with drivers will be conducted via phone, email, and direct messaging.**

4. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

In phase one of our transportation plan, our goal is to hire eight full-time drivers and up to three on-call or per-diem drivers. This fleet of drivers will cover daily fixed and assigned routes at five different Adult Day health care facilities located throughout Philadelphia, Delaware, and Bucks Counties. The additional fleet of buses will be available as backup, or “spare”, vehicles if needed and to be used for occasional activity trips or other special requests. As the number of centers grow that we service, the additional vehicles will become route buses and additional drivers will be hired to meet the demand.

Prospective drivers undergo a rigorous and thorough background and drug test process. Before being hired, applicants submit to a drug test and criminal background check, both of which are scheduled and facilitated by *Sterling Talent Solutions (STS)*. STS will also obtain a Motor Vehicle Report (MVR) directly from the state in which the driver is licensed. If there are any more than 2 minor infractions in the past three years, a candidate is disqualified.

Driving candidates are also required to complete a PPD and physical exam as well as a DOT physical exam, if they do not already possess a valid DOT Physical card. All medical screenings are performed at a Concentra Urgent Care facility. If an applicant has been a resident of Pennsylvania for less than two years, they will also undergo a fingerprinting collection and search facilitated by *IdentoGo*.

Once a candidate has completed and passed all medical and background checks, they begin their driver training, which will usually take between 15 to 25 hours to complete, depending on the candidate and their prior experience. Training modules cover a wide range of topics, including Accident Prevention, Safe Backing, Emergency Evacuations, Operating Safety Equipment, Patient Handling, and other state and company policy mandated subjects. Candidates also go through a minimum of 6-10 hours of Behind-The-Wheel (BTW) training, which also includes ride-alongs with seasoned drivers and practice routes (or “dry runs”).

Senior Care Centers of Pennsylvania, Inc. and Active Day has a zero-tolerance policy regarding drug and alcohol use while on the job or in a manner that effects their job performance and the safety of their riders. All driving employees are subject to random and reasonable suspicion drug screening in accordance with DOT regulations, and any driver that tests positive for alcohol, marijuana, opiates, or any other illicit or non-prescribed drug, will be immediately terminated.

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2019	Ford	E350	8 amb/4 WC	1FDEE3FS8KDC59649	850
2019	Ford	E350	8 amb/4 WC	1FDEE3FS4KDC59650	825
2019	Ford	E350	8 amb/4 WC	1FDEE3FS6KDC59651	830
2019	Ford	E350	8 amb/4 WC	1FDEE3FS3KDC59638	830
2019	Ford	E350	8 amb/4 WC	1FDEE3FS4KDC59633	873
2019	Ford	E350	8 amb/4 WC	1FDEE3FS5KDC59642	842
2019	Ford	Transit	8 amb/4 WC	1FDES8PMXKKA24705	11276
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS9JDC43331	13832
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS9JDC43362	1237
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS1JDC43372	1160
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS0GDC50340	58843
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS6JDC43366	984
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS7JDC04172	2712
2018	Ford	Econoline	8 amb/4 WC	1FDEE3FS9JDC43376	3931

*amb = Ambulatory Seating. WC = Wheelchair Seating*

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
    - i. **Vehicles will be scheduled for periodic maintenance every 4,000 miles. Mileage will be monitored and calculated via the GeoTab telematics software, which will automatically generate a notice that service is due.**
    - ii. **Ongoing vehicle maintenance will be monitored through daily driver inspection reports and via daily diagnostic checks through the GeoTab portal. Any reported issues will be addressed immediately and corrected at one of several possible facilities, including manufacturer dealerships and private contractors.**
    - iii. **State mandated semi-annual inspections will be scheduled for each vehicle and performed at a state licensed facility by a state certified mechanic.**

Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

**Senior Care Centers of Pennsylvania, Inc (SCCP) has already secured insurance through Philadelphia Insurance Companies (PHLY) for our fleet of fourteen vehicle assets. As an established company with considerable experience and a long history of operating paratransit fleets in several other states, there were no concerns on the part of PHLY and no obstacles in regard to obtaining the policy or with SCCP being able to afford the premiums.**

7. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES     X  NO

8. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### 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.

\_\_\_\_\_  
(Signature)

**Joseph Caliva, Pennsylvania Transportation Manager**

(Name and Title, printed or typed)

\_\_\_\_\_  
11/20/2019

(Date)

**Statement of Financial Position (Balance Sheet)  
As of (date) October 31, 2019**

ASSETS

Current Assets		
Cash	1,861,463.71	
-Accounts Receivable	<u>18,060,069.18</u>	
-InterCompany Receivable	<u>229,784.88</u>	
-Prepaid Expenses & Other	<u>2,042,230.86</u>	
Total Current Assets		<u>20,953,866.24</u>
Tangible Assets		
Motor Vehicle Equipment	<u>26,676,588.16</u>	
Property (buildings, land, etc.)	<u>5,905,178.45</u>	
Office Equipment, Furniture, & Fixtures	<u>6,548,739.15</u>	
Other Assets		
Goodwill	<u>5,905,178.45</u>	
Other Intangibles, Net	<u>21,012,262.21</u>	
Security Deposits	<u>925,400.73</u>	
Equity in Joint Venture	<u>1,941,928.76</u>	
TOTAL ASSETS		<u>215,203,035.08</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Current Portion LT Debt	<u>2,610,000.00</u>	
Accounts Payable	<u>3,215,466.60</u>	
Accrued Expenses & Other	<u>11,767,429.53</u>	
Accrued Payroll	<u>2,295,414.76</u>	
Total Current Liabilities		<u>18,601,974.13</u>
Long Term Liabilities (Due after one year of date)		
Long Term Senior Debt	<u>123,245,000.00</u>	
Deferred Taxes	<u>3,822,002.52</u>	
Loan Payable	<u>472,334.41</u>	
Below Market Leases	<u>214,133.82</u>	
Deferred Rent	<u>251,507.30</u>	
Total Stockholders' Equity	<u>60,607,836.87</u>	
Total Long-Term Liabilities		<u>126,462,137.50</u>
<b>TOTAL LIABILITIES</b>		<u><b>145,064,111.63</b></u>
<b>TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY</b>		<u><b>205,671,948.50</b></u>