

Docket No. -2021-302-4182

Hearing Date: 05/18/2021

For the Applicant:

- 1 Subject application
- 2 Proofs of insurance

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

BGP 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)

PA Transportation Services

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- 6418826

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 6391004

(See checklist and indicate type of business entity registered)

BGP LLC Entity ID# 6391004

PA Transportation Services Entity ID# 6391810

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

To transport as a common carrier, by motor vehicle, persons in paratransit service from points in the Counties of Dauphin, Lancaster, Lebanon, and York to points in the Commonwealth of Pennsylvania and return.

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.

Hiren Patel

(Print Name)



(Signature)

1/12/21

(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.

BGP LLC

Legal Name of Applicant

PA Transportation Services

Trade Name, if any

2045 Westgate Drive, Suite 100

Bethlehem

PA

18017

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.

Hiren Patel, Member (Owner) of PA Transportation Services

Title: President

Contact#: 917-306-5578

Email Address: hiren@patransportationservices.com

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

Applicant does not have any affiliation with any other carrier.

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.

There are two service facilities for PA Transportation Services, one in Lehigh County and the other one out of Bucks County, each of the current locations have an office area, with laptops, copiers/fax machine and telephones. Both parking lots have surveillance monitoring and there are reserved parking spots for PA Transportation vehicles to park freely, in safe, well-lit, isolated locations. Each vehicle is remotely tracked by GPS and house internal/external facing cameras for driving safety status and efficiency.

Full Vehicle and Driver records are housed at its operational facility where they are kept in a locked file cabinet. Access of records will be limited to those individuals in the company that require it for daily operations. Vehicle records are tracked per vehicle and automated reminders are triggered for key

events such as oil change, registration and insurance renewals. Driver records are tracked for insurance, driver and medical expirations. Backups of all records are kept electronically in a Records are to be kept confidential. They are also being backed up remotely.

The office area contains a meeting room, access to a break room and a dispatcher / operations control area. The dispatcher has access to a command center console to identify where all vehicles are on a map, a laptop to conduct daily business as well as access to a multi-line phone system to make and receive phone calls. The Dispatcher receives new ride requests by both email and phone call and will coordinate the logistics of the rides. The Dispatcher will track all rides from the command center, automation tools will alert dispatcher of any problems and delays. Driver communications will occur via mobile phones which will have bluetooth / hands-free capabilities.

As per PUC regulation 29.41, generally accepted accounting principles shall be followed for all accounting and reporting matters. Our certified public accountant maintains separate accounts within QuickBooks accounting software to track income and expenses.

4. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:

- a. Your hiring standards for drivers;

PA Transportation Services currently employs over 15 drivers to handle rides within each county that it operates. With plans for expansion into Lancaster and the adjacent counties of Dauphin, Lebanon and York counties, the intention is to move into place 2 vehicles and initially hire 2 drivers to handle initial demand for rides, and hire more drivers / purchase more vehicles to take on more rides as needed.

Below are the Driver's duties / Requirements:

- ONE year experience driving a 14 passenger minibus (or larger)
- Individual shall be 23 years of age or older
- Possess a clean driver's license for at least 3 years, and not have been convicted of a crime which would bring into question the driver's ability to transport clients safely. (Criminal, DMV Background check, Drug & Alcohol tests are required this position.)
- Maintain a strong attendance record, and must report to work on time
- Follow company safety and operational rules and procedures
- Must be able to maintain proper documentation of all transport services
- Attend mandatory trainings as needed for the job function
- DOT Physical will be required
- Each driver must be clean, well groomed, and neat in appearance, have competent driving habits, and have general knowledge of the geography and conditions of the required driving environment.
- No drivers or attendants shall make sexually explicit comments, solicit sexual favors, or engage in sexual activity while in the course of their job duties.

- b. Your system for conducting criminal background checks;

Prior to becoming a PA Transportation employee, a national criminal background check will be performed to ensure a clean background. If hired, a repeat criminal background check will be performed every two years by the Operations manager.

- c. Your driver training program;

The Operations Manager shall ensure that all drivers and attendants have been trained in the operation of the vehicle and equipment to which they are assigned, Defensive Driving, First Aid, CPR, and the use of fire extinguishers. Drivers will also be trained in passenger handling techniques, wheelchair movement and securement, boarding/loading assistance, and patient confidentiality. Trainings may occur quarterly, semi-annually, annually or every two years depending on the need for each particular driver and will be mandatory.

- d. Your system for conducting driver license checks;

Driver license checks are done through the respective state Department of Motor Vehicles before hiring the driver and repeated annually thereafter.

- e. Your policies regarding alcohol and drug use by your drivers.

Each driver is tested for drugs & alcohol use annually, and Drivers may randomly be tested for alcohol and drug tests through out their job, especially after any major accident. PA Transportation Services shall not utilize drivers or attendants who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of the Participants. If a driver is suspected to be driving under the influence of alcohol, narcotics, or drugs/medications that could endanger the safety of Participants, the Operations Manager shall immediately remove the driver from providing services.

No driver or attendant shall use alcohol, narcotics, illegal drugs or drugs that impair his or her ability to perform, while on duty or abuse alcohol or drugs at any time. A driver or attendant can use prescribed medication as long as his/her duties can still be performed in a safe manner and Provider has written documentation from a physician or pharmacist that the medication will not impact the ability of the driver.

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.

Below is a listing of our current inventory. Two of these vehicles will be allocated for the Lancaster area to handle initial demand for rides to and from adult daycare centers, with the plan to scale higher as demand rises.

Vehicle ID#	Year	Type	Make	Model	Mileage	Seating Capacity
1	2017	Minibus	Ford	T350	46094	14
2	2017	Minibus	FORD	E-350	57099	14
3	2017	Minibus	FORD	E-350	33099	14
4	2017	Van	FORD	TRANSIT- 150	43462	10
5	2018	Minibus	FORD	TRANSIT-350	69808	14
6	2018	Minibus	FORD	T-350	64737	11+2 WC
7	2011	Minibus	FORD	E-350	91781	14
8	2016	Van	FORD	TRANSIT F-350	64655	13
9	2018	Minibus	FORD	E350 Diamond Coach	32043	12+2 WC or 14
10	2018	Van	FORD	TRANSIT	49026	12
11	2018	Van	FORD	TRANSIT	44582	9 + 1 WC
12	2018	Van	Ford	Transit Bus Glaval	38242	14
13	2019	Minibus	Ford	Elkhart Coach	59663	12+2 WC or 14
101	2018	Sedan	Honda	CRV	22402	4+1
102	2018	Sedan	Honda	CRV	15252	4+1
103	2019	Van	Dodge	Grand Caravan	22424	3 + WC or 5 passengers
105	2019	Sedan	Honda	CRV	18141	4+1
106	2019	Van	Dodge	Grand Caravan	12424	3 + WC or 5 passengers

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

6. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan

The Operations manager's goal is to effectively and efficiently provide safe, clean, reliable, and comfortable vehicles for use by its customers and operators. Drivers are required to thoroughly complete pre and post trip checks to track for potential issues. In addition, the Operation Manager performs an intensive review of every vehicle on a monthly basis. The emphasis of PA Transportation Services' maintenance program is preventive rather than reactive maintenance. Vehicles are inspected based on mileage and time. In addition, each vehicle receives an annual comprehensive inspection. The Operations manager continually reviews maintenance and repairs to its' fleet of vehicles.

- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Compliance with 67 PA Code, Chapter 175 for medium and heavy trucks and buses will be accomplished through the use of multiple inspection forms which will be processed by the operations manager according to the mileage intervals indicated on the form. See the forms below.

UNIT#	MAKE & MODEL	MILEAGE	HOURS		
Service Level A Complete Every 5,000 Miles					
OK	SYSTEM	REPAIRS NEEDED	OK	SYSTEM	REPAIRS NEEDED
	CAB			SUSPENSION	
	Heater/defroster			Front ball joints/king pins	
	Mirrors			Tie rod ends/drag links	
	Gauges			DRIVE TRAIN	
	Lights inside & out			Transmission	
	ELECTRICAL			Yoke & stub shafts	
	Battery			Rear differential	
	Terminals & connections			Seals on above	
	Hold downs			Universal joints	
	Backup alarm			Driveshaft support brgs	
	BRAKES & CLUTCH				
	Fluid level			ENGINE	
	Hoses			Check air cleaner	
	Linings visual check			Check for oil & water leaks	
	Parking brake			Check drive belts	
				Check oil cooler & lines	
				Check for fuel leaks	
	COOLING SYSTEM			TIRES	
	Antifreeze			Condition	
	Radiator hoses			Pressure	
	Heater hoses			Tread Depth in 32nds	
	Radiator core condition			FL FR RL RR	
	Coolant level				
	Radiator cap			WINDSHIELD	
	EXHAUST SYSTEM			Wipers & fluid	
	Exhaust pipe			Safety windows and hatch	
	Muffler			opened and closed all	
	Tail pipe				
	SHOCKS			WHEELCHAIR LIFT	
	Front				
	Rear			OTHER	
COMMENTS					
Date		Evaluated by			

UNIT#	MAKE & MODEL	MILEAGE	HOURS
LEVEL "B"----EVERY 15,000 MILES			
ALSO PERFORM LEVEL "A"			
	Replace fuel filter		
	Fully Inspect brake system, removing a wheel		
LEVEL "C"----EVERY 30,000 MILES			
ALSO PERFORM LEVELS "A" AND "B"			
	Change Automatic Transmission Fluid		
	Lube & adjust 4x2 wheel bearings, grease seals		
	Inspect and lube 4x2 ball joints		
	Inspect and lube steering linkage		
	Replace air filter if needed		
	Replace cabin air filter if needed		
	Inspect exhaust system and heat shields		
LEVEL "D"----EVERY 45,000 MILES			
ALSO PERFORM LEVELS "A" AND "B"			
	Change green engine coolant		
	Take Oil Samples		
LEVEL "E"---EVERY 90,000 MILES			
ALSO PERFORM LEVELS "A", "B", "C", AND "D"			
	Inspect Drive Belts		
LEVEL "F"----EVERY 150,000 MILES			
ALSO PERFORM LEVELS "A", "B", AND "C"			
	Replace Spark Plugs		
	Replace Accessory Drive Belts		
ANNUAL WHEELCHAIR PM MAINTENANCE			
ANNUAL AIR CONDITIONING PM MAINTENANCE			
ANNUAL OIL SAMPLES AFTER FIRST 45,000 MILES			
COMMENTS			
Date :		Evaluated By:	

Sample Semi-Annual Inspection Sheet

SEMI-ANNUAL INSPECTION

Vehicle # _____ Performed By: _____ Date: _____
Mileage: _____ Work Order #: _____

✓=Inspected R=Repair Made A=Adjusted N/A=Non-Applicable
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SPRING:

- _____ Air Conditioning Unit
- _____ Batteries/Alternator
- _____ Wash Radiator
- _____ Starter Draw Test
- _____ W/C Lift Inspection/Load Test
- _____ Pressure Wash Radiator (Thomas Only)

FALL:

- _____ Coolant PH & Freeze Point
- _____ Chains
- _____ Wiper Blade Replacement
- _____ W/C Lift Inspection/Load Test
- _____ Window Treatment (Aqua-Pel)
- _____ Tire Condition/Winter Replacement
- _____ Starter Draw Test
- _____ Pressure Wash Radiator (Thomas Only)
- _____ Headlight Adjustment

Sample Wheelchair Lift Preventative Maintenance Inspection Sheet	
Date: _____ Vehicle #: _____ Mileage: _____ Interval: _____ Inspector: _____	
TYPE OF OPERATIONS TO BE PERFORMED: 'O' if Okay; 'X' if Adjusted; 'O' if Repairs are Required	
PM WORK ORDER NUMBER: _____	REPAIR WORK ORDER NUMBER: _____
Connect remote control unit (if applicable) and cycle lift. Remove pans to aid inspection	
TEST SAFETY FEATURES	INSPECT HYDRAULIC HOSE/ELEC CALBE BUNDLE
Pressure sensitive mats	Proper routing
Pressure sensitive edges	Leaks (hoses)
INSPECT OUTER BARRIER/LINK/CYLINDER	INSPECT STOW MOTOR/STOW SHAFT
Structural integrity of barrier	Sprocket alignment
Barrier angle	Set screws in sprockets and bearings
Pivot points for damage or wear	Hydraulic hoses/fittings for leaks
Linkage set screw/jam nuts	Lube stow shaft bearings
Cylinder attachment bolts	Sprockets for damage or wear
Hydraulic hoses/fittings for leaks	
Lubrication w/Anti-Seize	INSPECT STOW/DEPLOY LIMIT SWITCH
--Slide Link	Stow switch activates 1/2" before full stow
--Rod guide	Deploy switch activates 1/2" before full deploy
--Linkage pins	Loose limit switch arm
INSPECT INNER BARRIER/LINKAGE/CYLINDER:	INSPECT CHAIN LIMIT SWITCH (SLACK CHAIN)
Structural integrity of barrier	Adjust between limit switch arm and trip
Barrier angle	Loose limit switch arm
Pivot points for damage or wear	Note 1) Forward lift cylinder must operate freely up and down which allow the chain switch to operate properly 2) Lift cylinder chain must be flexible which allows the chain to switch to operate properly
Linkage set screw/jam nuts	
Cylinder clevis pin keepers	
Hydraulic hoses/fittings for leaks	
Rem. Cyl. Clevis pins; inspect & lube	
INSPECT MASTER CHAINS & LINKS FOR:	INSPECT PROXIMITY SWITCHES
Rust & corrosion	Damage to the sensing end
Absence of cotter pins/keepers	Gap @ sensing end .0 0"-.060"
Proper adjustment	
Lubrication	INSPECT HYDRAULIC POWER SOURCE
	Fluid Level
INSPECT SLAVE CHAINS & LINKS FOR:	Hydraulic pressure (1250+/- 25#)
Rust & corrosion	Change filter element
Absence of cotter pins/keepers	
Proper adjustment	INSPECT LIFT MOUNTINGS
Lubrication	Inspect bolts and hardware for securement
Jam nuts secured	
	CHECK FOR PLATFORM WAVE AT ARMS
INSPECT STOW/DEPLOY CHAINS & LINK	INSPECT CRUTCH BEARING
Rust & corrosion	Proper adjustment
Absence of cotter pins/keepers	Galling (transference of material)
Proper adjustment	Lubrication
Lubrication	
Jam nuts secured	INSPECT TORQUE SHAFT SET SCREWS
INSPECT STOW MOTER CHAIN & LINK	INSPECT SLIDE CHANNEL BRG BLOCKS
Rust & corrosion	
Absence of cotter pins & keepers	
Proper adjustment	
Lubrication	
MANUAL OPERATION OF HYDRAULIC SYSTEM	INSPECT MAIN LIFT CYLINDER FWD & REAR
Stow	Cylinder clevis pins must be free of rust and corrosion

Doc #

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

Our agency has worked with two different auto insurance companies and have found the one we have currently use these past two years, to be the best in terms of insuring our fleets, customer service and cost.

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 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.

PA Transportation Services has sufficient capital reserved to purchase/lease reliable operating vehicles, maintain its current fleet and to process payroll for its employees for a period of over 6 months. This is due to the fact that the company maintains a strong financial foundation and backing. Credit is also available to PA Transportation to acquire new vehicles and grow its business further as transportation demand increases. Our drivers are well trained and hired because they enjoy doing what they do, which is drive these vehicles safely and provide excellent door to door customer service.

Statement of Financial Position is attached separately.

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)

Hiren Patel, President

(Name and Title, printed or typed)

1/12/21

(Date)

BGP LLC D/B/A PA Transportation Services
Balance Sheet As of Decemer 31, 2021

ASSETS

Current Assets				
	Cash		404,829	
	Other Current Assets (specify)		0	
	Total Current Assets			404,829
Tangible Assets				
	Motor Vehicle Equipment		325,000	
	Property (buildings, land, etc.)		0	
	Office Equipment		4,500	329,500
	TOTAL ASSETS			734,329

LIABILITIES & RETAINED EARNINGS

Current Liabilities (Due within one year of date)				
	Loans		0	
	Credit cards/revolving credit		17,677	
	Other Liabilities (Attach schedule)		0	
	Total Current Liabilities			17,677
Long Term Liabilities (Due after one year of date)				
	Mortgage		0	
	Long term commercial loan		525,000	
	Other Liabilities (Attach Schedule)		0	
	Total Long Term Liabilities			525,500
Retained Earnings				208,829
	TOTAL LIABILITIES & RETAINED EARNINGS			734,329

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

08/06/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ExQuizit Insurance Services LLC 2720 E. Allegheny Ave Fl-1 Philadelphia PA 19134	CONTACT NAME: Ko Swin PHONE A/C No, Ext): 215-600-1230 E-MAIL ADDRESS: info@eisgroups.com	FAX A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED BGP LLC dba PA Transportation Services 4329 Rexford Drive Bethlehem PA 18020	INSURER A: First Chicago Insurance Company NAIC # 13587	
	INSURER B: Atain Ins Co NAIC # 29033	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	GENERAL LIABILITY			CIP380407	08/08/2020	08/08/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			LVA 123772	08/08/2020	08/08/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO	Y					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
				\$					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

American Logistics 1492 S Silicon way, Suite C St. George UT 84770	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE ko swin
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