

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)

We C.A.R.E. Transportation LLC

- 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)

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 7017278

(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).**

Nathalie Williams _____
Shireeta Benjamin _____

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

7401 Old York Road 3rd floor
Street Address
Elkins Park, PA 19027
City, State and Zip Code
267-319-4864 Telephone Number Montgomery 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)

Street Address

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)

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 Yes, at No. _____

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

To provide transportation services for mobility challenged people in within and between points in Philadelphia, Bucks, Montgomery, Delaware, and Chester Counties.

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.

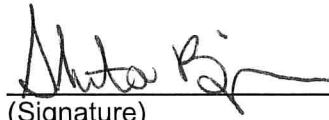
Verification of Application

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.

Shireeta Benjamin

(Print Name)



(Signature)

6/18/2020

(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.

We C.A.R.E. Transportation LLC

Legal Name of Applicant

Trade Name, if any

7401 Old York Road, 3rd floor

Elkins Park, PA 19027

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.

Shireeta Benjamin, Vice President
7401 Old York Road, 3rd Floor
Elkins Park, PA 19027

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

NONE

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.

The office is approximately 1200 square feet. We have a filing cabinet, fax machine, compute, printer, scanner, desk, chairs and telephone. Vehicles will be housed in a separate storage facility. All records required by the Public Utility Commission, including but not limited to, employee hiring packages and licensing, employee training and counseling, client personal data, trip/driver logs, trip payment records and invoices, vehicle purchase, maintenance and inspection records, etc. will b kept in locked files in a secure area of the office.

As regards communication, a dispatcher will receive client calls on the advertised phone line and record each request on the Trip Ticket (sample attached) which contains all necessary trip and billing information. His information will be transferred to a daily trip log for the driver(s) to begin each day. Once a trip is complete, the dispatcher will use the Trip Ticket to create an invoice. If the trip is not Pay-on-Transport, an invoice will be mailed the same day.

Driver(s) will provide their own "smart phone" complete with a GPS application. Driver(s) will report to the dispatcher at the beginning and completion of each trip. Should a previously unscheduled on-demand trip arise during the day, the dispatcher will communicate the required trip information to the driver(s) via "smart phone." Our scheduled office hours are 9:00 am to 5:00pm Monday through Friday. During "after hours", office phones will be forwarded to the dispatcher's "smart phone."

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

We will begin operations with two drivers, hourly employees, which should be sufficient to cover the scheduled office hours with a single vehicle. As client demand increases, the number of drivers, and vehicle will be adjusted to maximize efficient and safe transportation.
 a. through c. see policy 4.9 attached
 d. see policy 4.15 attached
 e. see policy 4.11 attached. We will utilize the Pennsylvania Access to Criminal History (PATCH) to obtain criminal histories and become an authorized user of online business with PENDOT to obtain driver histories.

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

We will begin operations with a single vehicle. As client demand increases beyond the capacity of a single vehicle, additional vehicles will be added as necessary.

6. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See policy 3.3 attached
 See policy 3.4 attached
 See policy 3.10 attached

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

We have solicited estimates from two different insurance carriers, Berkshire Hathaway and National Indemnity Company. We have sufficient funds set aside for that purpose.

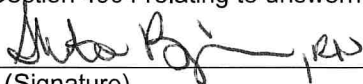
8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES X NO

9. 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)

Shireeta Benjamin; Vice President

(Name and Title, printed or typed)

6/18/2020

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

| | | |
|----------------------------------|----------------|----------------|
| Current Assets | | |
| Cash | \$14,000 | |
| Other Current Assets (specify) | \$1,988,520.00 | |
| Total Current Assets | | \$2,002,520.00 |
| Tangible Assets | | |
| Motor Vehicle Equipment | 0 | |
| Property (buildings, land, etc.) | \$134,00 | |
| Office Equipment | | 0 |
| TOTAL ASSETS | | \$2,136,250.00 |


LIABILITIES

| | | |
|--|-----------|-----------|
| Current Liabilities (Due within one year of date) | | |
| Loans | 0 | |
| Credit cards/revolving credit | \$100 | |
| Other Liabilities (Attach schedule) | \$2656.00 | |
| Total Current Liabilities | | \$2756.00 |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | \$656.00 | |
| Long term commercial loan | 0 | |
| Other Liabilities (Attach Schedule) | 0 | |
| Total Long-Term Liabilities | | \$656.00 |
| TOTAL LIABILITIES | | \$3412.00 |

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
 Shireeta Benjamin
 Name
 7401 Old York Road, Fl 3
 Address
 Elkins Park PA 19027
 City State Zip Code
 Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
 We C.A.R.E. Transportation Services LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:
 (post office box alone is not acceptable)

| | | | | |
|--------------------------|-------------|-------|-------|------------|
| 7401 Old York Road, Fl 3 | Elkins Park | PA | 19027 | Montgomery |
| Number and Street | City | State | Zip | County |

(b) name of its commercial registered office provider and the county of venue is:

c/o:
 Name of Commercial Registered Office Provider _____ County _____

3. The name of each organizer is (all organizers must sign on page 2):

| Name | Address |
|-------------------|---|
| Shireeta Benjamin | 929 Jenkintown Road , Elkins Park , Montgomery , PA , United States , 19027 |
| Nathalie Williams | 251 W Dekalb Pike , E92 , King of Prussia , Montgomery , PA , United States , 19406 |
| | |
| | |
| | |

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
 on: Date(MM/DD/YYYY) Hour (if any)

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

- The company is a restricted professional company organized to render the following restricted professional service(s):
 - Chiropractic
 - Dentistry
 - Law
 - Medicine and surgery
 - Optometry
 - Osteopathic medicine and surgery
 - Podiatric medicine
 - Public accounting
 - Psychology
 - Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company:

- This limited liability company shall have the purpose of creating general public benefit**

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

- This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):**

7. **For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 21 day of February, 2020.

Shireeta Benjamin
Signature

Nathalie Williams
Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O.BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

Shireeta Benjamin
7401 Old York Road Fl3
Elkins Park PA 19027

We C.A.R.E. Transportation Services LLC

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit www.Business.pa.gov to find answers to most common registration questions.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 7017278



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0457809031
Mar 05, 2020 LTR 147C
84-4966217

WE CARE TRANSPORTATION SERVICES LLC
SHIREETA BENJAMIN MBR
7401 OLD YORK ROAD FLOOR 3
ELKINS PARK PA 19027

Taxpayer Identification Number: 84-4966217

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of March 5th, 2020.

Your Employer Identification Number (EIN) is 84-4966217. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mr. McBride
1002526186
Customer Service Representative

Provider Information for 1356976971

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to NPI: What You Need to Know

(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf>)

WE C.A.R.E. TRANSPORTATION SERVICES LLC

Organization Subpart: NO



NPI: 1356976971



Last Updated: 2020-03-04

Certification Date: 2020-03-04

Details

| Name | Value |
|---------------------------------|--|
| NPI | 1356976971 |
| Enumeration Date | 2020-03-04 |
| NPI Type | 2- Organization |
| Status | Active |
| Authorized Official Information | Name: SHIREETA BENJAMIN Title: OWNER/ VICE PRESIDENT Phone: 267-319-4864 |

| Name | Value | | | | | | | | | | | | | | |
|-----------------------------|--|----------------------|-------------------|----------------------|----------------|-------------------|--|-------------------|--|--|--|--|--|--|--|
| Mailing Address | 7401 OLD YORK RD FL 3 ELKINS PARK, PA 19027-3005 United States Phone: Fax: View Map (/registry/map-view?q=7401 OLD YORK RD FL 3, ELKINS PARK, PA, 190273005, United States) ↗ | | | | | | | | | | | | | | |
| Primary Practice Address | 7401 OLD YORK RD FL 3 ELKINS PARK, PA 19027-3005 United States Phone: 267-319-4864 Fax: View Map (/registry/map-view?q=7401 OLD YORK RD FL 3, ELKINS PARK, PA, 190273005, United States) ↗ | | | | | | | | | | | | | | |
| Health Information Exchange | <table border="1"> <thead> <tr> <th data-bbox="418 800 586 905">Endpoint Type</th> <th data-bbox="586 800 743 905">Endpoint</th> <th data-bbox="743 800 971 905">Endpoint Description</th> <th data-bbox="971 800 1052 905">Use</th> <th data-bbox="1052 800 1198 905">Content Type</th> <th data-bbox="1198 800 1360 905">Affiliation</th> <th data-bbox="1360 800 1523 905">Endpoint Location</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Endpoint Type | Endpoint | Endpoint Description | Use | Content Type | Affiliation | Endpoint Location | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Other Identifiers | <table border="1"> <thead> <tr> <th data-bbox="418 989 776 1052">Issuer</th> <th data-bbox="776 989 1089 1052">State</th> <th data-bbox="1089 989 1523 1052">Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Issuer | State | Number | | | | | | | | | | | |
| Issuer | State | Number | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Taxonomy | <table border="1"> <thead> <tr> <th data-bbox="418 1136 646 1241">Primary Taxonomy</th> <th data-bbox="646 1136 1230 1241">Selected Taxonomy</th> <th data-bbox="1230 1136 1333 1241">State</th> <th data-bbox="1333 1136 1523 1241">License Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 1241 646 1346">Yes</td> <td data-bbox="646 1241 1230 1346">343900000X - Non-emergency Medical Transport (VAN)</td> <td data-bbox="1230 1241 1333 1346"> </td> <td data-bbox="1333 1241 1523 1346"> </td> </tr> </tbody> </table> | Primary Taxonomy | Selected Taxonomy | State | License Number | Yes | 343900000X - Non-emergency Medical Transport (VAN) | | | | | | | | |
| Primary Taxonomy | Selected Taxonomy | State | License Number | | | | | | | | | | | | |
| Yes | 343900000X - Non-emergency Medical Transport (VAN) | | | | | | | | | | | | | | |



A federal government website managed by the
 U.S. Centers for Medicare & Medicaid Services (<http://cms.hhs.gov>)
 7500 Security Boulevard, Baltimore, MD 21244



Berkshire Hathaway Homestate Insurance Company

Insured Information

Business Name: **WE C.A.R.E**
 DBA:
 City, St Zip: **Bristol, PA 19007**
 Business Type: **LLC**
 Business Description: **non-emergency ambulance**
 Business Start Date: **6/1/2020**
 Submission Reference Number: **10681900**
 Proposed Effective Date: **6/1/2020**

Agent Information

Name: **CORE Insurance Group**
 Address: **16 Campus Blvd Ste 125**
 City, St Zip: **Newtown Square, PA 19073**
 Agent Contact: **Jonathan Anderson**
 Email: **jon@coremailbox.com**

Vehicle Information

| # | Description | Entered Value | Deductible | Radius |
|---|---|---------------|------------|----------------|
| 1 | 2019 FORD TRANSIT-350 WAGON - 1fbzx2xm3kkb49103 | \$50,000 | \$250/500 | Up to 50 Miles |

Driver Information

| # | First Name | Last Name | Date of Birth | At Fault Count | Violations Count | Convictions Count |
|---|------------|-----------|---------------|----------------|------------------|-------------------|
| 1 | Shireeta | benjamin | 06/03/1982 | 0 | 0 | 0 |

Coverage and Premium Information

| Coverage | Limit | Annual Premium* |
|------------------------|--|-----------------|
| Liability | \$1,000,000 CSL | |
| Uninsured Motorists | \$1,000,000 CSL | |
| Underinsured Motorists | \$1,000,000 CSL | |
| Basic FPB | | |
| Physical Damage | Lesser of Actual Cash Value or Stated Amount | |

Total Indicated Annual Premium*

\$22,500



June 8th 2020

Jon Anderson
Core Insurance Group
16 Campus Blvd.
Suite 125
Newtown Square, PA 19073

Re: We C.A.R.E Trans, Ref# 8449634-A
Proposed Effective 07/01/2020 to 07/01/2021

Dear Jon:

We are pleased to confirm the attached quotation for Commercial Auto Policy being offered with **National Indemnity Company**. This carrier is **Admitted** in the state of **PA**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, we must receive a copy of your non-resident license prior to binding.

The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium: \$13,600.00

Total: \$13,600.00

Total Including TRIPRA (if elected) : \$13,600.00

Tax Filings are the responsibility of: () Your Agency () CRC () Not Applicable

Commission: 10%

Broker Fees & Policy Fees are Fully Earned at Binding

Should **Infinite EMS** elect to bind coverage as per the attached, simply complete the Request to Bind box below and return to our office prior to the requested effective date of coverage. Should you have any questions, please feel free to contact our office.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent

commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO & Prime Rate Insurance Premium Finance Companies, which are affiliates of CRC. AFCO provides premium financing solutions for large and mid-size corporate accounts; Prime Rate offers solutions for smaller commercial and personal lines.

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing premiumfinance@afco.com; or call toll- free [866-669-0937](tel:866-669-0937) and press 81. Additional information is available at www.afco.com and www.primeratepfc.com.

Sincerely,

Cindy Allen
215-572-4926
Cindy.Allen@crcgroup.com
8449634

| |
|--|
| <p><u>REQUEST TO BIND COVERAGE</u></p> <p>Complete and return to Cindy Allen via email at Cindy.Allen@crcgroup.com .</p> <p>Submission #: 8449634-A Infinite EMS</p> <p>Agency Response: [] Yes, please bind as quoted, effective: _____</p> <p>PREMIUM IS BEING FINANCED BY _____ ACCOUNT # _____</p> <p style="text-align: center;">Name of Premium Finance Company</p> <p>Signed by: _____ Date: _____</p> <p style="text-align: center;">Representative of Core Insurance Group</p> |
|--|

CONFIDENTIAL

Account Summary



Quote #: 10554534
 Status: Quoted
 Policy Type: AP

Originally Quoted: 4/07/2020 2:12 PM EDT
 Quote Printed: 4/15/2020 4:58 PM EDT
 Proposed Effective: 4/15/2020 12:00 AM EDT
 Proposed Expiration: 4/15/2021 12:00 AM EDT

Quoted By: Kirsten Costello
 National Indemnity Company
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102
 Phone - (402) 916-3000

KMCostello@nationalindemnity.com

DOT #: Unknown
 MC #: Unknown

| Symbol | Coverage | Limit (\$) | Premium (\$) |
|--------------|-----------------------|-------------------|--------------------|
| 7 | Liability | 1,000,000 CSL | 11,451 |
| 7 | UM - BI - NonStacked | 35,000 CSL | 156 |
| 7 | UIM - BI - NonStacked | 35,000 CSL | 365 |
| 7 | FPB Basic | | 190 |
| 7 | FPB Additional | | 405 |
| 7 | Physical Damage | See Specific Unit | 1,033 |
| | Total Ins Value | 15,000 | |
| Total | | | \$13,600.00 |

**scheduling all owned, operated, and/or leased units
 **local radius
 **MVR as presented
 **no prior losses
 **signed/completed company application and forms

Revision: 70PA2019R03

Vehicle Information

NICO-Rate Version: 8.6.37351.

| Unit | Liability | UM | UIM | FPB Basic | FPB Addl | Phys Dam | Cargo/ In-Tow | AI/Lessor | Unit Sub Total |
|--------------------------------------|-----------------|-----|-----|-----------|----------|----------|---------------|-----------|----------------|
| 1 2019 Ford Transit 350 Wagon - 9103 | 11,451 | 156 | 365 | 190 | 405 | 1,033 | N/A | N/A | 13,600 |
| Comp/Coll | \$15,000 | | | | | | | | |
| Radius: | Up to 100 Miles | | | | | | | | |
| Deductible: | 500/1,000 | | | | | | | | |



Quote #: 10554534

FIRST PARTY BENEFITS NOTICE

The options that you requested for Pennsylvania First Party Benefits are reproduced below. **These options determined your policy premium, but your policy may be changed by contacting the party listed below. Changing these indications may result in changes to your premium.** The State of Pennsylvania requires you to purchase a minimum of \$5,000 for the Medical Expense Benefit. All of the other options listed below (including a higher limit of Medical Expenses) are choices you may make. The premium associated with each option is also listed.

If you are satisfied with your level of First Party Benefits this notice may be disregarded.

FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT** *Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.*

- B. INCOME LOSS BENEFIT** *Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.*

- C. ACCIDENTAL DEATH BENEFIT** *A death benefit paid in the event of the death of an insured person due to a covered auto accident.*

- D. FUNERAL BENEFIT** *Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.*

BENEFIT LEVEL OPTIONS: (Coverage is comprised of a selection from each one of A, B, C, and D or one selection from E. Coverage is also comprised of a selection from F.)

A. MEDICAL EXPENSES: (indicates the option you selected)

- \$5,000 per person, per accident (Minimum) \$ 190 Premium
- \$10,000 per person, per accident \$ 284 Premium
- \$25,000 per person, per accident \$ 366 Premium
- \$50,000 per person, per accident \$ 652 Premium
- \$100,000 per person, per accident (Maximum) \$ 718 Premium

B. INCOME LOSS: (indicates the option you selected, if any)

- None - Rejected per month / per accident, per person (Minimum)
- \$1,000 / \$5,000 per month / per accident, per person \$ 124 Premium
- \$1,000 / \$10,000 per month / per accident, per person \$ 229 Premium
- \$1,000 / \$15,000 per month / per accident, per person \$ 247 Premium
- \$1,500 / \$25,000 per month / per accident, per person \$ 311 Premium
- \$2,500 / \$50,000 per month / per accident, per person (Maximum) \$ 412 Premium

C. ACCIDENTAL DEATH: (indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$5,000 per person, per accident \$ 7 Premium
- \$10,000 per person, per accident \$ 11 Premium
- \$25,000 per person, per accident (Maximum) \$ 19 Premium

D. FUNERAL EXPENSE: (indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$1,500 per person, per accident \$ 3 Premium
- \$2,500 per person, per accident (Maximum) \$ 5 Premium

OR**E. COMBINATION BENEFITS:** Single Limit for all coverages, with specific benefit limits as shown
(indicates the option you selected, if any)

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 998 Premium
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 1,064 Premium
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ 1,197 Premium

AND**F. EXTRAORDINARY MEDICAL BENEFIT (EMB):** (indicates the option you selected, if any)

In accordance with Pennsylvania Law your First Party Benefits coverage may be extended to provide an extraordinary medical benefit (EMB) which will pay the medical and rehabilitation costs for you and your family members residing in your household which are more than \$100,000 for each person injured as the result of an automobile accident, up to a lifetime benefit limits of \$1,000,000 for each person. Since you are only required to carry \$5,000 medical expense coverage under your First Party Benefits and EMB coverage only pays expenses that exceed \$100,000, you may have a gap in coverage between your requested First Party Benefits and EMB coverage. We recommend you consider this when you make your medical expense selections.

I purchased no EMB coverage.

I purchased EMB coverage at the following limit:

- \$100,000 \$300,000 \$500,000 \$1,000,000

If you desire to change your coverage please contact:

CRC Insurance Services, Inc.
25 Spring St, Ste 100

Scarborough, ME 04074
Phone: (208) 376-1161
Fax: () -

**We C.A.R.E.
Transportation Services**

Personnel Policies

4.1 MINIMUM CREWMEMBER REQUIREMENTS POLICY

Purpose: To establish minimum requirements for crewmembers.

Policy: The company has established the following minimum requirements for each crewmember that is operating a vehicle to possess a valid driver's license. The company shall make available all licenses to state licensing agency staff upon demand.

Each crewmember shall:

1. Be at least 18 years old;
2. Wear identification clearly setting forth his or her first and last name and the name of the company
3. Dress in clothing, including any outerwear, of a similar uniform appearance that presents a professional appearance.

The company may require a crewmember to display identification that identifies the crewmember's level of training, completion of training courses and/or membership in a professional association or society; however, a crewmember shall not display identification that indicates a level of training that the crewmember has not attained.

A crewmember recognized by the state licensing agency as a flight nurse, flight medic, mobile intensive care nurse or first responder shall not wear any patches that suggest that he or she is in any way licensed or certified by state licensing agency.

Each crewmember shall possess and shall make available to state licensing staff upon demand, certification for the type or level of patient care he or she is providing. No person shall be allowed to provide a type or level of patient care beyond the level he or she is lawfully eligible to provide in the State. In addition, each crewmember shall,

upon request by state licensing staff, produce a photo I.D. that licensing staff may utilize in order to verify the validity of the required certification credentials.

4.2 EMPLOYEE AND DRIVER TRAINING POLICY

Purpose: To set requirements for employee competencies.

WE C.A.R.E. TRANSPORTATION SERVICES will train their employees in the understanding of NEMT services in general, its reporting forms, vehicle operation, requirements for fraud, abuse reporting and the geographic area which **WE C.A.R.E. TRANSPORTATION SERVICES** will provide service. All employees must be trained in understanding of service expectations set forth in the provider manual.

The entire staff must undergo the following training prior to performing services for **WE C.A.R.E. TRANSPORTATION SERVICES**:

- HIPAA Privacy and Security training. HIPAA training is required upon hire and on an annual basis.
- Fraud, Waste and Abuse Training. Medicaid Fraud, Waste and Abuse (FWA) training is required upon hire and on an annual basis.
- Cultural Competency/Cultural Diversity. Cultural Competency/Cultural Diversity training is required upon hire and on an annual basis
- Defensive driving. All drivers must complete a Defensive Driving course within six months of date of hire. If the initial employee qualifications did not include the date the employee took the Defensive Driving course, an updated certificate of completion must be submitted within 30 days of course completion or before the six-month period elapses, whichever is sooner. A Certificate of Completion must be kept in the employee file.
- First Aid and CPR- If the driver takes a Safety training course that does not include First Aid, CPR and blood spill procedures training, such training must be obtained within six months of date of hire. A Certificate of Completion must be kept in the employee file.

- Passenger Assistance Techniques Certification or Mobility Assistance Technician course that includes Wheelchair Securement Training.

4.3 PERSONAL CREWMEMBER SAFETY POLICY

Purpose: To establish a policy and procedure for the personal safety of crewmembers.

Policy: If a crewmember reasonably believes that his or her personal safety is in jeopardy, the crewmember should retreat from the scene and call for police assistance and immediate supervisor. A crewmember should return to the scene in order to assess and treat the patient only when the scene has been secured. Such retreat shall not be considered patient abandonment unless the crewmembers leave the scene and/or advise the dispatch center that they are available for other calls.

Crewmembers shall not wear or carry any weapons or explosives while on duty. "Weapons" and "explosives" include not only offensive weapons, but also defensive weapons such as stun guns, stun batons, air tasers, pepper spray, mace defensive spray and/or telescopic steel batons.

4.4 VIOLENCE IN THE WORKPLACE PREVENTION POLICY

Purpose: To provide guidelines to prevent workplace violence.

Policy: The Company is committed to providing a safe environment for employees, patients and visitors. The Company refuses to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by investigating violence. The Company requires prompt and accurate reporting of all violent incidents, whether or not physical injury has occurred.

The Company will not discriminate against victims of workplace violence. Its workplace violence prevention program ensures that all employees, including supervisors and managers, adhere to work practices that are designed to make the workplace more secure and do not engage in verbal threats or physical actions that create a security hazard for others in the workplace.

Zero Tolerance

The Company has a zero-tolerance policy for violence in the workplace; the employee is subject to immediate termination for cause. No talk of violence or joking about violence will be tolerated.

The Company defines violence to include physically harming another, shoving, pushing, harassment, intimidation, coercion, brandishing weapons, and threats or talk of violence.

Security Measures

In order to provide a safe workplace, the Company will limit access to all the Company property to those with a legitimate business interest. All employee and visitor vehicles must register and display the Company's identification while on the property and while in the field.

All Weapons Banned

The Company will not tolerate employees being in the possession of any weapons, including weapons transported in employee vehicles, company vehicles, both inside the workplace and in the parking area. In addition, when working outside the Company's premises, employees are prohibited from carrying or transporting weapons.

Carrying of concealed weapons, with or without a valid permit to carry a concealed weapon, is not permitted on the Company property or while performing work as a company employee.

Weapons include guns, knives, explosives and other potential weapons. Appropriate disciplinary action, up to and including termination, will be taken against any employee who is in violation of this policy.

Related Policy

1. Reportable Events Policy
2. Child and Elder Abuse Reporting Policy

4.5 HARASSMENT POLICY

Purpose: To educate employees in the recognition and prevention of illegal workplace harassment and to provide an effective means of eliminating such harassment from the workplace.

Policy: The Company believes that employees should be afforded the opportunity to work in an environment free of harassment based on the employee's race, skin color, religion, gender, sex, national origin, age or disability, as well as harassment based on the race, skin color, religion, gender, sex, national origin, age or disability of the employee's relatives, friends or associates.

Harassment does not refer to occasional comments of a socially acceptable nature. Harassment is a form of inappropriate conduct that undermines the employment relationship. No Company employee will be subjected to ethnic slurs or other verbal or physical conduct relating to the employee's national origin, surname, skin color, gender, sex or age. Behavior that amounts to harassment will result in disciplinary action, up to and including dismissal.

Definition

Harassment is verbal or physical conduct that shows hostility or aversion toward the employee because of the employee's race, skin color, religion, gender, national origin, age or disability, or that of the employee's relatives, friends or associates, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (2) has the purpose or effect of unreasonably interfering with the employee's work performance; or (3) otherwise adversely affects the employee's employment opportunities. Harassment in the workplace is illegal.

Employer's Responsibility

The Company wants the employee to have a work environment free of harassment by management personnel, by the employee's coworkers and by others with whom the employee must interact in the course of the employee's work as a Company employee. Harassment is specifically prohibited as unlawful and as a violation of the Company policy. Company management at all levels is responsible for preventing harassment in the workplace, for taking immediate corrective action to stop harassment in the workplace, and for promptly investigating any allegation of work-related harassment.

Complaint Procedure

If the employee experiences or witnesses harassment in the workplace, he/she should immediately report it to the immediate supervisor. If supervisor is the person who is harassing the employee, the employee may approach any other member of the Company's management or the administrator. All allegations of harassment will be quickly investigated. To the extent possible, the employee's confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the employee will be informed of the outcome of that investigation.

Retaliation Prohibited

The Company will permit no employment-based retaliation against anyone who brings a complaint of harassment or who speaks as a witness in the investigation of a complaint of harassment.

Written Policy

The employee will receive a copy of the Company harassment policy and trained to this policy when the employee begins working for the Company. If the Company should amend or modify its harassment policy, the employee will receive an individual copy of the amended or modified policy.

Cross Reference Policy

1. Violence in the Workplace Prevention Policy

4.6 COMMUNICATION OF CHEMICAL HAZARD POLICY

Purpose: This policy provides information about the hazardous chemicals and substances that employees will be exposed to, chemical product labels and other forms of warning, material safety data sheets related to the chemicals.

Policy: This Company understands the importance of communication of hazards for the protection of patients and staff. The administrator or designee is responsible for insuring consultation and specific training when needed.

Material safety data sheets are an OSHA approved method to make current information and protective measures for chemical health hazards present in the workplace readily available to employees.

Hazards

Definition:

- Health hazard means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. (OSHA, 500:1131 CH 510 ATT. 4 subpart Z).
- Material safety data sheets (MSDS) means written or printed material concerning a hazardous chemical (OSHA 500:1131 CH 510 ATT 4 subpart Z).
- The Company chooses to rely upon the evaluation of hazards performed by the chemical manufacturer or importer.

Procedure

- The Company will obtain and maintain current MSDS sheets on each hazardous chemical used in the workplace.
- MSDS will be placed at each physical office site in order to be readily available to employees, their designated representatives, OSHA and the National Institute for Occupational Safety and Health.
- Upon receipt of new or updated MSDS, the Company will review the MSDS's to ascertain that the sheets are complete. Should an incomplete MSDS be received, the Company will document such receipt and return the sheet to the chemical manufacturer or distributor who sent it. If complete forms are not received promptly, OSHA will be contacted for assistance.
- Employees will be provided with information and training on hazardous chemicals in the work area during initial orientation and yearly thereafter.
- Employee orientation will include:
 - Hazard communication requirements of OSHA standard.
 - The presence of hazardous chemicals in the work area.
- Location and availability of written hazard communication program including list of hazardous chemicals and MSDS
 - How to read and interpret labels and MSDS.
 - How to cope with emergency procedures (recognition, reporting, and evacuation).

4.7 REQUIRED CREWMEMBERS POLICY

Purpose: To provide guidelines for required crewmembers for non-emergency transportation vehicle.

Policy:

(a) When "in-service," each non-emergency transportation vehicle shall be staffed by at least one crewmember who meets the requirements of the crew member competency requirement. A second crewmember, also meeting the same requirements, shall be required at the time the patient(s) is/are loaded or unloaded, if a patient in a wheelchair is to be moved up or down five or more steps or if a patient in a wheelchair weighs 200 or more pounds and is to be moved up or down two or more steps. The second crewmember need not be present at other times.

(b) If oxygen administration devices are not carried in the vehicle, the required non-emergency medical transportation crewmembers shall possess and shall make available to state licensing staff upon demand:

1. A CPR certification card. If the company routinely transport patients under eight years of age, the administrator of the company shall ensure that the crewmembers have successfully completed the requirements for, and hold certification in, Pediatric Basic Life Support to the standards of the American Heart Association; and
2. A valid PAT (Passenger Assistance Techniques) Technician certification card issued by Transportation Management Associates, Fort Worth, Texas, or a valid certification card indicating completion of a course approved by the state licensing agency or a valid MAV (Mobility Assistance Vehicle) Technician certification card issued by a course program and curriculum that has been approved by the state licensing agency.

(c) If oxygen administration devices are carried in the vehicle, except those instances where the patient supplies such devices, the crewmember shall possess both EMT-Basic and CPR certifications.

CROSS REFERENCE POLICY

1. Crewmember Competency Policy

4.8 CREWMEMBER DUTIES POLICY

Purpose: To set standards for the duties of crewmembers.

Policy: The collective duties of the crewmembers staffing a non-emergency medical transportation shall include, but are not limited to:

1. Assuring that all required and necessary equipment and supplies are onboard the vehicle and in working order prior to departure;
2. Operating the vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws, rules and/or regulations;
3. Providing the patient with prompt, effective and appropriate care;
4. Assisting the patient to enter into and/or exit from the vehicle;
5. Supervising the well-being of the patient and ensuring the patient's privacy and comfort;
6. Assuring that all vehicle occupants (patients, passengers and crewmembers) are properly restrained;
7. Assuring that all wheelchairs are properly restrained in the required restraints and that all wheelchair patients are restrained in the wheelchair. Wheelchair patients are to be restrained with a seatbelt until the patient is transferred from the wheelchair at the patient's destination;
8. Prohibiting smoking within the vehicle at all times;
9. Completing the patient care report; and
10. Reporting verbally to the appropriate personnel when the patient is delivered to the receiving health care facility or other place of medical care.

CROSS REFERENCE POLICY

Required Crewmember Policy

FORMS

1. Patient Care Report

4.9 DRIVER QUALIFICATION POLICY

Purpose

To establish a process for the recruitment of non-emergency medical transportation drivers.

Introduction:

1. All Drivers shall be recruited on the basis of merit with minimum eligibility standards. No preference shall be given on the basis of cast, creed, color, race and language.
2. The recruitment system encompasses mandatory criteria for all applicants, which must be followed in letter and spirit for recruitment of a driver in the organization.

Driver Recruitment Criteria

Age and Experience

Applicants for driver positions shall comply with the following age and experience criteria:

1. Applicant must have at least **two years** driving experience on the type of vehicle required to be driven in the company e.g. articulated and fixed.
2. Applicant's age should be at least 18 years at the time of recruitment.
3. Applicant's age should not exceed the official retirement age of the company i.e. 65 years.
4. Have a clean driving record, must be drug and alcohol free and pass a criminal background check.
5. Other requirements as determined by the hiring manager.

Personality

Driver's personality attributes shall be verified through an **Interview / Assessment-Form** at the time of selection. The ideal candidate should be:

1. Someone who has an aptitude for driving.
2. Someone who can provide courteous service to customer.
3. Mature and responsible.
4. Decisive.
5. Capable of working independently, self-reliant and self-disciplined.
6. Prepared and capable of working on shifts.

Someone who must be aware and determined to practice all safety rules, methods and procedures.

1. Non-Smokers shall be preferred.
2. No attitude towards drugs.
3. No physical deformity & capable of controlling the vehicle (reaching and operating the controls).
4. Someone with the ability to perceive hazards & able to react rationally in normal and emergency situations

Health

A board-certified physician shall conduct a comprehensive medical examination. Medical report shall be placed in the personal file of each driver after completion of selection process. Medical examination must ensure following fitness areas:

Vision (eyesight and color blindness).

Any serious illness.

Any neurological or musculoskeletal deficiency which could adversely affect movement and reaction time.

Conditions that could result in sudden collapse such as epilepsy, diabetes and heart attack.

Any history of anxiety or depression.

Use of any medication which could influence driving behavior.

Stress / sleeping disorders, and degree of dependence on sleeping tablets, alcohol and other measures.

Drug and alcohol testing.

Driving Skills

Practical Driving Test.

Each driver should go through a practical driving examination before recruitment with current certification. An experienced driver / monitor driver shall provide field orientation and test under typical operating conditions. He will confirm that applicant is fully competent to drive the type of vehicle he would use on company business.

Appropriate Driving License. The applicant to be recruited must have an appropriate valid License for the vehicle to be driven by him. A Photostat copy of license must be placed in his personal file.

Education

(Education Requirement)

1. Preferable level of education for a prospective driver is a high school graduate or higher degree.
2. If an applicant is not meeting the above education standards, then he should be literate and numerate at a level where he is able to:
3. Follow written work instructions.
4. Read maps.
5. Safety bulletins.

6. Fill out trip log.
7. Other forms required to report about journey details etc.
8. Complete a defensive-driving course sponsored or endorsed by the national safety council.
9. Complete an approved Passenger-assistance training
10. Any driver who holds a current, valid EMT-basic, EMT-intermediate, or EMT-paramedic certification from the state board of emergency medical services is deemed qualified.
11. Pass a training course in first aid and CPR offered by the American red cross, the American heart association, the national safety council, medic first aid international, American safety and health institute or other approved institutions.

Induction

1. A newly selected driver will be given a Job-Offer letter along with “Extract from Rules & Regulations of the Company” for his guidance. He will be on probation for three months.
2. Newly hired drivers should be put on the safest and least demanding routes.
- 3 There should be a progression from smaller *to larger vehicles* and from rigid to articulated vehicles, supported by continuous progressive training.
4. During initial short trips, a monitor driver should spend the first three to five days with new driver, identifying any skill gaps, attitude problems and providing the necessary support.
5. The monitor driver shall continue to record his skill gaps during the probationary period and through coaching, counseling, and other training drills would bridge the gaps in his driving skills. He will then submit his report to the company.
6. Following a final trip at the end of the probationary period, the monitor driver should recommend whether or not a driver to be rejected or accepted.

7. Job confirmation letter will be issued to the driver on probation, if Monitor-Driver comments positively about him and there is no other negative report against him.

Conduct

With respect to general conduct, drivers shall follow procedures regarding duty and rest periods.

1. Follow defensive driving principles.
2. Wear a seat belt at all times whilst in a moving vehicle.
3. Work in accordance with all company Rules and to act on the instructions of their supervisor.
4. Keep the vehicle and cab interior clean and tidy.
5. Not place heavy or sharp objects in the cab (or on the top of trailers).
6. Not place product samples or product contaminated material, including gloves, in the cab.
7. Not engage in horseplay or unsafe driving maneuvers.
8. Must not smoke or carry matches, lighters or other source of ignition when carrying flammable products

Other Important Requirements.

During the selection process in addition to the above-mentioned requirements the under mentioned elements are also very important and the driver selection shall encompass the following:

1. Driving record (no serious offences and no more than three accidents or violations in the last 5 years).
2. Knowledge and application of defensive driving.
3. Attitude to alcohol and drugs.
4. Understanding of the Highway Code.
5. Awareness of key road safety issues.
6. Successfully pass all required and mandatory trainings

4.10 EMPLOYEES' RESPONSIBILITIES IN COOPERATING WITH INSPECTIONS

Purpose: To provide guidelines regarding employees' responsibilities in cooperating with inspections by the state licensure agency or other regulatory agencies.

Policy: Each employee will fully comply and cooperate with all inspections by the state licensure agency. Employees will be available and answer questions in an honest manner by state staff to aid in all inspections. Employees will provide all proper documentation and paperwork as requested by state staff. If the employee is unable to answer questions or provide documents as requested by the state staff, the state staff will be referred to the Administrator. No employee should fabricate information or edit or correct documentation to mislead state staff during an inspection. Such behavior will result in penalization of the employee including up to termination.

4.11 PRE-EMPLOYMENT INQUIRIES/CRIMINAL OFFENDER RECORD INFORMATION (CORI) POLICY

Purpose: To explain the company's Pre-Employment Inquiries/Criminal Offender Record Information (CORI) Policy.

Policy: The Company is an equal opportunity employer. It is the policy of this Company to hire qualified candidates for employment.

The Company does not discriminate against an employee or applicant based on race, color, religion, sex, sexual orientation national origin, physical or mental handicaps, marital status, or military or political affiliation.

Job applicants will be assessed on the basis of their ability to perform the job for which they are interviewing without regard to non-job-related criteria. The employee's opportunity to work at the Company will not be jeopardized by the employee's refusal to answer a non-job-related question, with the exception of criminal record (see below).

Information received from Criminal Offender Record Information (CORI) and/or the state registry (for applicable states only) will be reviewed by the Administrator or designee. Reports containing no "negative" findings will be filed in a separate, confidential, personnel file, and applicant will be considered for employment. Reports that have any other findings will be reviewed by the Administrator or designee. Applicants will not be "automatically" rejected because of past criminal records. Each applicant's record will be reviewed on a case-by-case basis. Criteria used to make a decision include, but are not limited to references, applicant interview, no history of criminal judgments for the past ten years, and recent work history. Reports of abusive behavior, violent criminal judgments, or incarceration are reasons to reject the applicant.

Under no circumstances will an applicant/employee begin employment before the CORI

results are obtained and reviewed.

If CORI is required by state/federal regulations, then a Consent form is signed by job applicants before background check is done.

4.12 PERSONNEL FILES POLICY

Purpose: To define guidelines for the maintenance of personnel files.

Policy: The Company will maintain a personnel file for each crewmember. All personnel files shall be maintained at the company's principal place of business in a readily accessible manner and shall be made available to Department of Health and Senior Services staff upon demand. It is the policy of the company not to knowingly verify a record or document that is falsified, fraudulent or untrue. Any employee that knowingly verifies any such falsified records or documents shall be terminated.

Personnel file for each crewmember shall at a minimum contain the following:

- Application or resume which contains the crewmember's name and home address
- Job description
- Qualifications
- Licensure or certification verification checked at time of hire and each renewal including A copy of the crewmember's PAT Technician, MAV Technician or EMT-Basic certification card, as applicable; CPR certification card;
- Evidence of observed competency skills checks, if applicable
- Performance evaluations
- Valid Driver's License for staff operating a motor vehicle in the course of duties, and or A copy of the crewmember's photo I.D. (a valid photo driver's license may be utilized);
- MVR checks minimally upon hire and every 3 years for staff operating a motor vehicle in the course of duties
- Evidence of Motor Vehicle Insurance for all staff operating a motor vehicle in the course of duties
- Immigration status
- Other items and information required by the Company
- Reference checks - two work related, verbal or written and one personal reference
- Background checks, as required by state/federal guidelines

- Health Statement detailing TB screening and Hepatitis B vaccine or declination

Personnel records shall be maintained on all employees. They shall be kept in the Company's offices in a locked file and safeguarded from unauthorized use. Personnel records shall contain the following:

Personnel records shall be maintained according to regulations and the Company's policy for record retention.

Confidential health related requirements such as a current TB skin test or chest x-ray, Hepatitis B vaccination or declination documentation, required physical exams, and work- related injury reports would be maintained in a separate personnel folder, apart from the primary personnel file.

Personnel records must be maintained in confidentiality. Only the Administrator or the employee's immediate supervisor may have unlimited access to the personnel record.

Employees may review their personnel files in reply to a written request for an appointment.

Other requests for personnel records will be processed and approved by the Administrator or designee.

It shall be the Company's policy to reply to written requests for information on former employees, providing the Company has written authorization from the employee to do so.

4.13 BACK SAFETY POLICY

Purpose: The purpose of this safety plan is to establish guidelines, practices and procedures to implement and sustain a Back-Injury Reduction Program.

Policy: All employees will use safe technique for performing lifting tasks. Employees will maintain proper back alignment during periods of sitting and standing. Staff will prepare for and execute safe lifting practices during the performance of their roles at the Company.

Strategies to reduce the incidence of back injuries include promoting awareness of risks and education of all employees.

The risk of repetitive motion disorders, manual lifting and back injuries will be the focus of back safety training.

Training on back safety and lifting will be attended annually by all employees who are required to lift in the course of their job.

4.14 PERFORMANCE EVALUATION POLICY

Purpose: The purpose of this policy is to establish guidelines for employee performance evaluation.

Policy: The Company will endeavor to provide each employee with an evaluation upon completion of 6 months of employment, and annually thereafter.

The evaluation shall be job specific, include the performance of the individual and, if applicable, shall include one direct observation per year for a competency skills check. If the individual doesn't pass an area of competency, or if a new competency skill is introduced to the individual, the company shall establish a reinstruction, performance monitoring after completion of reinstruction and a satisfactory skill check prior to performing the skill independently.

The appropriate supervisor shall review the performance evaluation with the employee, who shall sign the evaluation indicating that it has been discussed with him/her. The performance evaluation shall become a permanent part of the employee's personnel file.

Negative client outcomes directly related to staff performance will have appropriate actions, documented in the personnel records. Actions may include remedial training of the staff, reassignment of the staff, or limitation of the staff's involvement in client service or other appropriate actions.

The company may choose to collect the performance evaluation in the most appropriate way based on a variety of methodologies: record review, direct observation, monitoring of service techniques, and discussion with other individuals involved in the service such as the patient or caregiver, peer review or supervisor. A multi methodology approach is the preferred method.

Any employee taking a leave of absence shall have his/her evaluation deferred until he/she has been back on the job 30 days.

**WE C.A.R.E. TRANSPORTATION
SERVICES**

DRUG AND ALCOHOL POLICY

Effective as of August 1, 2019

4.15 DRUG TESTING POLICY

Purpose of Policy

This policy complies with 49 CFR Part 655, as amended, 49 CFR Part 382, as amended, and 49 CFR Part 40, as amended. Copies of Parts 655, 382, and 40 are available in the drug and alcohol program manager's office and can be found on the Internet at the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance website <http://www.transportation.gov/odapc>.

All covered employees are required to submit to drug and alcohol tests as a condition of employment in accordance with these regulations.

In addition, DOT has published 49 CFR Part 32, implementing the Drug-Free Workplace Act of 1988, which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA.

All WE C.A.R.E. TRANSPORTATION SERVICES employees are subject to the provisions of the Drug-Free Workplace Act of 1988.

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the covered workplace. An employee who is convicted of any criminal drug statute for a violation occurring in the workplace shall notify SHIREETA BENJAMIN no later than five days after such conviction.

Covered Employees

This policy applies to every person whose position requires the possession of a commercial driver's license (CDL); every employee performing a "safety-sensitive function" as defined below, and any person applying for such positions.

Under FMCSA (Part 382), you are a covered employee if you perform any of the following safety-sensitive functions:

- Driving a commercial motor vehicle which requires the driver to have a CDL
- Waiting to be dispatched to operate a commercial motor vehicle
- Inspecting, servicing, or conditioning any commercial motor vehicle
- Performing all other functions in or upon a commercial motor vehicle (except resting in a sleeper berth)
- Loading or unloading a commercial motor vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloading, remaining in readiness to operate the vehicle, or giving or receiving receipts for shipments being loaded or unloaded

- Repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle

Under FTA (Part 655), you are a covered employee if you perform any of the following safety-sensitive functions:

- Operating a revenue service vehicle, in or out of revenue service
- Operating a non-revenue vehicle requiring a commercial driver's license
- Controlling movement or dispatch of a revenue service vehicle
- Maintaining (including repairs, overhaul and rebuilding) of a revenue service vehicle or equipment used in revenue service
- Carrying a firearm for security purposes

See Attachment A for a list of covered positions by job title.

Prohibited Behavior

Use of illegal drugs is prohibited at all times. All covered employees are prohibited from reporting for duty or remaining on duty any time there is a quantifiable presence of a prohibited drug in the body at or above the minimum thresholds defined in Part 40. Prohibited drugs include:

- marijuana
- cocaine
- phencyclidine (PCP)
- opioids
- amphetamines

All covered employees are prohibited from performing or continuing to perform safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

All covered employees are prohibited from consuming alcohol while performing safety-sensitive job functions or while on-call to perform safety-sensitive job functions. If an on-call employee has consumed alcohol, they must acknowledge the use of alcohol at the time that they are called to report for duty. If the on-call employee claims the ability to perform his or her safety-sensitive function, he or she must take an alcohol test with a result of less than 0.02 prior to performance.

All covered employees are prohibited from consuming alcohol within four (4) hours prior to the performance of safety-sensitive job functions.

All covered employees are prohibited from consuming alcohol for eight (8) hours following involvement in an accident or until he or she submits to the post-accident drug and alcohol test, whichever occurs first.

Consequences for Violations

FTA Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee will be immediately removed from safety-sensitive duty and referred to a Substance Abuse Professional.

Following a BAC of 0.02 or greater, but less than 0.04, the employee will be immediately removed from safety-sensitive duties for at least eight hours unless a retest results in the employee's alcohol concentration being less than 0.02.

FMCSA Consequences

Following a positive drug or alcohol (BAC at or above 0.04) test result or test refusal, the employee will be immediately removed from safety-sensitive duty and referred to a Substance Abuse Professional (SAP).

Following a BAC of 0.02 or greater, but less than 0.04, the employee will be immediately removed from safety-sensitive duties until the start of the employee's next regularly scheduled duty period, but not less than 24 hours following administration of the test.

Treatment/Discipline

Per WE C.A.R.E. TRANSPORTATION SERVICES'S policy, any employee who tests positive for drugs or alcohol (BAC at or above 0.04) or refuses to test will be referred to a Substance Abuse Professional (SAP) and when any employee is unable or unwilling to perform duties of his assigned position in a satisfactory manner or has committed any act to the prejudice of the Company, or has failed to perform any act that was his/her duty to perform, failed a routine substance abuse testing, or otherwise has become subject to corrective action, the appropriate supervisor has the authority to take whatever action is warranted in consultation with the administrator. Document all discipline and allow an employee a "mentor" if requested. The action taken may extend to:

- Termination from service for just cause
- Mandatory retirement
- Reduction in pay
- Suspension without pay not to exceed ninety (90) days
- Warning (verbal or written)
- Probation

In any case of reduction in pay or suspension, the appropriate supervisor shall immediately furnish the employee and the Administrator with a written statement documenting the reasons for the action.

If an employee receives a written warning, the warning shall become a permanent part of his/her personnel file. A verbal warning will also be documented and become part of an employee's personnel file.

Conduct unbecoming an employee shall be considered just cause for disciplinary action and/or termination from service. Such conduct may include, but not be limited to:

- Fraud
- Abuse
- Neglect
- Misappropriation of Client Property/Funds
- Stealing
- Being intoxicated or drugged while on the job
- Making untrue statements with intent to deceive
- Frequent absenteeism
- Unprofessional actions
- Unexcused absences and late reporting

Circumstances for Testing

Pre-Employment Testing

Employees Subject to testing under the Company's drug testing policy, current and prospective employees who work or would work in high-risk or safety-sensitive positions including drivers and crewmembers can be asked to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer by the company, however, is conditioned on the prospective employee testing negative for drugs. All pre-employment alcohol tests will be conducted using the procedures set forth in 49 CFR Part 40.

A negative pre-employment drug test result is required before an employee can first perform safety-sensitive functions. If a pre-employment test is cancelled, the individual will be required to undergo another test and successfully pass with a verified negative result before performing safety-sensitive functions.

If a covered employee has not performed a safety-sensitive function for 90 or more consecutive calendar days and has not been in the random testing pool during that time, the employee must take and pass a pre-employment test before he or she can return to a safety-sensitive function.

A covered employee or applicant who has previously failed or refused a DOT pre-employment drug and/or alcohol test must provide proof of having successfully completed a referral, evaluation, and treatment plan meeting DOT requirements.

FMCSA Drug Testing Exceptions

A driver is not required to undergo a pre-employment test if:

- (1) The driver has participated in a DOT testing program within the previous 30 days; and
- (2) While participating in that program, either:
 - (a) Was drug tested within the past six months from the date of application with WE C.A.R.E. TRANSPORTATION SERVICES or
 - (b) Participated in the random drug testing program for the previous 12 months (from the date of application with WE C.A.R.E. TRANSPORTATION SERVICES and
- (3) WE C.A.R.E. TRANSPORTATION SERVICES can ensure that no prior employer of the driver of whom WE C.A.R.E. TRANSPORTATION SERVICES has

knowledge has records of a violation of this part or the controlled substances use rule of another DOT agency within the previous six months

Reasonable Suspicion Testing

All covered employees shall be subject to a drug and/or alcohol test when WE C.A.R.E. TRANSPORTATION SERVICES has reasonable suspicion to believe that the covered employee has used a prohibited drug and/or engaged in alcohol misuse. A reasonable suspicion referral for testing will be made by a trained supervisor or other trained company official on the basis of specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee.

Covered employees may be subject to reasonable suspicion drug testing any time while on duty. Covered employees may be subject to reasonable suspicion alcohol testing while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions.

Post-Accident Testing

FTA Procedures

Covered employees shall be subject to FTA post-accident drug and alcohol testing under the following circumstances:

Fatal Accidents

As soon as practicable following an accident involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee operating the public transportation vehicle at the time of the accident. In addition, any other covered employee whose performance could have contributed to the accident, as determined by WE C.A.R.E. TRANSPORTATION SERVICES using the best information available at the time of the decision, will be tested.

Non-Fatal Accidents

As soon as practicable following an accident not involving the loss of a human life, drug and alcohol tests will be conducted on each covered employee operating the public transportation vehicle at the time of the accident if at least one of the following conditions is met:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident
- (2) One or more vehicles incurs disabling damage and must be towed away from the scene, unless the covered employee can be completely discounted as a contributing factor to the accident

In addition, any other covered employee whose performance could have contributed to the accident, as determined by WE C.A.R.E. TRANSPORTATION SERVICES using the best information available at the time of the decision, will be tested.

A covered employee subject to post-accident testing must remain readily available, or it is considered a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered

employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

FMCSA Procedures

Covered employees shall be subject to FMCSA post-accident drug and alcohol testing under the following circumstances:

Fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and involving the loss of a human life, drug and alcohol tests will be conducted on each surviving covered employee who was performing safety-sensitive functions with respect to the vehicle.

Non-fatal Accidents

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, an alcohol test will be conducted on each driver who receives a citation within eight (8) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene; or
- (2) One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

As soon as practicable following an occurrence involving a commercial motor vehicle operating on a public road in commerce, and not involving the loss of a human life, a drug test will be conducted on each driver who receives a citation within thirty-two (32) hours of the occurrence under State or local law for a moving traffic violation arising from the accident, if:

- (1) The accident results in injuries requiring immediate medical treatment away from the scene; or
- (2) One or more motor vehicles incur disabling damage and must be transported away from the scene by a tow truck or other motor vehicle.

A covered employee subject to post-accident testing must remain readily available, or it is considered a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

Random Testing

Random drug and alcohol tests are unannounced and unpredictable, and the dates for administering random tests are spread reasonably throughout the calendar year. Random testing will be conducted at all times of the day when safety-sensitive functions are performed.

Testing rates will meet or exceed the minimum annual percentage rate set each year within each DOT agency. The current year testing rates can be viewed online at <http://www.transportation.gov/odapc/random-testing-rates>. If a given driver is subject to random testing under the rules of more than one DOT agency, the driver will be subject to random drug and alcohol testing at the annual percentage rate established by the DOT agency regulating more than 50% of the driver's function.

The selection of employees for random drug and alcohol testing will be made by a scientifically valid method, such as a random number table or a computer-based random number generator. Under the selection process used, each covered employee will have an equal chance of being tested each time selections are made.

A covered employee may only be randomly tested for alcohol misuse while the employee is performing safety-sensitive functions, just before the employee is to perform safety-sensitive functions, or just after the employee has ceased performing such functions. A covered employee may be randomly tested for prohibited drug use anytime while on duty.

Each covered employee who is notified of selection for random drug or random alcohol testing must immediately proceed to the designated testing site.

Random Testing – End of Shift (FTA)

Random testing may occur anytime an employee is on duty so long as the employee is notified prior to the end of the shift. Employees who provide advance, verifiable notice of scheduled medical or childcare commitments will be random drug tested no later than three hours before the end of their shift and random alcohol tested no later than 30 minutes before the end of their shift. Verifiable documentation of a previously scheduled medical or childcare commitment, for the period immediately following an employee's shift, must be provided at least eight hours before the end of the shift.

Return to Duty Testing

Any employee who is allowed to return to safety-sensitive duty after failing or refusing to submit to a DOT drug and/or alcohol test must first be evaluated by a substance abuse professional (SAP), complete a SAP-required program of education and/or treatment, and provide a negative return-to-duty drug and/or alcohol test result. All tests will be conducted in accordance with 49 CFR Part 40, Subpart O.

Follow-up Testing

Employees returning to safety-sensitive duty following leave for substance abuse rehabilitation will be required to undergo unannounced follow-up alcohol and/or drug testing for a period of one (1) to five (5) years, as directed by the SAP. The duration of testing will be extended to account for any subsequent leaves of absence, as necessary. The type (drug and/or alcohol), number, and frequency of such follow-up testing shall be directed by the SAP. All testing will be conducted in accordance with 49 CFR Part 40, Subpart O.

Testing Procedures

All FTA drug and alcohol testing will be conducted in accordance with 49 CFR Part 40, as amended.

Dilute Urine Specimen

If there is a negative dilute test result, [Employer] will accept the test result and there will be no retest, unless the creatinine concentration of a negative dilute specimen was greater than or equal to 2 mg/dL, but less than or equal to 5 mg/dL.

Dilute negative results with a creatinine level greater than or equal to 2 mg/dL but less than or equal to 5 mg/dL require an immediate recollection under direct observation (see 49 CFR Part 40, section 40.67).

Split Specimen Test

In the event of a verified positive test result, or a verified adulterated or substituted result, the employee can request that the split specimen be tested at a second laboratory. WE C.A.R.E. TRANSPORTATION SERVICES guarantees that the split specimen test will be conducted in a timely fashion. Test Refusals

As a covered employee, you have refused to test if you:

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by WE C.A.R.E. TRANSPORTATION SERVICES
- (2) Fail to remain at the testing site until the testing process is complete. An employee who leaves the testing site before the testing process commences for a pre-employment test has not refused to test.
- (3) Fail to attempt to provide a breath or urine specimen. An employee who does not provide a urine or breath specimen because he or she has left the testing site before the testing process commenced for a pre-employment test has not refused to test.
- (4) In the case of a directly observed or monitored urine drug collection, fail to permit monitoring or observation of your provision of a specimen.
- (5) Fail to provide a sufficient quantity of urine or breath without a valid medical explanation.
- (6) Fail or decline to take a second test as directed by the collector or WE C.A.R.E. TRANSPORTATION SERVICES for drug testing.
- (7) Fail to undergo a medical evaluation as required by the MRO or WE C.A.R.E. TRANSPORTATION SERVICES's Designated Employer Representative (DER).
- (8) Fail to cooperate with any part of the testing process.
- (9) Fail to follow an observer's instructions to raise and lower clothing and turn around during a directly observed test.
- (10) Possess or wear a prosthetic or other device used to tamper with the collection process.
- (11) Admit to the adulteration or substitution of a specimen to the collector or MRO.
- (12) Refuse to sign the certification at Step 2 of the Alcohol Testing Form (ATF).
- (13) Fail to remain readily available following an accident.

As a covered employee, if the MRO reports that you have a verified adulterated or substituted test result, you have refused to take a drug test.

As a covered employee, if you refuse to take a drug and/or alcohol test, you incur the same consequences as testing positive and will be immediately removed from performing safety-sensitive functions and referred to an SAP.

FMCSA Procedures

Any covered employee who has a drug and/or alcohol abuse problem and has not been selected for reasonable suspicion, random or post-accident testing or has not refused a drug or alcohol test may voluntarily refer her or himself to SHIREETA BENJAMIN who will refer the individual to a substance abuse counselor for evaluation and treatment.

The substance abuse counselor will evaluate the employee and make a specific recommendation regarding the appropriate treatment. Employees are encouraged to voluntarily seek professional substance abuse assistance before any substance use or dependence affects job performance.

Any safety-sensitive employee who admits to a drug and/or alcohol problem will immediately be removed from his/her safety-sensitive function until successful completion of a prescribed rehabilitation program. Prior to participating in a safety-sensitive function, the employee must also undergo a DOT return-to-duty drug test with a verified negative result and/or a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

Prescription Drug Use

The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected must be reported to SHIREETA BENJAMIN. Medical advice should be sought, as appropriate, while taking such medication and before performing safety-sensitive duties.

Contact Person

For questions about WE C.A.R.E. TRANSPORTATION SERVICES's anti-drug and alcohol misuse program, contact SHIREETA BENJAMIN

Attachment A: Covered Positions

Drivers

Dispatchers

4.16 DISCIPLINARY ACTION POLICY

Purpose: The purpose of this policy is to provide employees and managers a fair, clear and useful tool for correcting performance problems, as well as to provide a process to assist management in handling cases of unacceptable personal conduct. Consistent with sound employee relations practices, it is most important that all disciplinary actions, including dismissal, be administered in as near a uniform manner as possible throughout the company.

Policy: When any employee is unable or unwilling to perform duties of his assigned position in a satisfactory manner or has committed any act to the prejudice of the Company, or has failed to perform any act that was his/her duty to perform, failed a routine substance abuse testing, or otherwise has become subject to corrective action, the appropriate supervisor has the authority to take whatever action is warranted in consultation with the administrator. Document all discipline and allow an employee a “mentor” if requested. The action taken may extend to:

- Termination from service for just cause
- Mandatory retirement
- Reduction in pay
- Suspension without pay not to exceed ninety (90) days
- Warning (verbal or written)
- Probation

In any case of reduction in pay or suspension, the appropriate supervisor shall immediately furnish the employee and the Administrator with a written statement documenting the reasons for the action.

If an employee receives a written warning, the warning shall become a permanent part of his/her personnel file. A verbal warning will also be documented and become part of an employee's personnel file.

Conduct unbecoming an employee shall be considered just cause for disciplinary action and/or termination from service. Such conduct may include, but not be limited to:

- Fraud
- Abuse
- Neglect
- Misappropriation of Client Property/Funds
- Stealing
- Being intoxicated or drugged while on the job
- Making untrue statements with intent to deceive
- Frequent absenteeism
- Unprofessional actions
- Unexcused absences and late reporting

CROSS REFERENCE POLICY

1. Child and Elder Abuse Reporting Policy
2. Reportable Events Policy
3. Drug Testing Policy

4.17 SMOKING POLICY

Purpose: In recognition of the health, safety and comfort benefits of smoke-free air and the responsibility to provide and maintain an optimally healthy and safe working environment for employees and patients.

Policy: It is the policy of the Company employee may only smoke in approved areas. To support its policy of not allowing smoking in other than designated smoking areas, the Company has posted "No Smoking" and "Smoking" signs in the appropriate areas. Smoking is strictly prohibited in company vehicles. Each sign posted in an area where smoking is prohibited carries the internationally recognized symbol for no smoking -- a red circle containing a lit cigarette with a line drawn diagonally through the circle. Please observe these signs at all times.

The Company identifies and implements a process for monitoring compliance with the policy.

The employee will receive a copy of this policy in the employee's orientation packet. In addition, copies of the policy are posted in various locations throughout the Company.

Related Policy

Vehicle Safety Policy

4.18 JURY DUTY POLICY

Purpose: This policy provides for administering time off for employees subpoenaed for jury duty or court appearances

Policy: An employee shall be given time off when performing jury duty and pay for jury duty leave shall be determined by applicable state laws. Any employee subpoenaed to appear before a court, public body, or commission will be given leave, but may be counted as an excused absence and not paid.

Any payment received by the employee for performance of jury duty, excluding expenses, shall be deducted from the employee's regular wages, and the wages shall be the same as if the employee had worked his or her regular schedule.

4.19 MILITARY LEAVE

Purpose: The purpose of this policy is to comply with applicable federal and state law regarding the rights of employees who serve in the military and to allow an employee paid or unpaid time off or supplemental pay benefits for periods of training or active duty in the uniformed services. This policy applies to regular full-time and regular part-time employees who are absent from work due to annual training, encampment, weekend drills or active duty in the uniformed services. Eligible employees are entitled to Military Leave if the employee is required to be absent from work by reason of service in the uniformed services.

Policy: An employee who shall have entered or been called into active military duty with the Armed Forces of the United States or the state shall be placed on military leave without pay.

An employee on military duty shall be granted a leave of absence for up to five years if obligated to perform service in a “uniformed service”.

Any veteran showing satisfactory completion of military service must be reinstated as stated in USERRA regulations. If the individual is not qualified for the new position and cannot become qualified after reasonable effort, the individual will be re-employed in the position he or she held prior to military leave.

Uniformed Services Employment and Reemployment Rights Act 38 U.S.C 4301

4.20 GIFT AND GRATUITIES POLICY

Purpose: Employees of company, including all its affiliates are responsible to conduct all company business actions with honesty, integrity and fairness. The purpose of this policy is to set forth guidelines for employee behavior that will contribute to fair and effective interactions with patients and other third party individuals served to eliminate what might be perceived by patients and others served as inappropriate influence, and to comply with all applicable laws and regulations that govern such interactions.

Policy: No employee or affiliates of the company shall accept any gift, present, gratuity, property, or service of any significant value from patients or work-related associates. If that gift, present, gratuity, property, or service has been encouraged or solicited in any way by the employee, or if the gift, present, gratuity, etc., was given and/or accepted with the expectation of something in return, disciplinary action may be taken by the Administrator.

We C.A.R.E. Transportation Services

Maintenance Policies

3.1 BIOMEDICAL EQUIPMENT TESTING AND MAINTENANCE POLICY

Purpose: To provide guidelines for Biomedical equipment testing and maintenance policy.

Policy: The company will ensure all biomedical equipment are tested and maintained in compliance with the manufacturer's recommendations and federal standards whichever is more frequent. The administrator will maintain a list of all biomedical equipment, testing and maintenance schedule and periodically ensure the testing and maintenance are completed in compliance with manufacturer's recommendation or federal standards, whichever is more frequent.

The administrator will ensure all biomedical equipment and devices comply with all applicable provisions set forth by the Federal Food and Drug Administration for safe care, utilization and maintenance of medical devices.

Biomedical equipment includes, but is not limited to:

1. Cardiac resuscitators (that is, Thumpers [FN®]);
2. Automated external defibrillator (AED);
3. Pulse oximeters; and
4. Automatic ventilators.

The administrator will ensure the required testing and maintenance shall be conducted by:

1. Qualified employees of the firm that manufactured the equipment;
2. Qualified employees of a firm approved or authorized by the manufacturer;
3. Biomedical engineering staff of a general hospital;
4. A recognized independent laboratory; or
5. Crewmembers or other employees of the company who have been qualified by the equipment manufacturer to perform such testing and maintenance.

The requirements above shall not apply to biomedical equipment that is:

1. In the physical possession of a general hospital or other licensed health care facility;
2. Is placed in the company's vehicle for treatment, during transportation, of that hospital's or facility's patient; and
3. Is operated by that hospital or facility's personnel.

The results of the biomedical equipment tests shall be kept on file by the administrator at the company's principal place of business and shall be made available to Department staff upon demand.

3.2 AUTOMATED EXTERNAL DEFIBRILLATOR REPORTING POLICY

Purpose: To establish guidelines for compliance with the manufacturer's equipment maintenance and testing requirements.

Policy: The company will comply with manufacturer's equipment maintenance and testing requirements.

Procedure:

A notation shall be made on the patient care report each and every time a crewmember applies an AED to a patient.

In addition, a crewmember shall make a complete verbal report to the receiving physician or registered nurse;

A copy of the patient care report shall be filed with the receiving health care facility no later than 24 hours after completion of the call.

3.3: VEHICLE PIOOS (PROVIDER-INITIATED-OUT-OF-SERVICE) LOGS AND MAINTENANCE POLICY

Purpose: To establish policies and procedures for vehicle PIOOS log and to provide guidelines for vehicle maintenance.

Policy: The company to maintain vehicles and equipment in order to provide safe, comfortable, and reliable transportation to our passengers, effective and efficient service to the community. Provider-Initiated-Out-of-Service" or "PIOOS" means the temporary removal from service of a vehicle by the company. This includes vehicles in transit for repairs, when being utilized for official administrative duties or when being utilized in a parade or similar ceremony. Vehicles removed from service in this manner shall be identified by the placement of a placard by the administrator in designee in one of the vehicle's windows indicating that the vehicle is "PIOOS". Any PIOOS (Provider-Initiated-Out-of-Service) for a period greater than 30 calendar days shall be reported by the administrator or designee to the state regulatory agency.

Vehicle Maintenance

1. It is the policy of the company to maintain vehicles to promote the safety and comfort of passengers, operators, and protect the public.
 - Conduct regular pre-trip inspections in order to identify vehicle and equipment problems and assure vehicles are in good operating condition.
 - Conduct basic Preventive Maintenance service routines in a timely manner to identify vehicle problems and keep vehicle systems in good repair.
 - Conduct vehicle repairs in a timely manner and in accordance with industry best practices.
 - Maintain a clean appearance for vehicles through regular interior and exterior cleaning.
2. Manage Preventive Maintenance and repair activities to promote the reliability of the service by minimizing service interruptions due to vehicle or equipment failure.
 - Regularly inspect vehicles in order to identify and correct problems in to prevent service interruptions.
 - Schedule repairs promptly in order to minimize service interruptions.
 - Utilize subcontractors as needed to perform specialized services.
 - Analyze repair, road call and tow data to identify trouble-prone components or systems for proactive attention.
3. Maintain vehicles and equipment to promote cost-efficiency of operations.
 - Maintain and repair vehicles to ensure their operation at peak efficiency, including fuel efficiency, emissions systems, etc.
 - Analyze vehicle fuel usage and repair data; identify vehicles which may need remedial work or may need to put in PIOOS.
 - Maintain vehicles and related equipment to fulfill manufacturer's warranty requirements and pursue warranty repairs where applicable; research and follow up on any applicable recalls or service bulletins.

- Maintain vehicles to maximize the useful vehicle life, including the life of key components such as tires, brakes, batteries, etc.
 - Manage the maintenance program to be cost effective in terms of staff time, service vendors and parts and supplies costs.
4. Conduct vehicle operations, repairs, and cleaning in compliance with applicable local, state and federation regulations.
- Ensure maintenance procedures comply with applicable OSHA laws and regulations protecting the health and welfare of workers.
 - Handle and dispose of fuels, lubricants, solvents, tires and related materials in a safe and environmentally responsible manner.
 - Maintain vehicles to comply with relevant emission standards and other applicable regulations.
 - Conduct vehicle cleaning to comply with applicable wastewater and other relevant regulations.
 - Conduct maintenance and repairs in compliance with environmental standards and other relevant regulations.

Program Elements:

Pre-trip inspections. Each vehicle will be inspected at the start of each shift by a driver trained in the procedure. A walk-around will be performed with a vehicle pre-trip checklist and any irregularities reported to the Mechanic before the vehicle leaves the lot. Please see Attachments for Pre-Trip Inspection checklist.

Basic Service Routines. Per the recommendations of the chassis, bus body, and wheelchair lift manufacturers, and the additional recommendations of the Mechanic, a thorough preventive maintenance schedule will be established and followed for each vehicle. At or before the recommended mileage intervals, the company mechanic will perform all the elements of maintenance due at that mileage.

Vehicle Cleaning. Interior cleaning and sweeping of each in-service vehicle will be performed at the end of each shift by crewmembers. Vehicle exteriors will be washed on a weekly basis or more frequently, as needed.

Vehicle Repairs. The need for a vehicle repair may be discovered during a pre-trip inspection, preventive maintenance inspection, or breakdown. The Mechanic will determine warranty coverage for the system requiring attention, and if appropriate, pursue warranty repairs with the vendor, bus or chassis manufacturer, or authorized warranty outlet. The Mechanic will determine whether the repair can be accomplished by the Mechanic, or because of the need for special diagnostic expertise or equipment, will be assigned to a subcontractor.

Documentation and Analysis. Vehicle condition will be regularly documented through pre-trip inspections and problems discovered on the road will be documented on a Vehicle Condition Report by the driver. In addition, all vehicle maintenance and repair activity and costs will be documented. Vehicle data will be organized for summary and analysis.

3.4 VEHICLE REGISTRATION POLICY

Purpose: To set guidelines for each non-emergency transportation vehicle registration.

Policy: The Company shall register, maintain and operate each vehicle in accordance with all applicable state and federal regulations. The vehicle registration card shall be made available to state licensing agency staff upon demand. Vehicles registered as a motor vehicle in the state shall display a valid motor vehicle inspection decal issued by the state Motor Vehicle Commission. The vehicle shall only be utilized to provide service after it has successfully passed all motor vehicle tests conducted by the DMV or an authorized re-inspection Station. No vehicle shall be utilized to provide services while it bears a voided, expired or "Rejected" MVC sticker. Vehicles registered as motor vehicles in other states shall display a valid motor vehicle inspection decal issued in accordance with the requirements of the state registering the vehicle. The vehicle shall only be utilized to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

3.5 VEHICLE SANITATION POLICY

Purpose: To provide guidelines regarding the sanitation of vehicles

Policy: The interior of the vehicle, including all areas utilized for storage, and the equipment and supplies within the vehicle, shall be kept clean and sanitary. A disinfectant shall be applied to all contact surfaces at least weekly. The floor, walls and equipment shall be free of stains, dirt, debris, odors and insect infestation.

All interior surfaces shall be covered with stain resistant material that is impervious to blood, vomitus, grease, oil and common cleaning materials.

Blankets, pillows and mattresses shall be kept clean and in good repair. All pillows and mattresses shall have protective, waterproof and stain resistant covers.

Clean linens shall be utilized in the transport of stretcher patients. All linens shall be changed after each patient. Disposable linens may be utilized, so long as they are disposed of after each patient.

There shall be adequate, clean, dustproof storage for clean linens.

Plastic bags and/or covered containers or compartments shall be provided and shall be utilized for all soiled supplies (including linens and blankets) carried within the vehicle.

In order to protect the safety of the general public and emergency response personnel, after a vehicle has been occupied by or used to transport a patient known or suspected to have a communicable disease, the vehicle shall, prior to transportation of another patient, be cleaned and all contact surfaces, equipment and blankets shall be disinfected according to applicable standards set forth by the Occupational Safety and Health Administration (OSHA). Where possible, only single-service implements shall be inserted into the patient's nose or mouth. These single-service items shall be wrapped and properly stored and disposed of after utilization. Non-disposable patient care equipment shall be decontaminated after each patient utilization in a manner consistent with the sending or receiving health care facility's requirements for equipment decontamination. No airway, tube, catheter or other similar device shall be utilized on more than one patient unless sterilized in accordance with manufacturer's recommendations. Exterior surfaces of the vehicle shall be cleaned weekly.

Related Policy

1. Vehicle Maintenance Policy

3.6 VEHICLE HEATER/AIR CONDITIONER POLICY

Purpose: To provide guidelines for functionality and operation for vehicle heater/air conditioner.

Policy: Each vehicle shall have a functional heater and air conditioner: When the outside temperature is below 65 degrees Fahrenheit, the heater shall, within 20 minutes after initial engine start up, provide an inside ambient patient compartment temperature of 68 to 72 degrees Fahrenheit.

The air conditioner shall, within 45 minutes after engine start up, provide an inside ambient patient compartment temperature of:

- i. Sixty-eight to 72 degrees Fahrenheit when the outside temperature is between 75- and 85-degrees Fahrenheit; and
- ii. At least 13 degrees Fahrenheit below the outside temperature when the outside temperature is over 85 degrees Fahrenheit.

3.7 VEHICLE CHASSIS, BODY AND COMPONENTS POLICY

Purpose: This policy reflects standard for the motor vehicle chassis, body and components

Policy: It is the policy of the company that the motor vehicle chassis, body and components shall be standard commercial products and shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and Federal regulations applicable or specified for the year of manufacture.

The curb weight and payload weight shall not exceed the gross motor vehicle weight rating as determined by the manufacturer.

Tires shall be appropriate for the Gross Vehicle Weight of the vehicle and shall not be damaged or have excessive tread wear. Radial and non-radial tires shall not be mixed on the vehicle.

The completed/modified vehicle's center of gravity shall be within the parameter recommended by the chassis manufacturer.

- All seats shall comply with 49 C.F.R. 571.207 (FMVSS No. 207).
- Automotive safety belts and anchorages for seats and for occupied wheelchairs shall comply with 49 C.F.R. 571.208, 209 and 210 (FMVSS Nos. 208, 209 and 210).
- All glazing shall comply with 49 C.F.R. 571.205 (FMVSS No. 205).

The company shall, with the approval of the Department, permanently assign a unique non-duplicated recognition number to each vehicle. The recognition number shall consist of at least one, but not more than six, characters. A character shall mean either an Arabic number, an Arabic letter, a space or a dash. At least one of the characters in the recognition number shall be either an Arabic letter or Arabic number.

3.8 VEHICLE CARBON MONOXIDE CONCENTRATIONS POLICY

Purpose: This policy provides standards to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle.

Policy: It is the policy of the company to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle:
The vehicle exhaust system, as well as the vehicle exterior, doors, windows and related gaskets shall be in good condition and free of leaks; and

The vehicle exhaust system shall extend beyond the sides of the vehicle and away from the fuel tank filler pipes and doors.

The vehicle shall not be utilized to transport patients if the exhaust system has:

1. Loose or leaking joints;
2. Holes, leaking seams, or patches;
3. A tail pipe end that is pinched or damaged; or
4. A tail pipe end that does not extend beyond the edge of the vehicle body.

3.9 PNEUMATIC TESTING POLICY

Purpose: To provide guidelines for the testing of respiratory equipment.

Policy: All respiratory equipment shall be pneumatically tested by the company at least once every six months and, if required by the manufacturer, at more frequent intervals. Testing respiratory equipment is performed using specially designed test equipment.

Periodic pneumatic testing will be conducted by the company using the state licensing agency pneumatic testing guide, entitled "Pneumatic and Oxygen Delivery Testing Standards".

The results of all pneumatic tests shall be kept on file by the administrator or designee at the company's principal place of business.

(a) At the discretion of the state licensing agency, pneumatic testing conducted by approved outside agencies may be accepted for the purpose of vehicle licensure.

(b) The results of all pneumatic tests shall be made available to state licensing staff part of any annual or biennial inspection for the purpose of licensure of a vehicle.

3.10 PRE-TRIP VEHICLE INSPECTION POLICY

Purpose: To help ensure the safe mechanical condition of each vehicle before it is used in service. To identify minor and major vehicle defects for immediate maintenance

Policy:

The Pre-Trip Vehicle Inspection Sheet should be completed by each driver before they start their run for the day. Items to be checked are listed on the left side of the page. Two boxes on the right side of the page highlight information that should be recorded for administrative purposes. There are three main areas that must be inspected by the driver. The exterior inspection checks the lighting systems, tires, body damage, and wheelchair lift/ramp operation. The interior inspection checks the operating condition of the major mechanical systems such as the brakes and steering as well as the operation of the radio (if applicable) and the cleanliness of the vehicle. Drivers should also visually check the condition of the belts and hoses in the engine compartment and fluid levels as instructed by their supervisor.

Exterior Inspection

The exterior inspection can be completed more efficiently by two people, but it should not take long for a single person to do the work.

| | |
|-------------------|---|
| Headlights | Both high and low beams must be checked. |
| Turn Signals | Front and back pairs of signals must work. In addition, hazard lights must be operational. |
| Back-up Lights | Back-up lights must work if transmission is shifted into reverse. |
| Mirrors | Should be inspected by another individual if possible. All mirrors must be present, unobstructed and adjusted to the person who will be driving the vehicle. |
| Windshield Wipers | Windshield wipers must work at all settings. Wiper fluid pump should also be tested. |
| Windows | Windows must be secure and in good operating condition. |
| Tires | All tires should be visibly inspected for inflation and tread wear. |
| Body Damage | Any body damage should be reported even if transportation system administration and personnel are already aware of the problem. |
| Cleanliness | Outside of the vehicle should be inspected for accumulated dirt and grime. |

Lift/Ramp Operation All wheelchair lifts must be checked before the vehicle is put into service, whether or not the lifts are intended to be used.

Interior Inspection

Brakes Brakes should be checked by putting the vehicle in gear without acceleration and applying the brakes.

Steering Steering wheel should both have a full range of motion and effectively turn the front wheels.

Gauges and Indicators All gauges and indicators should be visually inspected to make sure that they are operational.

Transmission Selector Vehicle should be capable of being shifted into any gear.

Radio If the vehicle is equipped with a radio, a radio check should be conducted with dispatch.

Cleanliness The interior of the vehicle should be free of any litter, food, or excessive dirt.

Engine Area Inspection

Each driver should visibly inspect the engine compartment for any loose belts or hoses. Fluid levels should also be checked as appropriate.

CROSS REFERENCE POLICY

1. Vehicle PIOOS Policy
2. Vehicle Sanitation Policy