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May 3, 2024

VIA ELECTRONIC FILING

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

Re: Application of Retsel Transport, Inc for Motor Common Carrier of Persons in Paratransit Service; Docket No. A-2024-_____

Dear Secretary Chiavetta:

Attached for filing with the Pennsylvania Public Utility Commission is the Application of Retsel Transport, Inc for Motor Common Carrier of Persons in Paratransit Service. The filing fee of \$350 has been paid electronically.

Thank you for your attention to this matter. If you have any questions regarding this filing, please do not hesitate to contact the undersigned.

Very truly yours,

Todd S. Stewart
Counsel for Retsel Transport, Inc

TSS/jld
Enclosures

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)

RETSEL TRANSPORT, INC

- 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? X (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 0013737805 (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).**

LESTER BROWN

_____	_____
_____	_____
_____	_____

6. **Mailing Address**

8432 PICKERING AVE

Street Address

PHILADELPHIA, PA, 19150

City, State and Zip Code

PHILADELPHIA

County

215-251-2167

Telephone Number

PLBROWNALC@GMAIL.COM

E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

261 OLD YORK ROAD SUITE 321

Street Address

JENKINTOWN , PA 19046

City, State and Zip Code

MONTGOMERY

County

215-251-2167

Telephone Number

PLBROWNALC@GMAIL.COM

E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Todd S. Stewart 717-236-1300 (o)

Attorney's Name & Telephone Number for this Filing

100 N. Tenth Street Harrisburg, PA 17101

Attorney's Address

tsstewart@hmslegal.com

E-mail Address

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

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

_____ No X Yes, at No. **4195225**

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

Transport individuals originating in Philadelphia County and return, and originating in Philadelphia County to destinations in Bucks County, Delaware County, Chester County, and Montgomery County 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.

Lester Brown _____ **LESTER BROWN** _____ (Print Name)

Lester Brown _____ 04/08/2023
(Signature) (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.

RETSEL TRANSPORT, INC

Legal Name of Applicant

Trade Name, if any

261 OLD YORK ROAD SUITE 321	MONTGOMERY	Pa	19046
<small>Street Address (principal place of business)</small>	<small>City or Municipality</small>	<small>State</small>	<small>Zip Code</small>

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.

Lester Brown, Owner

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

None

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

Lester Brown is an experienced transportation professional with a proven track record of efficiently managing transportation services. Not only does he have a great deal of experience in transportation but also special education, hospitality, human services, and business. Since graduating with his MBA from Gwynedd Mercy University he has managed to successfully obtain and manage contracts all types of organizational and transportation needs in the state of PA. Collectively his background and knowledge has allowed him to establish several companies looking to create both structure and assured culture.

As the young adult and senior care specialist with Turning Points Services, some of his managerial responsibilities where to:

- Oversee scheduling pickups and deliveries, tracking shipments, and resolving issues as they arise.
- Maintained accurate records of transportation activities, including driver logs, vehicle inspection reports, and billing invoices.
- Communicated with drivers, dispatchers, and customers to ensure timely and efficient delivery of goods.
- Recruitment and training of new drivers, ensuring they were properly trained in company policies and procedures.
- Prepare and participate in safety meetings and training sessions to promote a culture of safety and compliance within the organization.

4. 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.

ATTACHED

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

ATTACHED

6. 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>

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

ATTACHED

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

ATTACHED

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

ATTACHED

9. 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

10. 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.

Lester Brown
 (Signature) _____
LESTER BROWN, OWNER

 (Name and Title, printed or typed)

04/08/2023

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) April 1, 2024
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$27,473.00	
Other Current Assets (specify)		
Total Current Assets		\$27,473.00
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)	\$7,695.00	
Office Equipment		
TOTAL ASSETS		\$7,695.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	N/A	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	N/A	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		

Retsel Transport Inc.

Additional Response Data

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

Our headquarters will be situated in an easily accessible area, preferably near major highways for logistical convenience. The office space will include administrative areas for staff, meeting rooms, and a dispatch center equipped with communication systems. Office Machines: We'll utilize standard office equipment such as computers, printers, scanners, and telecommunication systems for efficient operation and communication.

Vehicle Housing: Our facility will include a secure parking area for vehicles when not in use, equipped with surveillance systems for security.

Record Maintenance Plan: We will implement a comprehensive record-keeping system to ensure compliance with regulatory requirements and efficient business operations. This will include:

1. PUC Records: We'll maintain detailed records as required by the Public Utilities Commission (PUC), including vehicle maintenance logs, driver qualifications, insurance documents, and service records.
2. Business Records: We'll keep track of financial records, customer invoices, contracts, and other relevant documentation to ensure smooth business operations and facilitate accurate reporting.

VEHICLE MAINTENANCE PROTOCOL:

THE VEHICLES OPERATED FOR THIRTY (30) CONSECUTIVE DAYS OR MORE, EXCEPT FOR A NON-BUSINESS PRIVATE MOTOR CARRIER OF PASSENGERS(PMCP), THE MOTOR CARRIER SHALL MAINTAIN, OR CAUSE TO BE MAINTAINED, THE FOLLOWING RECORD FOR EACH VEHICLE:

ALL IDENTIFICATION OF THE VEHICLE INCLUDING COMPANY NUMBER (IF MARKED), MAKE, SERIAL NUMBER, YEAR, AND VIN NUMBER. IF THE NUMBER VEHICLE IS NOT OWNED BY CHOZEN TRANSPORT INC, THE RECORD MUST IDENTIFY THE PARTY PROVIDING, OR LEASING THE VEHICLE.

A MEANS TO SHOW THE NATURE AND DUE DATE OF THE VARIOUS INSPECTION AND MAINTENANCE OPERATIONS TO BE PERFORMED.

A RECORD OF INSPECTION, REPAIRS, AND MAINTENANCE SHOWING THEIR DATE AND TYPE.

A RECORD OF TESTS CONDUCTED ON PUSHOUT WINDOWS, EMERGENCY DOORS, AND MARKINGS (IF APPLICABLE).

UNSAFE OPERATIONS

COMMERCIAL MOTOR VEHICLES (CMVs) may not be operated in such a manner as to probable cause accident or a breakdown to vehicle.

ROADSIDE INSPECTION REPORTS

ANY DRIVER WHO RECEIVES A ROADSIDE INSPECTION REPORT, MUST DELIVER IT TO HIS/HER MANAGER OR EMPLOYER.

Customer Requests: Customers will be able to place transportation requests through multiple channels, including our website, mobile app, phone calls, and email. **Dispatch System:** Upon receiving a request, our dispatch center will use a centralized system to assign the most suitable vehicle and driver based on factors such as availability, location, and capacity. **Continuous Communication:** We'll utilize GPS tracking systems and mobile communication devices installed in each vehicle to maintain continuous communication with drivers. Dispatchers will provide real-time updates, instructions, and support as needed, ensuring efficient operations and timely responses to customer requests. Additionally, drivers will have access to a dedicated hotline for immediate assistance or updates.

Overall, our facilities, record maintenance plan, and communication network will be designed to ensure efficient and reliable transportation services while adhering to regulatory requirements and maintaining a high level of customer satisfaction.

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

- a. Your hiring standards for drivers;**
- b. Your system for conducting criminal background checks;**
- c. Your driver training program;**
- d. Your system for conducting driver license checks;**
- e. Your policies regarding alcohol and drug use by your drivers.**

We intend on hiring a minimum of 8-10 drivers to establish the NEMT company to ensure we can adequately satisfy the demand, service hours, and the geographic areas you plan to cover. As we grow as a company, we intend and have a plan in place to increase the number of drivers to meet the expected need.

Retsel Transport will keep and maintain criminal record background checks for a period of three (3) years. Physical records will be kept and maintained for one (1) year after the employee's departure and

then two (2) years electronically for a total period of three years in compliance with Section 29.505(a)(4) of the Commission's regulations.

Driver history records will be maintained in the same manner as criminal record background checks. Driver history records will be maintained for a period of three (3) years. Physical records will be kept and maintained for one (1) year after the employee's departure and then two (2) years electronically for a total period of three years in compliance with Section 29.504(a)(3) of the Commission's regulations.

QUALIFICATIONS:

The Paratransit Driver should have a high school education. Those with a GED equivalent will be considered.

- ✓ Must have a current, valid driver's license.
- ✓ Must be knowledgeable of safe moving and lifting techniques to ensure safety of self and others.
- ✓ Must be knowledgeable in the correct use of safety straps used in securing patients while in the vehicle.

A. Hiring Standards for Drivers:

- Driver applicants should have a clean driving record with no history of accidents or traffic violations.
- They should possess a valid driver's license for the type of vehicle they will be operating.
- Good communication skills and a customer-focused attitude are essential.
- Background checks should verify employment history and confirm references.
- Depending on the nature of the business, additional certifications or specialized training may be required.

B. System for Conducting Criminal Background Checks:

- Utilize a reputable third-party service or agency to conduct criminal background checks on potential drivers.
- Ensure compliance with local laws and regulations regarding background checks.
- Establish clear criteria for disqualifying applicants based on criminal history.

C. Driver Training Program:

- Develop a comprehensive training program that covers defensive driving techniques, vehicle operation, customer service, and company policies and procedures.
- Utilize experienced trainers and provide ongoing support and feedback to new drivers.
- Incorporate technology such as simulators or online training modules where applicable.

D. System for Conducting Driver's License Checks:

- Regularly verify the validity of driver's licenses through official channels.
- Implement a system to track license expiration dates and ensure timely renewal.
- Establish protocols for addressing any discrepancies or issues with driver licenses.
- Procedures for Verification of Insurance and Driving Record Checks:
 - Human Resources staff will request verification of proof of insurance bi-annually for all employees whose job function requires them to drive.
 - Human Resources staff will request verification of a driver's license for all CHOZEN TRANSPORT employees annually.

- Human Resources staff will complete a motor vehicle driving record check on all employees whose job function requires them to drive.
- Employees must report any driving violations, lapses in personal insurance, revocation of driver's license, DUI's or accidents immediately to immediate supervisor.
- Human resources staff will provide Program Directors with a list of all employees who have current, valid driver's licenses and are properly insured. Employees cannot drive an agency vehicle or transport participants if they do not have a valid driver's license or are uninsurable.

E. Policies Regarding Alcohol and Drug Use:

- Implement a zero-tolerance policy for alcohol and drug use while on duty.
- Conduct regular random drug testing and provide education and support for drivers struggling with substance abuse.
- Clearly communicate consequences for violations of the alcohol and drug policy, up to and including termination.

The appropriate number of drivers would depend on factors such as the size of the territory, expected demand, and operational requirements. A thorough analysis of these factors would help determine the optimal number of drivers to efficiently serve the target area while meeting customer needs and maintaining service quality.

6. 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.

Retsel Transport plans to have leased vehicles for staff to provide a consistent standard of services and comfort for our clients. Leasing vehicles for our drivers who meet the screening process criteria is a sensible approach. It ensures consistency in the quality of service provided to our clientele. Opting for leasing over purchasing vehicles offers flexibility and the ability to keep our fleet updated with newer models. This allows us to trade in vehicles that require less maintenance and attention, enhancing the comfort and care provided to our clients during their journeys. Overall, our approach demonstrates a commitment to delivering a superior transportation service experience while effectively managing our fleet for optimal performance and client satisfaction.

7. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan

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

VEHICLE MAINTENANCE PROTOCOL:

THE VEHICLES OPERATED FOR THIRTY (30) CONSECUTIVE DAYS OR MORE, EXCEPT FOR A NON-BUSINESS PRIVATE MOTOR CARRIER OF PASSENGERS(PMCP), THE MOTOR CARRIER SHALL MAINTAIN, OR CAUSE TO BE MAINTAINED, THE FOLLOWING RECORD FOR EACH VEHICLE:

ALL IDENTIFICATION OF THE VEHICLE INCLUDING COMPANY NUMBER (IF MARKED), MAKE, SERIAL NUMBER, YEAR, AND VIN NUMBER. IF THE NUMBER VEHICLE IS NOT OWNED BY CHOZEN TRANSPORT INC, THE RECORD MUST IDENTIFY THE PARTY PROVIDING, OR LEASING THE VEHICLE.

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ROADSIDE INSPECTION REPORTS

ANY DRIVER WHO RECEIVES A ROADSIDE INSPECTION REPORT, MUST DELIVER IT TO HIS/HER MANAGER OR EMPLOYER.

Safety Policy:

To protect participant health and safety when “Retsel Transport Inc” is responsible for providing transportation the agency promotes safe driving practices, with provisions for handling emergency situations.

- Driving/transporting participants is an essential job function at “Retsel Transport Inc.” Employees must be mindful that they are a representative of “Retsel Transport Inc while transporting participants either in personal or agency vehicles. If there are accurate complaints of employees committing driving infractions, they may be subject to disciplinary actions including termination from employment.

Vehicles – Personal Support

General Transportation Procedures:

- The Program Director or Coordinator will ensure that all employees who transport participants have a current, valid driver’s license and are properly insured.
- Employees must report any driving violations, lapse in personal insurance, revocation of driver’s license, DUI’s, or accidents immediately to immediate supervisor.
- All employees will follow procedures to ensure safe transportation, handling, and transfers of participants and any equipment used by participants when assisting with transportation, whether we are providing the transportation. When we responsible for

transportation of the participant or their equipment, employees will utilize the following assistive techniques:

- All employees must wear their Employee ID in a visible manner while transporting participants to and from school, home, and/or residence.
- Employees will provide assistance with seatbelts as needed to ensure they are correctly fastened.
- Employees will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
- When the vehicle is in motion, seatbelts are to be worn all the time by all passengers, including the driver.
- Employees will comply with all seat belt and child passenger restraint system requirements under PA statues when transporting a child.
- Employees will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids or specialized equipment used by the participant is properly secured before the vehicle is in motion.
- Employees must be prepared to intervene to maintain safety if a participant being transported engages in behavior that puts the participant, the driver, or other passengers at risk of immediate danger of physical harm.
- Employees will assure the following information is with them whenever transporting participants:
 - Participant Information Form or One Page Profile, including name and phone number of person(s) to call in case of emergency, must be kept according to data privacy policies.
 - Proof of insurance card and vehicle registration.
- All employees are required to follow all traffic safety laws while operating vehicles. Employees will be responsible for paying for any fines or tickets issued by law enforcement.
- All employees are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating vehicles.

Procedures in Case of Accident:

- If employees are involved in an accident, they will follow these instructions in the order to given:
 - Do not leave the scene of the accident or move the vehicle unless you and the participants are in immediate danger.
 - Evaluate the condition of yourself and the participants. Administer First Aid, as necessary.
 - Solicit aid from passing motorists, if necessary.

- Supply authorities and/or other drivers with accurate and complete information leading up to and involving the accident.
- Report back to the Program Director as soon as possible.

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

We have determined the types of insurance coverage needed to ensure that we have sufficient coverage for both our drivers and passengers. We are in contact with several insurance companies that specialize in commercial transportation insurance to compare premiums terms and conditions and have been in contact with an insurance broker who can help you find the best coverage options for Retsel Transport Inc so gaining insurance will not be an issue we have been assured.

All the necessary information has been provided and we have discussed fiscal responsibility, and we are able to insure our vehicle upon purchase without financial strain. Upon the planning of the business, we were to be overly prepared to cover essential components such as vehicles, training, recruitment, and insurance (both vehicles and drivers). Based on the projection and need of this specific sector of transportation, we recognize insurance coverage that meets the needs of both our budget and the evolution of the business is important.