

# APPLICATION CHECKLIST

## Motor Common Carrier of Persons in Paratransit Service

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

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

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

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

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

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

Foreign Corporations – apply for a Certificate of Authority

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

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

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

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

- Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
- Transportation of people to correctional facilities for visitation.
- Transportation of people in wheelchair and stretcher vans.

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

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com). You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

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

15 passengers or less: (a) \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).

(b) \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law).

(c) First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

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

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

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

**Medivan One 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) **N/A**

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** 39-3896093  
(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).

Christina Reed/ Brandon Foster/ Raya Foster/ Lamar Cottrell

6. Mailing Address

325 Veronica Drive Pittsburgh, PA 15235 Allegheny

**Street Address** **City, State and Zip Code** **County**

4123301513 info@medivanonettransportation.com

**Telephone Number** **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.)

6375 Penn Ave Ste B. Pittsburgh, PA 15206 Allegheny

**Street Address** **City, State and Zip Code** **County**

4123301513 info@medivanonettransportation.com

**Telephone Number** **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)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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. \_\_\_\_\_

**10. Describe the service area proposed by this application.**

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

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To transport people in wheelchair, stretcher, and ambulatory vehicles between points in Pennsylvania, and return.

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*Examples:*

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

**11. Certification:**

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

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

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

## Verification of Application

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

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

Christina Reed

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Print Name)



10/13/2025

(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.

## Medivan One Transportation LLC

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Legal Name of Applicant

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Trade Name, if any

**6375 Penn Ave Ste B.**

**Pittsburgh**

**PA 15206**

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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 or applicant is making the statement, give name, title, business address and telephone number.

**Christina Reed, managing member**

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

**Owner**

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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.

**The members of Medivan One Transportation LLC are licensed healthcare professionals with extensive experience in patient care, safety compliance, and transport coordination. As nurses, we have received formal training in HIPAA compliance, infection control, emergency preparedness, and patient handling safety. Our background includes hands-on experience assisting elderly and disabled individuals to and from medical appointments, as well as professional experience within hospital systems transporting patients by wheelchair and stretcher between departments and facilities.**

**We are well-versed in the use of hospital transport equipment, communication systems, and electronic documentation technologies that ensure accurate, confidential, and efficient service. Our team implements proper body-mechanics techniques during all transfers to protect both the passenger and staff.**

**While this is our first venture as an independent paratransit service provider, our healthcare and patient-transport experience provides a strong operational foundation for delivering safe, reliable, and compassionate non-emergency medical transportation throughout Pennsylvania.**

App MCC Persons Paratransit Service

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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.

**Medivan One Transportation LLC operates under a registered business address located IN Pittsburgh, PA. At this time, we conduct administrative operations remotely as we build our fleet and secure a dedicated office and vehicle storage facility. Until then, authorized drivers will be permitted to take company vehicles home, and all units will be equipped with GPS tracking systems and electronic engine kill switches to ensure security and prevent unauthorized use.**

**Our administrative office will utilize standard office equipment such as computers, printers, mobile devices, and secure cloud-based data storage. All business correspondence and scheduling are managed through password-protected systems to ensure HIPAA and confidentiality compliance.**

**For record maintenance, Medivan One will maintain all company, financial, and regulatory records in accordance with Pennsylvania Public Utility Commission (PUC) requirements. Transportation logs, trip manifests, driver records, and vehicle maintenance files will be stored digitally using encrypted cloud storage with regular data backups. Physical records, if any, will be kept in locked filing cabinets accessible only to authorized management personnel.**

**Our communication network will operate through BAMBI, a non-emergency medical transportation (NEMT) software platform designed to handle scheduling, routing, dispatching, and communication. Customer trip requests will be received via phone, email, or directly through the BAMBI system. Dispatchers will assign vehicles through the platform, allowing real-time route updates, 24/7 GPS tracking, and driver communication through smartphones or tablets. Continuous communication between dispatchers and drivers will be maintained via the BAMBI mobile app, which provides two-way messaging, trip verification, and automatic time stamping for accurate reporting.**

**As our company grows, we plan to secure a physical operations center to house vehicles and administrative functions while maintaining the same secure digital systems for record management and dispatch communication.**

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;

**Medivan One Transportation upholds strict hiring standards to ensure passenger safety and full compliance with Pennsylvania PUC regulations. All drivers must hold a valid Pennsylvania driver's license, maintain a clean driving record, and pass both state and federal background checks. Each driver also completes pre-employment drug screening, a medical fitness exam, and orientation covering defensive driving, wheelchair securement, CPR/First Aid, HIPAA awareness, and customer service.**

**Medivan One is led by four company co-founders, all of whom are actively involved in operations and management. During the first three months of service, two of the co-founders will operate the vehicles while the remaining co-founders focus on dispatch coordination, compliance, and administrative oversight. This hands-on launch strategy allows leadership to refine routes, strengthen partnerships with healthcare facilities, and maintain direct supervision of safety and service quality.**

**Beginning in month three, Medivan One will hire one to two additional drivers to support operations within the Pittsburgh region. This staffing level provides dependable weekday coverage, flexibility for early and late transports, and backup capacity during high-demand periods or vehicle maintenance.**

**As business volume expands, one to two additional employees will be added for driving and**

**administrative support, in line with fleet growth and client demand. Driver performance is reviewed regularly, and ongoing training ensures safe, reliable, and compassionate transportation for every passenger.**

b. Your system for conducting criminal background checks;

We use a uniform, legally compliant process prior to any solo driving:

**1. Checks performed (pre-hire):**

- **Pennsylvania State Police Criminal History (PATCH).**
- **Multi-jurisdictional national criminal database with county-level confirmations for any hits.**
- **PA Administrative Office of Pennsylvania Courts (AOPC) portal check for recent filings (as permitted).**
- **Sex Offender Registry (national).**
- **If the applicant lived outside PA within 2 years, we add an FBI fingerprint check (Channeler) and out-of-state county searches.**
- **If the role involves routine contact with minors, we add PA Child Abuse History Clearance and FBI fingerprinting per child-safety statutes.**

**2. Disqualifying offenses (look-backs):**

- **Violent crimes, sexual offenses, abuse/neglect, human trafficking, kidnapping, robbery/burglary/home invasion (any time) → disqualifying.**
- **Felony theft/fraud within 7 years; weapons offenses within 7 years → disqualifying.**
- **DUI/DWI (see driving record standards).**
- **Any offense indicating risk to vulnerable adults or breach of trust may be disqualifying after individualized review.**

**3. Individualized assessment & compliance: We follow FCRA (pre-adverse/adverse action notices) and EEO guidance, considering nature/time/job-relatedness. We document rationale for all decisions.**

**4. Ongoing monitoring: Annual re-checks and duty-to-report policy (employees must report arrests/charges within 24 hours).**

c. Your driver training program;

**All drivers complete initial onboarding (classroom + hands-on) before transporting passengers, plus annual refreshers and remedial training as needed.**

**Initial (minimum 24 hours):**

1. **Safety & defensive driving:** Defensive driving (e.g., Smith System concepts), speed/spacing, adverse weather, distracted driving, fatigue management, and collision avoidance.
2. **ADA & passenger assistance:** Wheelchair/scooter securement, use of ramps/lifts, mobility-aid tie-downs (4-point), proper body mechanics, and door-through-door etiquette where applicable.
3. **Sensitivity & de-escalation:** Serving seniors, people with disabilities, and medically fragile passengers; trauma-informed communication; cultural competence.
4. **Emergency procedures:** Breakdown/accident response, evacuation, lift failure, fire extinguisher use, first-aid/CPR/AED certification, bloodborne pathogens and infection control (including vehicle sanitation).
5. **Company policies & compliance:** HIPAA/confidentiality, incident/near-miss reporting, zero-tolerance drug/alcohol policy, use of telematics and in-vehicle cameras (if installed), and prohibited cell-phone use while driving.
6. **Route & operations:** Trip manifest handling, pre-trip/post-trip inspections, fueling, mileage logs, fare/voucher handling (if any), customer service standards, and complaint resolution.

**Hands-on validations:** Each driver must demonstrate correct wheelchair securement, lift operation, and emergency drills with a supervisor sign-off.

**Ongoing/annual (8–12 hours):** Refresher on securement, defensive driving, policy updates, recent incident learnings, and road checks with a supervisor.

**Remedial:** Triggered by preventable incident, complaint, or KPI trend (hard-brake events, camera flags). Documented coaching + targeted retraining.

d. Your system for conducting driver license checks;

**Pre-hire MVR:** We obtain a full 3–7 year MVR before making any offer.

**Continuous monitoring:** We enroll all active drivers in a continuous MVR monitoring service (or quarterly MVR pulls if a real-time feed is unavailable).

**Annual MVR:** At minimum, a comprehensive annual MVR for every driver.

**Criteria & actions:**

- If a driver exceeds 2 moving violations/36 months or has a major violation (DUI, reckless driving, hit-and-run), they are removed from safety-sensitive duty pending review; termination may result.
- Suspended/revoked license = immediate removal from duty.

**Duty-to-report:** Drivers must report any citation/accident within 24 hours. Failure to report is

**disciplinary.**

**Recordkeeping: MVRs and license copies are kept in Driver Qualification Files with review logs.**

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

**We maintain a zero-tolerance substance policy for all safety-sensitive functions. We align with DOT 49 CFR Parts 40 & 382 best practices even where not legally required (and fully comply if CDL/DOT applies).**

**Prohibitions:**

- **No use, possession, impairment, or sale of alcohol, illegal drugs, or non-prescribed controlled substances on company time/property.**
- **Marijuana (THC) remains prohibited for safety-sensitive duty regardless of state status.**
- **CBD use is discouraged; THC-positive results violate policy.**
- **Alcohol: 0.00 BAC while on duty; no driving within 8 hours of consuming alcohol.**

**Testing program (administered by a certified third-party):**

- **Pre-employment (negative result required before duty).**
- **Random (minimum 25% of safety-sensitive pool annually for drugs; 10% for alcohol; higher if DOT-regulated or risk changes).**
- **Post-accident (per policy triggers: injury, tow-away, citation, or as DOT requires for CDL).**
- **Reasonable suspicion (supervisors trained 60 min drugs + 60 min alcohol to make determinations).**
- **Return-to-duty & follow-up after any violation, with substance-abuse professional (SAP) oversight when DOT-applicable.**

**Consequences:**

- **Refusal, adulteration, or positive = immediate removal from duty and disciplinary action up to termination.**
- **We provide access to EAP/SAP resources; reinstatement (if allowed) requires negative return-to-duty test and follow-up testing schedule.**

**Education: All employees receive policy training at hire and annually; drivers sign acknowledgment.**

**Recordkeeping & confidentiality: Testing records are maintained securely; disclosures only on a need-to-know or as required by law**

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.

**Our company plans to begin operations with one (1) vehicle, specifically a Ford Transit that will be used for non-emergency medical and paratransit transportation. Starting with a single vehicle allows us to operate efficiently and build consistent routes while maintaining high service quality and close oversight during our initial launch phase.**

**The size of our initial service area — primarily Allegheny County and nearby surrounding communities — can be effectively covered by one vehicle based on our projected trip volume. This approach ensures we can provide reliable and timely transportation while managing costs and maintaining compliance as we establish our client base.**

**As service demand increases, we plan to expand our fleet proportionally, adding one additional vehicle for every 75–100 weekly trips or new facility partnership, ensuring growth remains safe and sustainable.**

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
TBD	Ford	Transit	6-8 including driver	TBD	TBD

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

**\*Vehicle seating capacity will not exceed 15 passengers including driver, in compliance with PUC paratransit regulations. The Ford Transit model selected will be ADA-accessible or easily adaptable for wheelchair and mobility aid transport, equipped with securement systems, ramps, and safety restraints..**

## Vehicle Safety Program

Our company maintains a strict focus on vehicle safety, preventive maintenance, and compliance with all Pennsylvania Department of Transportation (PennDOT) and Public Utility Commission (PUC) requirements. We understand that consistent vehicle safety ensures reliable service and passenger protection.

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### a. Periodic Vehicle Maintenance Plan

Before entering service, our Ford Transit vehicle will undergo a full DOT and safety inspection performed by a certified mechanic. We will follow a preventive maintenance schedule based on the manufacturer's recommendations and PennDOT safety standards, including:

- Daily pre-trip and post-trip inspections by drivers, documented in a logbook (checking lights, brakes, tires, wipers, horn, wheelchair lift, and safety equipment).
- Routine preventive maintenance performed every 5,000 miles or 3 months, whichever comes first, including oil and filter changes, brake checks, fluid levels, tires, steering, suspension, and wheelchair securement systems.
- Quarterly safety inspections performed by a certified mechanic to ensure continued compliance with all state safety requirements.
- Immediate corrective action for any issue identified by a driver or mechanic — vehicles will be removed from service until repairs are verified complete.
- Annual state inspections as required under 67 Pa. Code, Chapter 175, completed by an official PennDOT inspection station.

All maintenance, repairs, and inspections will be documented and stored in individual vehicle maintenance files for PUC review at any time.

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### b. System for Ensuring Continuous Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175)

Our company will ensure continuous compliance with Pennsylvania Vehicle Equipment and Inspection Standards (67 Pa. Code, Chapter 175) by:

1. Using only PennDOT-certified inspection stations for all annual safety and emission inspections.
2. Maintaining equipment compliance records (inspection stickers, receipts, and mechanic reports) in a secure file for at least two years.
3. Performing daily operational checks to ensure all required safety equipment is functional, including seat belts, lighting, mirrors, emergency exits, lifts/ramps, fire extinguishers, and first-aid kits.
4. Ensuring ADA and paratransit readiness, with wheelchair tie-downs, restraints, and lifts inspected at least weekly for wear and operation.
5. Establishing an "out-of-service" policy: Any vehicle with a mechanical or safety defect is

immediately removed from operation until repairs are completed and documented.

6. **Quarterly compliance review** — the company manager will review all maintenance logs and inspection reports to ensure ongoing compliance with Chapter 175 and PUC safety requirements.

This proactive system guarantees that our vehicle(s) remain safe, reliable, and compliant for every trip we perform.

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

## **Insurance Feasibility and Financial Preparedness**

Before submitting this application, Medivan One Transportation LLC contacted several insurance providers that specialize in non-emergency medical transportation (NEMT) and paratransit coverage to confirm that we can meet all insurance requirements set by the Pennsylvania Public Utility Commission (PUC).

We have obtained verbal and preliminary written quotes from multiple agents for coverage that meets or exceeds PUC minimum requirements. The coverage to be secured will include:

- **Automobile Liability Insurance (public liability and property damage) at or above PUC-required limits,**
- **General Business Liability, and**
- **Workers' Compensation Insurance once additional drivers are hired.**

Based on the quotes received, insurance premiums for our single Ford Transit vehicle are expected to range from \$6,000 to \$9,000 per year, depending on mileage, area of operation, and driver records. We have confirmed with our preferred agent that coverage will be readily available once our conditional authority is approved by the PUC.

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## **Insurance Agents Contacted**

We have discussed coverage and premium estimates with the following licensed agents:

- **Progressive Commercial (through Berkshire Risk Services) – specializes in small fleet NEMT coverage.**
- **Philadelphia Insurance Companies (Public Auto Division) – commercial and paratransit auto liability.**
- **National Indemnity Company (via local Pennsylvania agent) – commercial passenger transport insurance.**

- All agents have confirmed that they can provide the necessary Form E and Form H filings directly to the PUC once our operating authority is granted.

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## Financial Readiness

Medivan One Transportation will set aside an estimated \$10,000 in startup capital designated for initial insurance deposits, registration, and operating costs. This reserve ensures we can pay our insurance premiums in full and maintain coverage without interruption.

We have also budgeted recurring monthly payments for ongoing insurance premiums as part of our regular operating expenses, ensuring continuous compliance with all PUC and PennDOT requirements.

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  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.

**Christina Reed**

**10/13/2025**

**Christina Reed, owner (Name and Title, printed or typed)**

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 10/13/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets	
Cash	
Other Current Assets (specify)	
Total Current Assets	<b>0.00</b>
Tangible Assets	<b>0.00</b>
Motor Vehicle Equipment	
Property (buildings, land, etc.)	
Office Equipment	
	<b>TOTAL ASSETS 0.00</b>

LIABILITIES

Current Liabilities (Due within one year of date)	
Loans	
Credit cards/revolving credit	
Other Liabilities (Attach schedule)	
Total Current Liabilities	<b>0.00</b>
Long Term Liabilities (Due after one year of date)	
Mortgage	
Long term commercial loan	
Other Liabilities (Attach Schedule)	
Total Long-Term Liabilities	<b>0.00</b>
	<b>TOTAL LIABILITIES 0.00</b>

### **Notes / Financial Explanation**

**Medivan One Transportation LLC is a newly formed company in the process of obtaining authority from the Pennsylvania Public Utility Commission. At this time, the business has no assets or liabilities, as operations have not yet begun and no vehicle has been purchased.**

**Upon receiving conditional approval from the PUC, we plan to secure startup funding through small business grants, low-interest loans, and transportation-related funding programs (such as SBA microloans and local economic development grants). These funds will be used to:**

- **Purchase or lease one Ford Transit vehicle,**
- **Obtain the required PUC insurance coverage,**
- **Cover operational startup expenses (registration, equipment, and initial payroll).**

**We have initiated outreach to funding sources and lenders to ensure financing will be available immediately following PUC approval.**