



Bank

America's Most Convenient Bank®



E STATEMENT OF ACCOUNT

BERNARD SAMPSON
804 N SILVERSMITH LN
NEWARK DE 19702

Page: 1 of 3
Statement Period: Aug 18 2025-Sep 17 2025
Cust Ref #: 4463545447-673-E-***
Primary Account #: ~~4463545447~~

TD Complete Checking

BERNARD SAMPSON

Account # 446-3545447

ACCOUNT SUMMARY

Beginning Balance	52,800.00	Average Collected Balance	53,509.67
Electronic Deposits	1,000.00	Interest Earned This Period	0.00
Ending Balance	53,800.00	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days in Period	31

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
08/18	TD ZELLE RECEIVED, 522900M016TV Zelle COWRY ACRES LLC	500.00
09/05	TD ZELLE RECEIVED, 524800F081YE Zelle JONAS ACQUAH	500.00
	Subtotal:	1,000.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
08/17	52,800.00	09/05	53,800.00
08/18	53,300.00		

DATE OF DEPOSIT

OCT 18 2025

PA Public Utility Commission
Secretary's Bureau

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

Your ending balance shown on this statement is:

Ending Balance 53,800.00

List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.

Total Deposits +

Subtotal by adding lines 1 and 2.

Sub Total

List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.

Total Withdrawals -

Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Adjusted Balance _____

Total Deposits

Total Withdrawals

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



Bank

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STATEMENT OF ACCOUNT

BERNARD SAMPSON

Page: 3 of 3
Statement Period: Aug 18 2025-Sep 17 2025
Cust Ref #: 4463545447-673-E-***
Primary Account #: ~~XXXXXXXXXX~~

Change in Data: Important Information About Your TD Bank Visa® Debit Card

Beginning October 15, 2025, TD Bank will charge a \$32 fee to mail Visa® Debit Cards with expedited delivery. Visa® Debit Cards sent via standard delivery will continue to be free for Customers.

If you would like quicker access to your Visa® Debit Card than our standard delivery option, TD Bank Digital Wallet may be an option for you. Simply add your Visa® Debit Card to your Apple Pay, Samsung Pay, Google Pay or PayPal Digital Wallet for contactless payments. For more information, visit tdbank.com/digitalwallet.

Have questions? We're happy to help.

Contact us by sending a secure message via Online or Mobile Banking, calling us 24/7 or booking an appointment at a TD Bank near you.



JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218 - 2051

August 15, 2025 through September 15, 2025

Account Number: 0010 175719037

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
 Service Center: **1-800-935-9935**
 Para Espanol: **1-877-312-4273**
 International Calls: **1-713-262-1679**
 We accept operator relay calls



00045862 DRE 034 211 25925 NNNNNNNNNN 1 00000000 10 0000

KWEDJO E BAAH
 140 PORTSIDE CT
 BEAR DE 19701-2431

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	\$45,323.32
Deposits and Additions	19,740.00
Checks Paid	-13,917.00
Other Withdrawals	-8,200.00
Ending Balance	\$42,946.32

CHECKS PAID

CHECK NUMBER	DATE PAID	AMOUNT
3766 ^	08/22	\$13,917.00
Total Checks Paid		\$13,917.00

If you see a check description in the Transaction Detail section, it means your check has already been converted for electronic payment. Because of this, we're not able to return the check to you or show you an image on Chase.com.

^ An image of this check may be available for you to view on Chase.com.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$45,323.32
08/19	08/19 Withdrawal	-8,200.00	37,123.32
08/22	Check # 3766	-13,917.00	23,206.32
09/02	ATM Check Deposit 08/31 2400 Fashion Center BI Newark De Card 9864	12,240.00	35,446.32
09/02	Remote Online Deposit 1	500.00	35,946.32
09/15	ATM Cash Deposit 09/13 2400 Fashion Center BI Newark De Card 9864	7,000.00	42,946.32
	Ending Balance		\$42,946.32

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNowSM network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
 (You did not have an electronic deposit this statement period)



August 15, 2025 through September 15, 2025

Account Number: ~~(00000770760057)~~

- **QR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.**
- **QR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.**

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-584-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

GEICO

Making insurance easy since 1936

Commercial Auto Quote

Quote Date: 09/10/2025

Effective Date: 09/12/2025 to 09/12/2026

Quote#: C25I09X659931

Prepared For:

BERNARD SAMPSON
GOLDEN BERYL GROUP-GB LOGISTICS
441 CLOVER MILL RD
EXTON, PA 19341
(302) 887-6717
KAYCICO3@GMAIL.COM

Prepared By:

DENNIS KARSTENS
KARSTENS FINANCIAL LLC
KARSTENS FINANCIAL LLC
OAK BROOK, IL 60523
(855) 657-8400
JAKE@KARSTENSFINANCIAL.COM

Quoted Drivers

Bernard Sampson Owner Age: 45

Quoted Vehicles

2019 HINO CONVENTIONAL TYPE TRUCK
STRAIGHT TRUCK
5PVNJ8JV6K4S71037

Garaging Zip: 19341 Radius: 301-500 Pers Use: No Stated Amt: \$20,000

Policy Coverages

Quoted Coverage	Quoted Coverage Limit	Quoted Premium
Bodily Injury Liability/Property Damage (BI/PD)	\$1,000,000 Combined Single Limit	\$6,922
Uninsured Motorist Bodily Injury (includes Underinsured) (UM/UIM)	\$35,000 Combined Single Limit	\$46
Uninsured Motorist Stacking	No	\$0
Underinsured Motorist Bodily Injury (UIMBI)	\$35,000 Combined Single Limit	\$39
Underinsured Motorist Stacking	No	\$0
Medical Expense	\$5,000	\$0
Income Loss	Not Included	\$0
Funeral Expense	Not Included	\$0
Accidental Death	Not Included	\$0
Combined First Party Benefits	Not Included	\$0
Extraordinary Med Benefits	Not Included	\$0
Subtotal		\$7,007

Vehicle Coverages

2019 HINO CONVENTIONAL TYPE TRUCK	Quoted Coverage Limit	Quoted Premium
Comprehensive (COMP)	\$1,000 deductible	\$246
Collision (COLL)	\$1,000 deductible	\$1,267
Rental Reimbursement with Downtime (RR w/DT)	Not Included	\$0
Subtotal		\$1,513

Additional Coverages and Fees

Quoted Coverage	Quoted Coverage Limit	Quoted Premium
Additional Insured/Designated Insured	Number of AI/DI: 0	
Waiver of Subrogation	Number of Waivers: 0	
Fees	Fee Type: Filings	\$35
Total Policy Premium and Fees		\$8,571

A single deductible will apply for losses involving physical damage (tractor and/or trailer) and cargo

Policy Notes

Policy Discounts \$0.00

Enroll in DriveEasy Pro: No

Business: Movers/Moving Operations

USDOT Number: 4424604

Filing Types: Federal, MCS90

Commodities Hauled: None

Premium 12 Month Term

	Pay In Full		4 PAY 25% DOWN		9 PAY 17.6% DOWN		MONTHLY 11 PAY 16.67% DOWN	
	Due Date	Amount Due	Due Date	Amount Due	Due Date	Amount Due	Due Date	Amount Due
1st Payment	09/09/2025	\$7,742.00	09/09/2025	\$2,177.00	09/09/2025	\$1,545.34	09/09/2025	\$1,465.95
2nd Payment			11/12/2025	\$2,142.00	10/12/2025	\$887.21	10/12/2025	\$719.31
3rd Payment			01/12/2026	\$2,142.00	11/12/2025	\$887.21	11/12/2025	\$719.31
4th Payment			03/12/2026	\$2,142.00	12/12/2025	\$887.21	12/12/2025	\$719.31
5th Payment					01/12/2026	\$887.21	01/12/2026	\$719.31
6th Payment					02/12/2026	\$887.21	02/12/2026	\$719.31
7th Payment					03/12/2026	\$887.21	03/12/2026	\$719.31

9 Premium 12 Month Term

	Pay In Full		4 PAY 25% DOWN		9 PAY 17.6% DOWN		MONTHLY 11 PAY 16.67% DOWN	
	Due Date	Amount Due	Due Date	Amount Due	Due Date	Amount Due	Due Date	Amount Due
8th Payment					04/12/2026	\$887.21	04/12/2026	\$719.31
9th Payment					05/12/2026	\$887.19	05/12/2026	\$719.31
10th Payment							06/12/2026	\$719.31
11th Payment							07/12/2026	\$719.26
Total Payment		\$7,742.00		\$8,603.00		\$8,643.00		\$8,659.00

There may be additional service fees which vary by state and the payment plan you select. Additional state or local charges apply in some locations. Policy fees described under "Additional Coverages and Fees" are included in the first payment.



Rate Indication Summary

Rating Number	887252
Submission Date	9/9/2025
Requested Effective Date	9/12/2025

THE FOLLOWING RATE INDICATION IS VALID UNTIL 10/9/2025. THIS RATE INDICATION IS SUBJECT TO ANY UPDATES OR CHANGES MADE TO THE INFORMATION PROVIDED.

GOLDEN BERYL GROUP-GB LOGISTICS DBA LET'S GET MOVING CHESTER COUNTY

Thank you for contacting Karstens Financial LLC for your insurance needs. We are pleased to provide you with the following Motor Truck Cargo Legal Liability Rating Summary from Pennsylvania Manufacturers Association Insurance Company. This Motor Truck Cargo Legal Liability rate indication is subject to underwriting and MVR review, is based upon acceptable loss ratios, and subject to final rate approval. Please review this summarized information carefully, including the equipment, driver and commodity schedule, and advise us of any changes that should be made. Should you have any questions or concerns, please contact Karstens Financial LLC at 855-657-8400.

COVERAGE SUMMARY

INSURER(S) OFFERING COVERAGE

Pennsylvania Manufacturers Association Insurance Company (NAIC# 12262) AM BEST RATING (A Excellent)

MANAGING GENERAL AGENCY

RockLake Insurance Group, Inc. License(s): PA, P & C- 552367, SL- 552367, A & H- 51037

Cargo Liability Coverage

Per Vehicle Limit	\$50,000
Per Occurrence Limit	\$50,000
Deductible	\$1,000
Theft of Commodities	Theft Coverage for Target Commodities will be sublimited to \$50,000 with a \$5,000 deductible. There is no coverage provided for non-disclosed commodities.
Unattended Equipment	Detached trailers must be garaged in a building, or parked in a fully enclosed yard which is securely closed and locked, or the trailer is under constant surveillance, or on a guarded lot and the trailer has all of the openings closed and securely locked and keys removed insofar as local regulations permit.
Debris Removal	Up to \$1,500 for Debris Removal as an additional amount of insurance.
Reloading Expense	Up to \$5,000 for Reloading Expense resulting from a covered cause of loss.
Protecting Property	Up to \$5,000 in any one occurrence.
Earned Freight Charges	Up to \$2,500 for Earned Freight as an additional amount of insurance.
Terrorism	Terrorism Coverage is included in this rating indication.

- Please refer to the "Important Program and Coverage Information" section for additional coverage and policy details.
- The general coverage description in this rate indication are abbreviated. Please refer to the Policy for its full coverage, terms, conditions and exclusions. To obtain a complete policy, please contact our office.

ACCOUNT TOTAL	\$2,463.00
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PREMIUM SUMMARY

MTC Legal Liability	\$2,200.00
Trailer Interchange	N/A
Contingent MTC	N/A
Terrorism	\$0.00
Coverage Subtotal	\$2,200.00
Broker Fee	\$138.00
Company Fee	\$50.00
Filing Fee	\$75.00
Account Total	\$2,463.00

- If a Premium Finance Agreement is used, please provide a signed copy at binding.
- **Premium Finance Information:** Finance premiums should be made payable And mailed to **RockLake Insurance Group, Inc.;** 317 S. Stuart Place Rd.; Harlingen, TX 78552

EQUIPMENT, DRIVER AND COMMODITY SCHEDULE**EQUIPMENT SCHEDULE**

Equip#	Year	Make	Model	Serial Number (VIN)
1	2019	Hino	268	5PVNJ8JV6K4S71037

- Coverage, if offered, will be provided for specifically described equipment scheduled with the insurance company.

DRIVER SCHEDULE

Driver Name	DOB	License Number	State	Date Issued	CDL?	MVR Points
Sampson, Bernard	11/28/1979	S03710856111792	NJ	1/2019	No	Opts

- All Drivers who operate any owned, non-owned, or hired (leased, hired, rented or borrowed) equipment must also be listed on the policy and meet insurance company criteria prior to operating any equipment.
- All Drivers must be reported before the inception date of the policy or immediately upon hire and before operating any equipment.
- Failure to add drivers to your policy may result in cancellation of your policy or the denial of coverage for a loss to a covered unit should a claim occur that involves an unscheduled driver.

COMMODITY SCHEDULE

Commodity Class	Commodity	Revenue %
General/Dry Van	Household Goods (Movers)	100%

RATING INFORMATION**RATING DETAILS**

Original Submission	9/9/2025 11:15 PM EST
Last Updated	9/9/2025 11:15 PM EST
DOT Number	4424604
MC Number	1740059
Application Name	GOLDEN BERYL GROUP-GB LOGISTICS
DBA	LET'S GET MOVING CHESTER COUNTY
Business Owner	ERIC K BAAH-AHENKORAH
Mailing Address	441 CLOVER MILL RD; EXTON, PA 19341
Phone Number	(302) 887-6717
Carrier Authority	DOT# 4424604
Hazmat?	No
Owned Comm?	No
Forwarder/Broker?	No
Intermodal/Port?	No
# Garage Locations	1
State(s), County(s)	PA, Chester
Fleet Schedule	1 Truck, No Trailers
Driver Schedule	1 Driver 1 OO / 0 CD / 0 EE / 0 TD
Driver MVR Average	0.00 points average
Driver Age	45 Years (minimum) 45 Years (maximum)
Date of Authority	9/2025 0 Years 0 Months
Business Category	Household Goods (Movers)
Radius Of Operations	500 miles (19341)
Loss History	No prior coverage
Loss Runs Required	No

PRODUCER INFORMATION

Karstens Financial LLC
 Jake Karstens
 1415 W 22nd Tower Floor; Oak Brook, IL 60523
 Phone: 855-657-8400 Fax: 773-657-8401
 Email: sales@karstensfinancial.com

IMPORTANT PROGRAM AND COVERAGE INFORMATION

- All rate indications and applications are subject to underwriting, are based upon acceptable loss ratios, require MVR Review, and are subject to final rate approval.
- Accounts with 5 or more power units must submit Hard Copy Loss Runs.
- Driver Eligibility:
 - Must be between the age of 23 and 75 years.
 - No Drivers with more than 1 chargeable accident, 4 minor violations or any major violation in 3 years.
- To be eligible for coverage, all drivers are required to meet the policy's Driver Criteria Warranty conditions.

- Current MVRs are required on all drivers and must be dated within 60 days of the coverage effective date. If an MVR is not provided, it will be ordered at a cost of \$12.00 per MVR - PAID IN ADVANCE (credit card only).
 - Any of the following major violations are unacceptable:
 - DWI/DUI/OWI
 - Any drug related violation
 - Refusing a substance test
 - Careless or reckless driving
 - Manslaughter or negligent homicide
 - Hit & run
 - Eluding a police officer
 - Any felony
 - Drag racing
 - Driving while license suspended
 - All drivers must have a minimum 2 years of CDL experience
 - Must have a minimum 2 years experience operating similar equipment and hauling similar commodities
 - Ineligible Risks:
 - Automobile Haulers
 - Boat Haulers
 - Heavy Equipment Haulers
 - Livestock Haulers
 - Radioactive Materials
 - Towing Operations
 - Cargo transported by Rail, Air or Bus.
 - Coverage is excluded for any loss or property damage that occurs outside of the radius of operations listed on the coverage application.
 - Policy, if issued, covers MTC liability on "broad form" basis for Scheduled Vehicles subject to policy exclusions and limitations.
 - Ineligible Commodities: **The following commodities are ineligible for coverage under this program under any circumstances:** Pharmaceuticals, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, furs, fresh seafood, horticulture, machinery, equipment, coiled metals, on hook cargo, hanging meat.
 - Notice: The rate indication will not be formalized until all serial numbers (VIN) and driver license numbers are entered.
 - If the ensuing insurance policy is cancelled, there will be a 3 Months Minimum Earned Premium retained by the insurance company.
 - Thirty (30) day notice of cancellation, except ten (10) days for non-payment of premium.
 - The company providing coverage is an admitted carrier.
 - Any Third Party Coverage, if rated, will be provided on a separate summary page.
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RATE INDICATION SUMMARY DISCLAIMER

This is a Rate indication Summary of insurance only and does not guarantee nor provide evidence of coverage to anyone in possession of this document. This document does not create insurance coverage and is for information purposes only. This Rate Indication Summary should not be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in this summary are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this Rate Indication Summary and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.



APPLICATION FOR HELPER QUALIFICATION
Let's Get Moving (CITY - STATE)
 (LLC / INCORPORATION DETAILS)
 (Address of operation)

Instructions: 1. Please print clearly. 2. Complete all sections. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None."			
SECTION A - APPLICANT INFORMATION			
Name (First, Middle, Last)		Date of birth (DD/MM/YYYY)	Telephone number ()
Position applying for (check one) <input type="checkbox"/> Driver <input type="checkbox"/> Helper <input type="checkbox"/> Other _____ (please specify)		Alternative Telephone number ()	
Residence history for the past three years, beginning with your current address.			
Current Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Address (no., street)			From (DD/MM/YYYY):
City	Province	Postal code	To (DD/MM/YYYY):
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From: _____ To: _____ Reason for leaving?			
Please circle the highest grade level completed Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College/University: 1 2 3 4 Post-graduate: 1 2 3 4			



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SECTION B – EMPLOYMENT HISTORY

Please provide a complete record of all employment (starting with the current or most recent) for the past three years, including any unemployment or self-employment.

Company name	Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):
City	Province	Postal code
To (DD/MM/YYYY):		
Reason for leaving?		
Company name	Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):
City	Province	Postal code
To (DD/MM/YYYY):		
Reason for leaving?		
Company name	Position held	Telephone number ()
Address (no., street)		From (DD/MM/YYYY):
City	Province	Postal code
To (DD/MM/YYYY):		
Reason for leaving?		

Personal references – List three persons for references, other than family members, who have knowledge of your safety habits.



Name	Address	Telephone number
<p>To Be Read and Signed by Applicant</p> <p><i>This certifies that I completed this application form and that all entries on it and information in it are true and complete to the best of my knowledge. It is agreed and understood that any misrepresentation given on this application or interview(s) shall be considered an act of dishonesty and may result in a discharge.</i></p> <p><i>It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.</i></p> <p><i>I agree to furnish such additional information and complete such examinations as may be required to complete my application file.</i></p> <p><i>It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.</i></p> <p><i>It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.</i></p> <p><i>I understand that from time to time the company will furnish my personal information as necessary to third parties such as insurance companies and brokers. The company agrees to collect, use and disclose such information only in a manner that a reasonable person would consider appropriate in the circumstances, and that would be in compliance with the Protection of Personal Information and Electronic Documents Act (PIPEDA). The company further agrees to safeguard the security of such information in a manner appropriate to the sensitivity of such information, and in compliance with PIPEDA.</i></p> <p><i>I agree and consent to the following requirements</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal Record Search (current to the past 90 days) <input type="checkbox"/> Reference Check with my previous employers 		
Signature of applicant		Date
Remarks (For office use only)		

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

EMPLOYMENT HISTORY



Regulated Previous Employer(s) *Please remember to retain a copy for your records. Your timely response is appreciated.*

Helper's Performance History & Information			
Hiring company to complete this section			
Let's Get Moving		Contact person: (TBD - Kelvin Anil)	
(Address of Operation)			Telephone number: (647) 371 5935
City: North York	Province: ON	Postal code: M3K 1E8	
Helper to complete this section			
<p>As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, <i>within the past three years</i>, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.</p> <p>I _____, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.</p>			
Previous Employer		Contact Person	
Address			Telephone number
City	Province	Postal code	Fax number
Dates of employment: From (DD/MM/YYYY):		To (DD/MM/YYYY):	
ID number (if available)		Date of birth	
Date		Signature	
SECTION I – WORK HISTORY INFORMATION			
Position held (please check all that apply): <input type="checkbox"/> Driver <input type="checkbox"/> Contractor <input type="checkbox"/> Helper <input type="checkbox"/> Other _____ (please specify)			
Dates of employment: From (DD/MM/YYYY):		To (DD/MM/YYYY)	
Reason for leaving:			

Let's Get
MOVING

While under your employment was he/she:

- a. Reliable? Yes No
- b. Punctual? Yes No
- c. Professional? Yes No

Additional Comments:

- c. Has the applicant received any write-ups? Yes No

If yes, please explain:

Would you re-employ this person: Yes No Upon Review

Please explain:

Additional comments

Name

Title

Date



COMPANY POLICIES

3.

SMOKING POLICY (TBD – STATE AND PROVINCE)

The Smoke Free Ontario Act as of May 31, 2006, prohibits smoking in enclosed places. Falling under such act includes the workplace. Under no circumstances is smoking permitted within the office facility or in a company vehicle.

Smokers should go outside and use designated areas and must not place cigarette butts in the garbage and/or any place inside the building or vehicle. Although recreational marijuana is legal since July 01, 2018, it is our company policy that you do not smoke marijuana prior to starting, or during your shift.

Local public health units will carry out inspections and investigate complaints in the workplace in order to enforce the act.

Any individual convicted of an offence under this section of the act, could be subject to a personal fine up to \$5000 maximum. Any corporation convicted of an offence under this section of the act could be subjected to a fine up to \$300,000.

If you do not comply with the Smoke-Free Ontario Act, you will be asked to vacate the premises and/or vehicle and disciplinary actions will follow. If you have smoked marijuana prior to or during your shift, it will be treated the same as drinking on the job and will result in immediate termination.

I _____ understand the smoking policy of Ontario and the company and agree to follow the regulations.

Signature:



AGREEMENT TO WORK EXCESS HOURS

Date:

_____ hereby agree to work in excess of 8 hours a day if necessary, from time to time.

Signature: _____



RULES AND REGULATIONS

The following will be grounds for termination at Let's Get moving Inc.

- Falsifying or omitting information from your employment application.
- Being under the influence of alcohol / drinking on the job / smoking marijuana or being under the influence of marijuana while at work.
- Smoking cigarettes in any of our commercial vehicles in contradiction of Smoke Free Ontario Act of May 31, 2006.
- Possession of illegal drugs on company property or at a job site.
- Being under the influence of illegal drugs.
- Possession of firearms or other illegal weapons on company property or at a job site.
- Theft of cash or property that belongs to Let's Get Moving, its affiliates, or any of its employees or customers.
- Willfully damaging any properties or equipment's that belongs to Let's Get Moving, its affiliates, and customers.
- Threats, discrimination, harassment, or violence towards any employees, affiliates, or customers of Let's Get Moving.
- Making sexual inferences and/or sexually harassing staff members or customers of Let's Get Moving.
- Profanity or insulting language towards any staff members or customers of Let's Get Moving.
- Consistent non-compliance with Let's Get Moving dress code policy and code of conduct policy.
- Failure to report for an assigned shift without substantial validation.
- Chronic absenteeism or repeated lateness.
- Consistent poor performance or negative attitude towards work.
- Offering site services under company grounds for financial/non-financial personal gain.

In the event of termination of your employment, the corporation will notify you in accordance with all laws governed by the Ontario Ministry of Labor.

I _____ agree and sign my signature here forth _____ to have read and understand the consequences of failing to abide by the rules and regulations herein and also understand and agree that by failing to comply to the rules and regulations will be considered as an act of willful misconduct.

I have read and fully agree with the above rules and regulations. I understand the consequences of breaching any of the rules to which I am signing.

Signature: _____

Date: _____

Silver Smith Lane
 Wick, DE
 19702

Retail




17120

U.S. POSTAGE PAID
 PME
 HISTORIC NEW CASTLE
 DE 19720
 OCT 16, 2025
\$32.75
 S2324A500406-31

RDC 07



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RECEIVED

OCT 20 2025

PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **PHONE:** () _____

General Simpson
 804 N. Silver Smith Lane
 Newark, DE
 19702

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) **PHONE:** () _____

Matthew L. Homcher, Secretary
 PA Public Utility Commission
 Commonwealth Keystone Building
 400 North Street
 Harrisburg, PA,
 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code: 19850 Scheduled Delivery Date (MM/DD/YY): 10/18/25 Postage: \$ 32.75

Date Accepted (MM/DD/YY): 10/16/25 Scheduled Delivery Time: 10:30 AM 6 PM Insurance Fee: \$ COD Fee: \$

Time Accepted: 8:50 AM AM PM 10:30 AM Delivery Fee: \$ Return Receipt Fee: \$ Live Animal Transportation Fee: \$

Special Handling/Fragile: \$ Sunday/Holiday Premium Fee: \$ Total Postage & Fees: \$ 32.75

Weight: Flat Rate Flat Rate Acceptance Employee Initials: LHS

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time: Employee Signature: AM PM

Delivery Attempt (MM/DD/YY) Time: Employee Signature: AM PM

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 insurance included.

PEEL FROM THIS CORNER