

Docket Number: A-2025-3058089

To Whom It May Concern,

I apologize for just realizing that the documents I submitted online on 11/11/2025 were rejected. I have enclosed all required documents in this mailing sent today, 11/15/2025.

Please let me know if you have any questions or need any additional information.

Sincerely,

Stella Obiakor

Cell: 412-636-6961

Email: contact@carecruizhca.com

CC: sobiakor@carecruizhca.com

DATE OF DEPOSIT

NOV 15 2025

**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**



E-file Confirmation for 2897444

From eFile@pa.gov <eFile@pa.gov>
Date Wed 11/12/2025 10:14 AM
To contact @carecruizhca.com <contact@carecruizhca.com>
Cc contact @carecruizhca.com <contact@carecruizhca.com>

Dear Stella Obiakor,

Your eFiling that was filed on Tue Nov 11 08:00:00 EST 2025 on Docket Number A-2025-3058089 has been rejected due to the following reason.

Other - See Comments : Efilings MUST be filed as one PDF. Combine documents & include a cover page that includes: docket number, date & reason for filing. File under Reply to Data Request.

Following documents were rejected as a part of Filing

Supporting Documentation-Verification Statement.pdf

Miscellaneous-Answer to Request for Review.pdf

Communication-Reply to Answer.pdf

Communication-Reply to Data Request.pdf

Miscellaneous-Answer to Request for Review.pdf

Thank You,
Public Utility Commission
Commonwealth of Pennsylvania

** Please do not respond to this automatically generated email.*



E-file Confirmation for 2897453

From eFile@pa.gov <eFile@pa.gov>

Date Wed 11/12/2025 10:14 AM

To contact @carecruizhca.com <contact@carecruizhca.com>

Cc contact @carecruizhca.com <contact@carecruizhca.com>

Dear Stella Obiakor,

Your eFiling that was filed on Tue Nov 11 08:00:00 EST 2025 on Docket Number A-2025-3058089 has been rejected due to the following reason.

Not a Qualified Document Type : Filings must include a cover page with docket number, date & explanation of filing. Do not file under Answer to Request for Review, combine with other documents & refile under Reply to Data Request.

Following documents were rejected as a part of Filing

Miscellaneous-Answer to Request for Review.pdf

Thank You,
Public Utility Commission
Commonwealth of Pennsylvania

** Please do not respond to this automatically generated email.*



Commonwealth of Pennsylvania
 Pennsylvania Public Utility Commission
 Harrisburg, PA 17105-3265
EFILING - FILING DETAIL

Date Created	Filing Number
11/10/2025	2897453

Your filing has been electronically received. Upon review of the filing for conformity with the Commission's filing requirements, a notice will be issued acknowledging acceptance or rejection (with reason) of the filing. The matter will receive the attention of the Commission and you will be advised if any further action is required on your part.

The date filed on will be the current day if the filing occurs on a business day before or at 4:30 p.m. (EST). It will be the next business day if the filing occurs after 4:30 p.m. (EST) or on weekends or holidays.

Docket Number: A-2025-3058089
Case Description: Additional documents
Transmission Date: 11/10/2025 5:53 PM
Filed On: 11/11/2025 8:00 AM
eFiling Confirmation Number: 2897453

File Name	Document Type	Upload Date
ALL VEHICAL INFORMATION.pdf	Answer to Request for Review	11/10/2025 5:53:09 PM

For filings exceeding 250 pages, the PUC is requiring that filers submit one paper copy to the Secretary's Bureau within three business days of submitting the electronic filing online. Please mail the paper copy along with copy of this confirmation page to Secretary, Pennsylvania Public Utility Commission, 400 North Street, Harrisburg PA 17120 a copy of the filing confirmation page or reference the filing confirmation number on the first page of the paper copy.

No paper submission is necessary for filings under 250 pages.

You can view a record of this filing and previous filings you have submitted to the PUC by using the links in the Filings menu at the top of the page. Filings that have been submitted within the last 30 days can be viewed by using the Recent Filings link. Older filings can be viewed by using the search options available in the Filing History link.



Commonwealth of Pennsylvania
 Pennsylvania Public Utility Commission
 Harrisburg, PA 17105-3265
EFILING - FILING DETAIL

Date Created	Filing Number
11/10/2025	2897444

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The date filed on will be the current day if the filing occurs on a business day before or at 4:30 p.m. (EST). It will be the next business day if the filing occurs after 4:30 p.m. (EST) or on weekends or holidays.

Docket Number: A-2025-3058089

Case Description: Application for Carecruiz Homecare Agency: Supporting Documents for Additional Counties

Transmission Date: 11/10/2025 5:48 PM

Filed On: 11/11/2025 8:00 AM

eFiling Confirmation Number: 2897444

File Name	Document Type	Upload Date
CARECRUIZ SIGNED STATEMENT.pdf	Verification Statement	11/10/2025 5:32:18 PM
R. App_MC_Persons_Partransit_Service100521.pdf	Answer to Request for Review	11/10/2025 5:34:28 PM
CARECRUIZ NEMT POLICY RV 06. 2025.pdf	Reply to Answer	11/10/2025 5:35:48 PM
FNB BANK STATEMENTS.pdf	Reply to Data Request	11/10/2025 5:39:16 PM
HUNTINGTON BANK STATEMENTS.pdf	Answer to Request for Review	11/10/2025 5:40:53 PM
CARERUIZ INSPECTION - LOG SHEETS.pdf	Answer to Request for Review	11/10/2025 5:41:44 PM
Vehicle Insurance Cards 11.25.pdf	Answer to Request for Review	11/10/2025 5:44:24 PM
Care Cruiz PFA 2025-2026_encrypted_.pdf	Answer to Request for Review	11/10/2025 5:45:10 PM
CareCruiz auto renewal application.pdf	Answer to Request for Review	11/10/2025 5:45:53 PM
PERSONAL AUTO FOR PERSONAL VEHICLE 2020 ACURA.pdf	Answer to Request for Review	11/10/2025 5:46:15 PM

For filings exceeding 250 pages, the PUC is requiring that filers submit one paper copy to the Secretary's Bureau within three business days of submitting the electronic filing online. Please mail the paper copy along with copy of this confirmation page to Secretary, Pennsylvania Public Utility Commission, 400 North Street, Harrisburg PA 17120 a copy of the filing confirmation page or reference the filing confirmation number on the first page of the paper copy.

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CARECRUIZ COMMERCIAL
VEHICLE PURCHASED
DOCUMENTS



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146

DEAL# 540152
CUST# 1169816

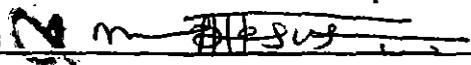
WE OWE

NAME **STELLA CHINONYE OBIAKOR** STK. NO. **A031587A** NEW USED **X**
ADDRESS **90 WICK AVE** YEAR **2014** MAKE **ACURA**
CITY **HERMITAGE** STATE **PA** ZIP **16148** MODEL **MDX**
PHONE **724-538-4172** SERIAL NO. **5FRYD4H46EB031587**
SALESMAN **Julian Hall** DEL. DATE **11/09/2024**

QTY.	NAME OF ITEM
	NOTHING PROMISED OR IMPLIED

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.

(FOR APPOINTMENT CALL SERVICE DEPT.)

CUSTOMER 

DATE **11/09/2024**

APPROVED BY 

EMPLOYEE #

40883*1*WEXACU-FI

STELLA CHINONYE OBIAKOR
CUSTOMER'S NAME

A031587A
STOCK NO

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, **BAIERL ACURA** (transferor's name, Print)

state that the odometer now reads **107602** (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
 - (2) I hereby certify that the odometer reading is NOT the actual mileage.
- WARNING - ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE
ACURA	MDX	MP
VEHICLE IDENTIFICATION NUMBER	YEAR	
6FRYD4H46EB031587	2014	

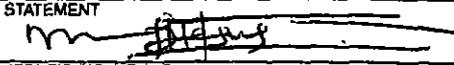
X 
TRANSFEROR'S SIGNATURE

BAIERL ACURA
PRINTED NAME

11410 PERRY HIGHWAY
TRANSFEROR'S ADDRESS (STREET)

WEXFORD **PA** **15090-9201**
CITY STATE ZIP CODE

11/09/2024
DATE OF STATEMENT

X 
TRANSFEREE'S SIGNATURE

STELLA CHINONYE OBIAKOR
PRINTED NAME

STELLA CHINONYE OBIAKOR
TRANSFEREE'S NAME

90 WICK AVE
TRANSFEREE'S ADDRESS (STREET)

HERMITAGE **PA** **16148**
CITY STATE ZIP CODE

LAW FORM NO. ODOM-103-N-eps (REV. 3/13)
©2013 The Reynolds and Reynolds Company
THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, AS TO CONTENT OR
FITNESS FOR PURPOSE OF THIS FORM. CONSULT YOUR OWN LEGAL COUNSEL.

Who we are	
Who is providing this notice?	Lithia Motors, Inc. and this dealership, its subsidiary

What we do	
How does Lithia Motors protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Lithia Motors collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> Apply for financing or Apply for a lease Pay us by check or Give us your contact information Show your driver's license <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> Sharing for affiliates' everyday business purposes—information about your creditworthiness Affiliates from using your information to market to you Sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and non financial companies.</p> <ul style="list-style-type: none"> This dealership is owned and/or controlled by Lithia Motors and its affiliated companies.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and non financial companies.</p> <ul style="list-style-type: none"> Lithia Motors sometimes share information with non-affiliates, own marketing purposes (not for non-affiliates own marketing p
Joint marketing	<p>A formal agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> Lithia Motors does not jointly market with non-affiliated com

Other important information	
Acknowledgement of Receipt: I hereby acknowledge that I have received a copy of this Form from Lithia Motors	
 Customer Signature	11/09/2024 STELLA CHINONYE OBIAKOR Printed Name
N/A	N/A
CoBuyer Signature	Printed Name

**ARBITRATION PROVISION
PLEASE REVIEW - IMPORTANT - AFFECTS YOUR LEGAL RIGHTS**

1. EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE BETWEEN US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL.
2. IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLUDING ANY RIGHT TO CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.
3. DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN IN A LAWSUIT, AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.

Any claim or dispute, whether in contract, tort, statute or otherwise (including the interpretation and scope of this Arbitration Provision, and the arbitrability of the claim or dispute), between you and us or our employees, agents, successors or assigns, which arises out of or relates to your credit application, purchase or condition of this vehicle, this contract or any resulting transaction or relationship (including any such relationship with third parties who do not sign this contract) shall, at your or our election, be resolved by neutral, binding arbitration and not by a court action. If federal law provides that a claim or dispute is not subject to binding arbitration, this Arbitration Provision shall not apply to such claim or dispute. Any claim or dispute is to be arbitrated by a single arbitrator on an individual basis and not as a class action. You expressly waive any right you may have to arbitrate a class action. You may choose the American Arbitration Association, 1633 Broadway, 10th Floor, New York, New York 10019 (www.adr.org), or any other organization to conduct the arbitration subject to our approval. You may get a copy of the rules of an arbitration organization by contacting the organization or visiting its website.

Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The arbitrator shall apply governing substantive law and the applicable statute of limitations. The arbitration hearing shall be conducted in the federal district in which you reside unless the Seller-Creditor is a party to the claim or dispute, in which case the hearing will be held in the federal district where this contract was executed. We will pay your filing, administration, service or case management fee and your arbitrator or hearing fee all up to a maximum of \$5000, unless the law or the rules of the chosen arbitration organization require us to pay more. The amount we pay may be reimbursed in whole or in part by decision of the arbitrator if the arbitrator finds that any of your claims is frivolous under applicable law. Each party shall be responsible for its own attorney, expert and other fees, unless awarded by the arbitrator under applicable law. If the chosen arbitration organization's rules conflict with this Arbitration Provision, then the provisions of this Arbitration Provision shall control. Any arbitration under this Arbitration Provision shall be governed by the Federal Arbitration Act (9 U.S.C. § 1 et. seq.) and not by any state law concerning arbitration. Any award by the arbitrator shall be in writing and will be final and binding on all parties, subject to any limited right to appeal under the Federal Arbitration Act.

You and we retain the right to seek remedies in small claims court for disputes or claims within that court's jurisdiction, unless such action is transferred, removed or appealed to a different court. Neither you nor we waive the right to arbitrate by using self-help remedies, such as repossession, or by filing an action to recover the vehicle, to recover a deficiency balance, or for individual injunctive relief. Any court having jurisdiction may enter judgment on the arbitrator's award. This Arbitration Provision shall survive any termination, payoff or transfer of this contract. If any part of this Arbitration Provision, other than waivers of class action rights, is deemed or found to be unenforceable for any reason, the remainder shall remain enforceable. If a waiver of class action rights is deemed or found to be unenforceable for any reason in a case in which class action allegations have been made, the remainder of this Arbitration Provision shall be unenforceable.

INSTALLMENT SALES CONTRACT DISCLOSURE

DEAL: 540152

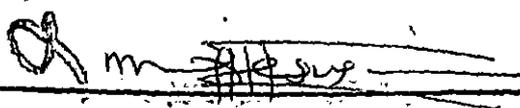
Disclosure to Buyer:

Your purchase of specific items related to acquiring the vehicle, including incidental items such as service contracts, warranties, debt cancellation agreements or debt suspension agreements and insurance products not otherwise required as a condition of this installment sales contract, but excluding options and accessories physically attached to the vehicle, is voluntary and is not required as a condition of you receiving the installment sales contract.

DEALERSHIP: BAIERL ACURA 11410 PERRY HIGHWAY WEXFORD, PA 15090-9201
STELLA CHINONYE OBIAKOR 90 WICK AVE HERMITAGE PA 16148
BUYER: _____
MOTOR VEHICLE: 2014 ACURA MDX 5FRYD4H46EB031587

Acknowledgments by Buyer(s)

- Seller has supplied both an oral and this written disclosure to Buyer before the installment sales contract has been signed.
- A copy of this signed disclosure at no cost has been provided at the time an installment sales contract copy is supplied.

 11/09/2024
(Buyer) (Date)
N/A _____
(Co-Signer) (Date)
 11/09/2024
(Dealership Representative) (Date)

BAIERL ACURA
11410 PERRY HIGHWAY
WEXFORD, PA 15090-9201
724/935 3711

Deal# 540152
Stock# A031587A

ACKNOWLEDGEMENT OF AS-IS SALE

Customer Name(s): STELLA CHINONYE OBIAKOR Date: 11/09/2024

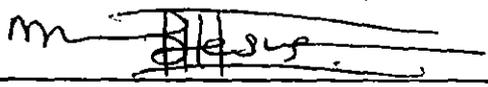
Vehicle Year: 2014 Make: ACURA Model: MDX VIN: 5FRYD4H46EB031587

THE ABOVE-DESCRIBED VEHICLE IS BEING SOLD WITHOUT ANY WARRANTY OF ANY KIND FROM THE DEALERSHIP. THE DEALERSHIP EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

ALL WARRANTIES, IF ANY, BY A MANUFACTURER OR SUPPLIER OTHER THAN THE DEALERSHIP ARE THEIRS, NOT THE DEALERSHIPS, AND ONLY SUCH MANUFACTURER OR OTHER SUPPLIER SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. THE DEALERSHIP NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE VEHICLE.

THE DEALERSHIP ASSUMES NO RESPONSIBILITY FOR ANY REPAIRS TO THE VEHICLE. THE CUSTOMER(S) WILL BEAR THE ENTIRE EXPENSE OF REPAIRING OR CORRECTING ANY DEFECTS THAT PRESENTLY EXIST OR OCCUR AFTER THE DATE OF THIS TRANSACTION.

By signing below, You agree that You have read this Acknowledgement of As-Is Sale and fully understand that the vehicle is being purchased without any warranty of any kind from the Dealership. This Acknowledgement of As-Is Sale is incorporated by reference into the Retail Purchase Agreement.



Customer _____

Authorized Dealership Representative 000 PLUS VEHICLES 120

N/A

Customer _____

741-940-2197

11/09/24 02:13 PM

MID: XXXXXXXX6880

TID: XX8030

Tran 00000019

App: US Debit

Card Type: MC

Card Account: XXXXXXXXXXXXX3986

Card Exp: XX/XX

Stock/RO/Parts # A031587A

Department: USED SALES

Station: PAWEXACU-TOWER2

Employee: AshleyPuckett

Name: OBIAKOR/STELLA

Entry: Chip

Transaction Type: SALE

Tran Serial #: 1147646238

(Debit as Credit)

Auth Code: 009981

Current Authorized: \$1000.00

Network Label: MASTERCARD

Mode: Issuer/ PIN Bypassed

AID: A0000000042203

TVR: 8000088000

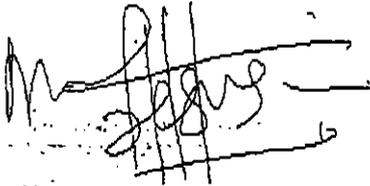
IAD:

0110A000002A00000000000000000000000000FF

TSI: 6800

ARC: 00

I agree to pay the indicated amount and
to be bound by the terms of the card
member agreement



A handwritten signature in black ink, appearing to read 'M. Puckett', is written over a horizontal line. The signature is stylized and somewhat illegible.

MV-4ST (1-19)



**VEHICLE SALES AND USE TAX RETURN/
APPLICATION FOR REGISTRATION**

Attach PA Title - Type or Print - Make check payable to Commonwealth of PA
Bureau of Motor Vehicles ♦ P.O. Box 68593 ♦ Harrisburg, PA 17106-8593

No. **H 8047646**

MV-4ST (1-19)				H. TAX/FEEES		1ST ASSIGNMENT . 2ND ASSIGNMENT	
VEHICLE PURCHASED	A. PA Title Number (as Shown on Attached Title)		Make of Vehicle ACURA	Model Year 2014	Purchase Price (See Note on Reverse)	14167.63	
	Vehicle Identification Number 5FRYD4H46EB031587		Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		Less Trade-In	N/A	
1ST ASSIGNMENT	B. SELLER Last Name (or Full Business Name) BAIERL ACURA First Name Middle Name Co-Seller				Taxable Amount	14167.63	
	C. 1ST PURCHASER Last Name (or Full Business Name) UBIAKOR, STELLA CHINONYE First Name Middle Name PA DL/ID# 3C (or Bus. ID#48) Date of Birth 04/10/81 Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth Street 90 WICK AVE COUNTY CODE City HERMITAGE State PA Zip Code 16148 Date Acquired/Purchased 11/09/2024 Refer to County Codes Listing on Reverse Side of Yellow Copy				1. Sales Tax Due X 6% (.06), X 7% (.07) OR X 8% (.08) * (See Note on Reverse)	850.06	
2ND ASSIGNMENT	D. 2ND PURCHASER Last Name (or Full Business Name) First Name Middle Name PA DL/ID# or Bus. ID# Date of Birth Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth Street COUNTY CODE City State Zip Code Date Acquired/Purchased Refer to County Codes Listing on Reverse Side of Yellow Copy				1A. Exemption Reason Code (Must Be a Number From 1 To 23 Or 0)		
	E. VEHICLE TRADED Make of Vehicle Vehicle Identification Number Model Year Body Type (CP, TK, etc.) Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR				1B. First Assignment Exemption No.		1B. Second Assignment Exemption No.
APPLICATION FOR REGISTRATION	F. <input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange registration plate to be issued by Department <input type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate		2. Title Fee	67.00	
	Registration Plate No. MPK 0666 Expires Month Year Transferred from Title No. VIN Signature of person from whom registration plate is being transferred (if other than applicant) Sign Here Temp. Registration Plate No.		Reason for Replacement <input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail) NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		3. Lien Fee	33.00	
ADDITIONAL TITLE INFORMATION	Vehicle Purchased Weight Information (If Applicable) GVWR Unladen Weight Req. Reg. Gross Wt. Including Load Req. Reg. Gross Comb. Wt. (If Applicable)		Insurance Company Name Policy No. (Or Attach Binder) Policy Effective Date Policy Expiration Date		4. Registration or Processing Fee	45.00	
	ISSUING AGENT INFORMATION I certify that on month 11 day 31st year 2024 I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and department regulations		Issuing Agent (Print Name) BAIERL ACURA Issuing Agent Signature		5. County Fee (See Note on Reverse.)		
CERTIFICATION	G. ADDITIONAL TITLE INFORMATION NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants with Rights of Survivorship" (on death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to their heirs or estate.) NOTE: If the vehicle is to be used as a daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.				6. Duplicate Reg. Fee No. of Dup. Reg. Cards		
	I. I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.				7. Transfer Fee	N/A	
				8. Increase Fee	N/A		
				9. Replacement Fee	N/A		
				Total Paid (Add 1 Thru 9)	10,995.06	11.	
				12. Grand Total (Add 10 & 11)	Send One Check In This Amount →	995.06	
				10. Increase Fee	N/A		
				11. Increase Fee	N/A		
				12. Grand Total (Add 10 & 11)	Send One Check In This Amount →	995.06	
				13. Increase Fee	N/A		
				14. Increase Fee	N/A		
				15. Increase Fee	N/A		
				16. Increase Fee	N/A		
				17. Increase Fee	N/A		
				18. Increase Fee	N/A		
				19. Increase Fee	N/A		
				20. Increase Fee	N/A		
				21. Increase Fee	N/A		
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				41. Increase Fee	N/A		
				42. Increase Fee	N/A		
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				69. Increase Fee	N/A		
				70. Increase Fee	N/A		
				71. Increase Fee	N/A		
				72. Increase Fee	N/A		
				73. Increase Fee	N/A		
				74. Increase Fee	N/A		
				75. Increase Fee	N/A		
				76. Increase Fee	N/A		
				77. Increase Fee	N/A		
				78. Increase Fee	N/A		
				79. Increase Fee	N/A		
				80. Increase Fee	N/A		
				81. Increase Fee	N/A		
				82. Increase Fee	N/A		
				83. Increase Fee	N/A		
				84. Increase Fee	N/A		
				85. Increase Fee	N/A		
				86. Increase Fee	N/A		
				87. Increase Fee	N/A		
				88. Increase Fee	N/A		
				89. Increase Fee	N/A		
				90. Increase Fee	N/A		
				91. Increase Fee	N/A		
				92. Increase Fee	N/A		
				93. Increase Fee	N/A		
				94. Increase Fee	N/A		
				95. Increase Fee	N/A		
				96. Increase Fee	N/A		
				97. Increase Fee	N/A		
				98. Increase Fee	N/A		
				99. Increase Fee	N/A		
				100. Increase Fee	N/A		

3. APPLICANT'S COPY / TEMPORARY REGISTRATION (VALID FOR 90 DAYS)

MESSANGER NO.

INSTALLMENT SALES CONTRACT DISCLOSURE

DEAL: 540152

Disclosure to Buyer:

Your purchase of specific items related to acquiring the vehicle, including incidental items such as service contracts, warranties, debt cancellation agreements or debt suspension agreements and insurance products not otherwise required as a condition of this installment sales contract, but excluding options and accessories physically attached to the vehicle, is voluntary and is not required as a condition of you receiving the installment sales contract.

DEALERSHIP: BAIERL ACURA 11410 PERRY HIGHWAY 15090-9201
90 WICK AVE
HERMITAGE PA 16148
BUYER: STELLA CHINONYE OBIAKOR
MOTOR VEHICLE: 2014 ACURA MDX 5FRYD4H46EB031587

Acknowledgments by Buyer(s)

- Seller has supplied both an oral and this written disclosure to Buyer before the installment sales contract has been signed.
- A copy of this signed disclosure at no cost has been provided at the time an installment sales contract copy is supplied.

[Signature] 11/09/2024
(Buyer) (Date)

N/A
(Co-Signer) (Date)

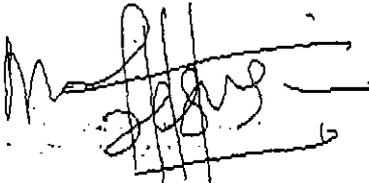
[Signature] 11/09/2024
(Dealership Representative) (Date)

Baierl Acura
10785 Perry Hwy
Wexford, PA 15090
741-940-2197

11/09/24 02:13 PM
MID: XXXXXXXX6880
TID: XX8030
TLI: 00000019
App: US Debit
Card Type: MC
Card Account: XXXXXXXXXXXX3986
Card Exp: XX/XX
Stock/RO/Parts # A031587A
Department: USED SALES
Station: PAWEXACU-TOWER2
Employee: AshleyPuckett
Name: OBIAKOR/STELLA
Entry: Chip
Transaction Type: SALE
Tran Serial #: 1147646238
(Debit as Credit)
Auth Code: 009981
Current Authorized: \$1000.00

Network Label: MASTERCARD
Mode: Issuer/ PIN Bypassed
AID: A0000000042203
TVR: 8000088000
IAD:
0110A000002A00000000000000000000000000FF
TSI: 6800
ARC: 00

I agree to pay the indicated amount and
to be bound by the terms of the card
member agreement

A handwritten signature in black ink, appearing to be 'M. Puckett', is written over a horizontal line. The signature is stylized and somewhat illegible.

MV-4ST (1-19)



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

VEHICLE SALES AND USE TAX RETURN/ APPLICATION FOR REGISTRATION

Attach PA Title - Type or Print - Make check payable to Commonwealth of PA

Bureau of Motor Vehicles ♦ P.O. Box 68593 ♦ Harrisburg, PA 17106-8593

No. **H 8047646**

MV-4ST (1-19)

H. TAX/FEEES **1ST ASSIGNMENT** **2ND ASSIGNMENT**

A. VEHICLE PURCHASED	PA Title Number (as Shown on Attached Title)		Make of Vehicle ACURA	Model Year 2014	Purchase Price (See Note on Reverse)	14167.63	
	Vehicle Identification Number 5FRYD4H46EB031587		Condition <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		Less Trade-In	N/A	
B. SELLER	Last Name (or Full Business Name) BAIERL ACURA		First Name	Middle Name	Taxable Amount	14167.63	
	Co-Seller				1. Sales Tax Due X 6% (06), X 7% (07) OR X 8% (08) * (See Note on Reverse)	850.06	
C. 1ST PURCHASER	Last Name (or Full Business Name) UBIAKOR, STELLA CHINONYE		First Name	Middle Name	PA DLID# 3C (or Bus: ID#18)	Date of Birth 04/10/81	1A. Exemption Reason Code (Must Be a Number From 1 To 23 Or 0)
	Co-Purchaser Last Name		First Name	Middle Name	PA DLID#	Date of Birth	1B. First Assignment Exemption No.
	Street 90 WICK AVE		City HERMITAGE		State PA	Zip Code 16148	1B. Second Assignment Exemption No.
	Date Acquired/Purchased 11/09/2024		County Code		2. Title Fee 67.00		
D. 2ND PURCHASER	Last Name (or Full Business Name)		First Name	Middle Name	PA DLID# or Bus. ID#	Date of Birth	3. Lien Fee 33.00
	Co-Purchaser Last Name		First Name	Middle Name	PA DLID#	Date of Birth	4. Registration or Processing Fee 45.00
	Street		City		State	Zip Code	5. County Fee * (See Note on Reverse.)
	Date Acquired/Purchased		County Code		6. Duplicate Reg. Fee No. of Dup. Reg. Cards		
E. VEHICLE TRADED	Make of Vehicle		Vehicle Identification Number		7. Transfer Fee N/A		
	Model Year	Body Type (CP, TK, etc.)	Condition <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		8. Increase Fee N/A		
F. APPLICATION FOR REGISTRATION	<input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate		Total Paid (Add 1 Thru 9)		
	<input type="checkbox"/> Exchange registration plate to be issued by Department		<input type="checkbox"/> Transfer & Renewal of Registration Plate		10. 995.06		
	<input type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		<input type="checkbox"/> Transfer & Replacement of Registration Plate		11. 995.06		
	Registration Plate No.		Reason for Replacement		12. Grand Total (Add 10 & 11)		
	Expires Month Year		<input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail)		Send One Check in This Amount →		
	Transferred from Title No.		VIN		995.06		
	Signature of person from whom registration plate is being transferred (if other than applicant)		Signature Here		Relationship To Applicant		
	Temp. Registration Plate No. MPK 0666						
	Vehicle Purchased Weight Information (If Applicable) → GVWR		Unladen Weight	Req. Reg. Gross Wt. Including Load	Req. Reg. Gross Comb. Wt. (If Applicable)		
	Insurance Company Name		Policy No. (Or Attach Binder)	Policy Effective Date	Policy Expiration Date		
ISSUING AGENT INFORMATION	I certify that on month <u>11</u> day <u>11</u> year <u>2024</u> I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and department regulations.		Issuing Agent (Print Name) BAIERL ACURA		Agent No. 858678BA		
		Issuing Agent Signature		Telephone No. 7249353711			
G. ADDITIONAL TITLE INFORMATION	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants with Rights of Survivorship" (on death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/>						
	NOTE: If the vehicle is to be used as a Daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.						
I. CERTIFICATION	I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.						
	1st ASSIGNMENT	Signature of First Purchaser or Authorized Signer				Telephone No. (724) 536-4172	
	2nd ASSIGNMENT	Signature of Co-Purchaser/Title of Authorized Signer				Telephone No.	

MESSENGER NO.

3. APPLICANT'S COPY / TEMPORARY REGISTRATION (VALID FOR 90 DAYS)

**MERCER COUNTY
MESSENGER SERVICE**

1834 E. STATE STREET
HERMITAGE, PA 16148
724-983-0914
www.pamessenger.com

RECEIVED FROM: ~~Carecruz~~
Carecruz Homercare

**BONDED STATE T-PLATE AGENT
TITLE TRANSFER & REGISTRATION**
for
Cars, Trucks, Motorcycles, Boats, Trailers

T-PLATES - NOTARY

We as your Messenger submit your work to Harrisburg every business day. Your work will be returned as quickly as Penn Dot can complete the work. Any problem between you and the State must be resolved between you and the State. We will provide you with as much assistance as allowable under the current law.

Thank you for your business.

"ONE STOP DOES IT ALL"

NO. 4311 DATE 08/22/25

DEPT. OF REVENUE _____

PA. FISH COMMISSION _____

PENN DOT

STATE TITLE FEE _____

DUPLICATE TITLE _____

PLATE TRANSFER _____

LOST PLATE _____

PLATE REGISTRATION _____

LOST OR DUPLICATE OWNER'S CARD _____

LEARNER'S PERMIT _____

DRIVER'S LICENSE _____

ENCUMBRANCE _____

OTHER MV145 - 14 / 14

SERVICE FEES

TITLE TRANSFER, COPIES & PAPERWORK _____

NOTARY FEE _____

T-PLATE ISSUE FEE _____

MONEY ORDERS _____

MESSENGER SERVICE 0 / 14 pd Cash

TOTAL _____



Personal Loan Agreement - Fixed Rate

This is a loan directly from THE HUNTINGTON NATIONAL BANK to you. The terms "we", "us", and "our" mean that bank. The terms "you" and "your" mean each person who signs this agreement. This agreement states the terms of this simple interest rate loan from us. This loan is arranged by PRESTON HYUNDAI (the "Dealer", which term includes any of Dealer's employees or agents). Please read this agreement carefully and if you agree to these terms, sign your name on Page 5. Each of you is responsible both individually and jointly under this agreement (known as "joint and several" responsibility).
Federal disclosures: The following disclosures are required to be given by federal law:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate. 4.83 %	The dollar amount the credit will cost you. \$3,158.36	The amount of credit provided to you or on your behalf. \$20,202.76	The amount you will have paid after you have made all payments as scheduled. \$23,361.12

Your payment schedule will be (final payment amount is estimated):

Number of Payments	Amount of Payments	When Payments Are Due
72	324.46	Monthly beginning on 10/11/2021
N/A	N/A	N/A

Security: You are giving a security interest in a motor vehicle.

You are also giving a security interest in the following personal property (list each item): N/A

Property Insurance: You may obtain property insurance from anyone you want that is acceptable to us.

Filing fees: \$38.00

Late charge: If a payment is more than 10 days late, you will be charged \$35.00.

Prepayment: If you pay off early, you will not have to pay a penalty, and will not be entitled to a refund of any prepaid finance charge.

See the other parts of this agreement and any other contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, prepayment penalties, and security interests.

Date of this loan

The date of this loan is 08/27/2021

Principal amount of this loan

The principal amount of this loan is 20,437.76

Interest rate

The interest rate applicable to this loan is 4.44 % per year.

Itemization of amount financed

We and/or the Dealer may be retaining a portion of the charges from other products and services sold in connection with this loan. You authorize us to pay the proceeds of this loan in the following manner:

1. To Dealer on your behalf \$20,202.76

For your information, Dealer represents to you and to us that the amount covers the items in (a) through (l) below and in the sum of items (c) through (l). We do not warrant or guarantee Dealer's application of these amounts.

(a) Cash price \$22,776.76

(sum of items (i) through (iv) below)

(i) Price of property/services purchased \$22,415.26

(may include taxes, accessories and other items)

(ii) Dealer documentation fee \$250.00

(iii) License, title and registration fees \$111.50

(b) Less down payment \$5,338.00

(sum of items (i) and (iv) below, but not less than zero)

(i) Cash (including rebates) \$5,000.00

(ii) Trade-in allowance (gross) \$N/A

Year N/A Make N/A Model N/A

(iii) Amount owed on trade-in \$N/A

(iv) Trade-in allowance (net) \$N/A

(c) Unpaid balance of cash price ((a) minus (b)) \$17,776.76

(d) Additional amount to pay off trade-in \$N/A

(e) Payoff of prior loan (if a refinance) \$N/A

(f) Lien filing fee \$38.00

(Same amount as is "Filing fees" from the Federal disclosures above)

(g) Credit Insurance \$N/A

(h) Extended service contract or warranty \$2,388.00

(i) N/A \$N/A

(j) N/A \$N/A

(k) N/A \$N/A

(l) N/A \$N/A

2. To us for N/A \$N/A

3. To us for N/A \$N/A

4. To us for N/A \$N/A

5. To us for Loan Fee \$235.00

6. Less prepaid finance charge \$235.00

7. Amount financed (sum of 1, 2, 3, 4 and 5, minus 6) \$20,202.76

Your promise to pay

By signing this agreement, you promise to pay us all of the following:

- The principal amount of this loan as promised in this agreement
- Daily simple interest on the unpaid balances of the principal amount from time to time outstanding at the interest rate as provided in this agreement.
- Other charges due as provided in this agreement.

You must pay us at the address we tell you or at any of our banking offices. Interest begins to accrue on the date of this agreement. Daily simple interest means that interest is charged each day after applying any payments you have made.

Credit Insurance

Credit life insurance and credit disability insurance are NOT REQUIRED to obtain this loan and will not be provided unless each of you to be insured qualifies and signs below, indicating your agreement to pay the additional cost for the type of coverage selected. Your choice whether or not to buy credit insurance has NO effect on our decision to make your loan, and we do NOT consider your insurance choice in any way when we make our loan decision. Any insurance benefit may not pay this loan in full.

If you want to buy credit insurance, you are buying it from or through the Dealer, and not from or through us. Any questions about this insurance must be directed to the Dealer, and not us. If you want to buy it, you must sign below on the line under the type of insurance elected. Two signatures for a type of insurance will indicate that joint coverage for both persons signing is elected. The policies or certificates issued by the insurance company will more fully describe the coverage, terms and conditions of the credit insurance.

Credit Life Insurance: Term: N/A months Cost: \$N/A

(1) N/A (Signature) (2) N/A (Signature)

Credit Disability Insurance: Term: N/A months Cost: \$N/A

(1) N/A (Signature) (2) N/A (Signature)

Optional Debt Protection Agreements

Debt Protection Agreements are NOT REQUIRED to obtain this loan and will not be provided unless you sign below and agree to pay the cost for such product(s). GAP (Guaranteed Auto Protection) is a type of debt protection agreement. The Dealer will give you additional documents for any of these products that you purchase. We will credit your loan for the amount that your GAP protection indicates is waived or cancelled when we receive payment for that amount from the Dealer or provider of the GAP protection.

You want to buy GAP at a cost of \$N/A

GAP Company Name: N/A

(1) N/A (Signature)
 (2) N/A (Signature)

Collateral for this agreement

As collateral for this loan, you give us a security interest in the following property and its accessions, and in any attachments existing as of the date of this loan or which you acquire within 10 days after that date:

YEAR 2015 MAKE TOYOTA

MODEL SIENNA ODOMETER 95,669

VIN 5TDDK3DC5FS119976

You represent that you will use the collateral primarily for consumer (personal, family or household use) business farming purposes. You agree to keep the collateral at:

90 WICK AVE. HERMITAGE
 No. & Street City

MERCER PA 16148
 County State Zip



Dealer Name: PRESTON AUTO COMPANY INC

Dealer Phone #: (330) 965-7440
Dealer Fax #: (330) 965-0069

PLEASE PRINT - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSTRUCTIONS:

- You may apply for credit in your name alone, whether or not you are married.
- (1) Please indicate whether you are applying for Individual Credit Joint Credit Community Property State Business Application
- (2) If you are applying for individual credit in your name and relying on your own income or assets and not the income or assets of another person as the basis of repayment of the credit requested, complete only Section A.
- (3) If you are applying for joint credit with another person, complete sections A and B. We intend to apply for joint credit.

Applicant _____ Co-Applicant _____

* If you are married and live in a community property state, please complete Section A about yourself and Section B about your spouse. You must sign this application. Your spouse must sign this application only if s/he wishes to be a Co-Applicant.

A. APPLICANT INFORMATION

Last Name OBIAKOR		First Name STELLA		Middle Initial	Social Security Number 084-89-1420		Birth Date 04/10/1981		
Address 90 WICK AVE			Apt # / Suite #	P.O. Box	Rural Route	City HERMITAGE		State PA	Zip 16148
Home Phone (412) 636-6961		Cell Phone		Residential Status <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other		Time at Address 0 Yrs. 2 Mos.		Rent/Mtg. Pmt. \$ 863.00	
E-Mail Address				Driver's License No.		Driver's License State		Time at Previous Address Yrs. Mos.	
Previous Full Address (if less than 2 years)			Apt # / Suite #	P.O. Box	Rural Route	City		State	Zip
Employer Name CARECRUI2 HOMECARE				Employment Type <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Salary 3,200.00		Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		Occupation ADMINISTRATOR		Length of Employment 3 Yrs. 0 Mos.		Work Phone Number * (724) 523-4172	
Previous Employer Name				Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other					
Previous Occupation			Length of Employment Yrs. Mos.		Previous Work Phone Number				
<small>Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.</small>									
Other Income (Monthly)		Source of Other Income			By Signing, you certify that the Income entered on this Credit Application is accurate. <input checked="" type="checkbox"/>				

Comments

EXTRA OPTIONS: POWER SUNROOF, BLIND SPOT MONITOR

AGREEMENT

The words "we," "us," "our" and "ours" as used below refer to us, the dealer, and to the financial institution(s) selected to receive your application. You understand and agree that you are applying for credit by providing the information to complete and submit this credit application. We may keep this application and any other application submitted to us and information about you whether or not the application is approved. You certify that the information on the application and in any other application submitted to us, is true and complete. You understand that false statements may subject you to criminal penalties. The words "you," "your" and "yours" mean each person submitting this application. You authorize us to submit this application and any other application submitted in connection with the proposed transaction to the financial institutions disclosed to you by us the dealers; in addition, in accordance with the Fair Credit Reporting Act, you authorize that such financial institutions may submit your applications to other financial institutions for the purpose of fulfilling your request to apply for credit. This application will be reviewed by the dealer and such financial institutions.

You agree that we may obtain a consumer credit report periodically from one or more consumer reporting agencies (credit bureaus) in connection with the proposed transaction and any update, renewal, refinancing, modification or extension of that transaction. You also agree that we or any affiliate of ours may obtain one or more consumer credit reports on you at any time during the term of your financing.. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliate obtained your credit report. You agree that the dealer and the financial institutions may verify your employment, pay, assets and debts, and that anyone receiving a copy of this is authorized to provide such dealer and financial institutions with such information. You further authorize the dealer and the financial institutions to gather whatever credit and employment history each considers necessary and appropriate in evaluating this application and any other applications submitted in connection with the proposed transaction. You understand that we will rely on the information in this credit application in making our decision. The dealer and the financial institutions may monitor and record telephone calls regarding your account for quality assurance, compliance, training, or similar purposes.

You consent to receive autodialed, prerecorded and artificial voice calls and text messages for servicing and collection purposes from us at the telephone number(s) provided in this credit application, including any cell phone numbers. The consent applies to the dealer, who is the originating creditor in this transaction, as well as any assignee who may purchase your credit contract. You agree that this consent applies regardless of whether you agree to receive telemarketing/sales calls and text messages as provided below.

You consent to receive autodialed, pre-recorded and artificial voice telemarketing and sales calls and text messages from or on behalf of dealer (or any financing source to which dealer assigns my contract) at the following number(s) including any cell phone numbers. You understand that this consent is not a condition of purchase or credit.

You opt in You do not opt in

Signature of Applicant for election above: _____

Your dealer will inform you of the name and address of the financing sources to which this application shall be sent.

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND DISCLOSURES ON ALL PAGES OF THIS APPLICATION.

_____ 08/27/2021
APPLICANT'S SIGNATURE DATE

NY 617

Dealer Name: **PRESTON AUTO COMPANY INC**

Dealer Phone #: (330) 965-7440
 Dealer Fax #: (330) 965-0069

PLEASE PRINT - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

B. CO-APPLICANT INFORMATION

Last Name EGBE		First Name DOZIE		Middle Initial	Social Security Number 177-82-4963	Birth Date 09/25/1963	Relationship OTHER
Address 2327 SPOKANE AVE			Apt # / Suite #	P.O. Box	Rural Route	City PITTSBURGH	State PA Zip 15210
Home Phone (214) 272-8135	Cell Phone	Residential Status <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Family <input type="checkbox"/> Other			Time at Address 0 Yrs. 4 Mos.		Rent/Mtg. Pmt. \$ 217.00
E-Mail Address			Driver's License No.		Driver's License State	Time at Previous Address Yrs. Mos.	
Previous Full Address (if less than 2 years)			Apt # / Suite #	P.O. Box	Rural Route	City	State Zip
Employer Name UPMC			Employment Type <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other				
Salary 65,000.00	Salary Type <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually		Occupation CHAPLAIN		Length of Employment 14 Yrs. 10 Mos.		Work Phone Number * (412) 648-6325
Previous Employer Name			Previous Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other				
Previous Occupation		Length of Employment Yrs. Mos.		Previous Work Phone Number			
<small>Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.</small>							
Other Income (Monthly)		Source of Other Income		By Signing, you certify that the income entered on this Credit Application is accurate. <input checked="" type="checkbox"/>			
Comments							

AGREEMENT

The words "we," "us," "our" and "ours" as used below refer to us, the dealer, and to the financial institution(s) selected to receive your application. You understand and agree that you are applying for credit by providing the information to complete and submit this credit application. We may keep this application and any other application submitted to us and information about you whether or not the application is approved. You certify that the information on the application and in any other application submitted to us, is true and complete. You understand that false statements may subject you to criminal penalties. The words "you," "your" and "yours" mean each person submitting this application. You authorize us to submit this application and any other application submitted in connection with the proposed transaction to the financial institutions disclosed to you by us the dealers; in addition, in accordance with the Fair Credit Reporting Act, you authorize that such financial institutions may submit your applications to other financial institutions for the purpose of fulfilling your request to apply for credit. This application will be reviewed by the dealer and such financial institutions. You agree that we may obtain a consumer credit report periodically from one or more consumer reporting agencies (credit bureaus) in connection with the proposed transaction and any update, renewal, refinancing, modification or extension of that transaction. You also agree that we or any affiliate of ours may obtain one or more consumer credit reports on you at any time during the term of your financing. If you ask, you will be told whether a credit report was requested, and if so, the name and address of any credit bureau from which we or our affiliate obtained your credit report. You agree that the dealer and the financial institutions may verify your employment, pay, assets and debts, and that anyone receiving a copy of this is authorized to provide such dealer and financial institutions with such information. You further authorize the dealer and the financial institutions to gather whatever credit and employment history each considers necessary and appropriate in evaluating this application and any other applications submitted in connection with the proposed transaction. You understand that we will rely on the information in this credit application in making our decision. The dealer and the financial institutions may monitor and record telephone calls regarding your account for quality assurance, compliance, training, or similar purposes.

You consent to receive autodialed, prerecorded and artificial voice calls and text messages for servicing and collection purposes from us at the telephone number(s) provided in this credit application, including any cell phone numbers. The consent applies to the dealer, who is the originating creditor in this transaction, as well as any assignee who may purchase your credit contract. You agree that this consent applies regardless of whether you agree to receive telemarketing/sales calls and text messages as provided below.

You consent to receive autodialed, pre-recorded and artificial voice telemarketing and sales calls and text messages from or on behalf of dealer (or any financing source to which dealer assigns my contract) at the following number(s) including any cell phone numbers. You understand that this consent is not a condition of purchase or credit.

You opt In

You do not opt In

Signature of Applicant for election above: _____

Your dealer will inform you of the name and address of the financing sources to which this application shall be sent.

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND DISCLOSURES ON ALL PAGES OF THIS APPLICATION.

 CO-APPLICANT'S SIGNATURE

08/27/2021
 DATE

The Huntington National Bank
5555 Cleveland Ave. GWIN35
Columbus, Ohio 43231
1-800-445-8460



July 08, 2025

STELLA OBIAKOR
DOZIE EGBE
90 WICK AVE
HERMITAGE PA 16148-1811

Re: Account Number ending in 5814

Congratulations! Our records indicate that your installment loan was paid in full on 6/27/2025.

This letter serves as notification that we have released our lien, via the electronic discharge process, endorsed by your State. What this means to you is that you will not receive a paper title from Huntington. You will receive your title from your state in a separate mailing. If you have any questions please contact your local vehicle titling agency directly.

Electronic lien titling, implemented after June 20, 2005, is an innovative method of filing, releasing, and performing maintenance on title records at the state level. The lien is released quicker, which is a benefit when reselling the vehicle.

If you have any questions, please contact us at 1-800-445-8460. Our customer service specialists are here to assist you, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET.

Thank you for doing business with Huntington. We look forward to servicing your future needs.

Sincerely,

Huntington National Bank
Release Department

71042 06/22

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

598

FUEL: GAS

252343427029720-001

STDDK3DC5F3119976 VEHICLE IDENTIFICATION NUMBER		2015 YEAR	TOYOTA MAKE OF VEHICLE	75252126503 CA TITLE NUMBER	
SV BODY TYPE	0 DUP	PA PRIOR TITLE STATE	8/22/25 ODOM PROC'D DATE	162289 ODOM MILES	0 ODOM STATUS
10/01/15 DATE PA TITLED	8/22/25 DATE OF ISSUE	- UNLADEN WEIGHT	- GVWR	- GVWR	- TITLE BRANDS

- ODOMETER STATUS**
- 0 = ACTUAL MILEAGE
 - 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
 - 2 = NOT THE ACTUAL MILEAGE
 - 3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
 - 4 = EXEMPT FROM ODOMETER DISCLOSURE
- TITLE BRANDS**
- A = ANTI-LOCK VEHICLES
 - C = COLLECTIBLE VEHICLE
 - D = COLLECTIBLE VEHICLE
 - F = OUT OF COUNTRY
 - G = ORIGINALLY MFGD FOR NON-US DISTRIBUTION
 - H = AGRICULTURAL VEHICLE
 - L = LOGGING VEHICLE
 - P = IS WAS A POLICE VEHICLE
 - R = RECONSTRUCTED
 - S = STREET ROD
 - T = RECOVERED THEFT VEHICLE
 - V = VEHICLE CONTAINS REISSUED VIN
 - W = FLOOD VEHICLE
 - X = IS WAS A TAXI

REGISTERED OWNER(S)
CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE STE 7
 SHARON PA 16146

FIRST LIEN FAVOR OF

SECOND LIEN FAVOR OF

FIRST LIEN RELEASED _____ DATE

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE

MAILING ADDRESS

BY _____ AUTHORIZED REPRESENTATIVE

CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE STE 7
 SHARON PA 16146



I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

MICHAEL B. CARROLL

Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME _____ DAY _____ YEAR

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

SIGNATURE OF PERSON ADMINISTERING OATH

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

SIGN IN PRESENCE OF A NOTARY

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

SIGNATURE OF APPLICANT OR AUTHORIZED OWNER

SIGNATURE OF CO-APPLICANT TITLE OR AUTHORIZED SIGNER

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

95317550

(TYPE OR PRINT) Certificate of Title must be submitted within 20 days, unless the purchaser is a registered dealer holding the vehicle for resale.

WARNING - FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES OR IMPRISONMENT.

STAMP OR SEAL	A. ASSIGNMENT OF TITLE - Registered dealer must complete Form MV 27A or MV 27B as required by law. If purchaser is NOT a registered dealer Section D on the front of this form must be completed.		LAST	FIRST	MIDDLE NAME
	I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS X miles and reflects the actual mileage of the vehicle.		PURCHASER OR FULL BUSINESS NAME _____ CO-PURCHASER _____ STREET ADDRESS _____ CITY _____		
	unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> is NOT the actual mileage. WARNING: Odometer discrepancy. I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.		STATE _____ ZIP _____ PURCHASE PRICE OR DIN _____		
	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____		PURCHASER SIGNATURE _____ CO-PURCHASER SIGNATURE _____		
STAMP OR SEAL	SIGNATURE OF PERSON ADMINISTERING OATH _____		PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____		
	_____		SIGNATURE OF SELLER _____		
	_____		SIGNATURE OF CO-SELLER _____		
	_____		SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE _____		
STAMP OR SEAL	B. RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER		LAST	FIRST	MIDDLE NAME
	I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS X miles and reflects the actual mileage of the vehicle.		PURCHASER OR FULL BUSINESS NAME _____ CO-PURCHASER _____ STREET ADDRESS _____ CITY _____		
	unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> is NOT the actual mileage. WARNING: Odometer discrepancy. I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.		STATE _____ ZIP _____ PURCHASE PRICE OR DIN _____		
	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____		PURCHASER SIGNATURE _____ CO-PURCHASER SIGNATURE _____		
STAMP OR SEAL	SIGNATURE OF PERSON ADMINISTERING OATH _____		PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____		
	_____		SIGNATURE OF SELLER _____		
	_____		SELLER MUST HANDPRINT NAME HERE _____		
	_____		_____		
STAMP OR SEAL	RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER		LAST	FIRST	MIDDLE NAME
	I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS X miles and reflects the actual mileage of the vehicle.		PURCHASER OR FULL BUSINESS NAME _____ CO-PURCHASER _____ STREET ADDRESS _____ CITY _____		
	unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> is NOT the actual mileage. WARNING: Odometer discrepancy. I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.		STATE _____ ZIP _____ PURCHASE PRICE OR DIN _____		
	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____		PURCHASER SIGNATURE _____ CO-PURCHASER SIGNATURE _____		
STAMP OR SEAL	SIGNATURE OF PERSON ADMINISTERING OATH _____		PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____		
	_____		SIGNATURE OF SELLER _____		
	_____		SELLER MUST HANDPRINT NAME HERE _____		
	_____		_____		
STAMP OR SEAL	RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER		LAST	FIRST	MIDDLE NAME
	I/We certify, to the best of my/our knowledge that the odometer reading is _____ TENTHS X miles and reflects the actual mileage of the vehicle.		PURCHASER OR FULL BUSINESS NAME _____ CO-PURCHASER _____ STREET ADDRESS _____ CITY _____		
	unless one of the following boxes is checked: <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> is NOT the actual mileage. WARNING: Odometer discrepancy. I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.		STATE _____ ZIP _____ PURCHASE PRICE OR DIN _____		
	SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____		PURCHASER SIGNATURE _____ CO-PURCHASER SIGNATURE _____		
STAMP OR SEAL	SIGNATURE OF PERSON ADMINISTERING OATH _____		PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE _____		
	_____		SIGNATURE OF SELLER _____		
	_____		SELLER MUST HANDPRINT NAME HERE _____		
	_____		_____		
C. CHECK HERE IF APPLYING FOR A DEALER TITLE AND COMPLETE SECTION D. TITLING FEES \$ _____					

MV-4 (12-2015)

An employee of an issuing agent licensed as a vehicle dealer by the Pennsylvania State Board of Vehicle Manufacturers, Dealers and Salespersons may verify a person's signature in lieu of notarization.



Personal Loan Agreement - Fixed Rate

This is a loan directly from THE HUNTINGTON NATIONAL BANK to you. The terms "we", "us", and "our" mean that bank. The terms "you" and "your" mean each person who signs this agreement. This agreement states the terms of this simple interest rate loan from us. This loan is arranged by SERPENTINI CHV WILLOUGHBY HILLS (the "Dealer", which term includes any of Dealer's employees or agents). Please read this agreement carefully and if you agree to these terms, sign your name on Page 5. Each of you is responsible both individually and jointly under this agreement (known as "joint and several" responsibility). Federal disclosures: The following disclosures are required to be given by federal law:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate. 8.91 %	The dollar amount the credit will cost you. \$7,851.78	The amount of credit provided to you or on your behalf. \$26,229.44	The amount you will have paid after you have made all payments as scheduled. \$34,081.20

Your payment schedule will be (final payment amount is estimated):

Number of Payments	Amount of Payments	When Payments Are Due
72	473.35	Monthly beginning on 12/11/2025
N/A	N/A	N/A

Security: You are giving a security interest in a motor vehicle.
 You are also giving a security interest in the following personal property (list each item): N/A

Property Insurance: You may obtain property insurance from anyone you want that is acceptable to us.
 Filing fees: \$ N/A
 Late charge: If a payment is more than 10 days late, you will be charged \$35.00.
 Prepayment: If you pay off early, you will not have to pay a penalty, and will not be entitled to a refund of any prepaid finance charge.
 See the other parts of this agreement and any other contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, prepayment penalties, and security interests.

Date of this loan
 The date of this loan is 10/27/2025
 Principal amount of this loan
 The principal amount of this loan is 26,484.44
 Interest rate
 The interest rate applicable to this loan is 8.52 % per year.
 Itemization of amount financed
 We and/or the Dealer may be retaining a portion of the charges from other products and services sold in connection with this loan. You authorize us to pay the proceeds of this loan in the following manner:

- To Dealer on your behalf: \$26,229.44
 - (a) Cash price (sum of items (i) through (iii) below) \$24,165.44
 - Price of property/services purchased (may include taxes, accessories and other items) \$23,740.44
 - Dealer documentation fee \$387.00
 - License, title and registration fees \$38.00
 - Less down payment (sum of items (i) and (ii) below, but not less than zero) \$3,000.00
 - Cash (including rebates) \$3,000.00
 - Trade-in allowance (gross) \$ N/A
Year N/A Make N/A Model N/A
 - Amount owed on trade-in \$ N/A
 - Trade-in allowance (net) \$ N/A
 - Unpaid balance of cash price ((a) minus (b)) \$21,165.44
 - Additional amount to pay off trade-in \$ N/A
 - Payoff of prior loan (if a refinancing) \$ N/A
 - Lien filing fee (Same amount as is "Filing fees" from the Federal Disclosures above) \$ N/A
 - Credit Insurance \$ N/A
 - Extended service contract or warranty \$3,250.00
 - GAP \$815.00
 - ROAD HAZARD \$999.00
 - N/A \$ N/A
 - N/A \$ N/A
- To us for N/A \$ N/A
 - To us for N/A \$ N/A
 - To us for N/A \$ N/A
 - To us for Loan Fee \$235.00
 - Less prepaid finance charge \$235.00
 - Amount financed (sum of 1, 2, 3, 4 and 5, minus 6) \$26,229.44

Credit Insurance
 Credit life insurance and credit disability insurance are NOT REQUIRED to obtain this loan and will not be provided unless each of you to be insured qualifies and signs below, indicating your agreement to pay the additional cost for the type of coverage selected. Your choice whether or not to buy credit insurance has NO effect on our decision to make your loan, and we do NOT consider your insurance choice in any way when we make our loan decision. Any insurance benefit may not pay this loan in full. If you want to buy credit insurance, you are buying it from or through the Dealer, and not from or through us. Any questions about this insurance must be directed to the Dealer, and not us. If you want to buy it, you must sign below on the line under the type of insurance selected. Two signatures for a type of insurance will indicate that joint coverage for both persons signing is elected. The policies or certificates issued by the insuring company will more fully describe the coverage, terms and conditions of the credit insurance.

Credit Life Insurance: Term: N/A months Cost: \$ N/A
 (1) N/A (Signature) (2) N/A (Signature)
 Credit Disability Insurance: Term: N/A months Cost: \$ N/A
 (1) N/A (Signature) (2) N/A (Signature)

Optional Debt Protection Agreements
 Debt Protection Agreements are NOT REQUIRED to obtain this loan and will not be provided unless you sign below and agree to pay the cost for such product(s). GAP (Guaranteed Auto Protection) is a type of debt protection agreement. The Dealer will give you additional documents for any of these products that you purchase. We will credit your loan for the amount that your GAP protection indicates is waived or cancelled when we receive payment for that amount from the Dealer or provider of the GAP protection.

You want to buy GAP at a cost of \$815.00
 GAP Company Name: CARCO GAP
 (1) [Signature] (Signature)
 (2) N/A (Signature)

Collateral for this agreement
 As collateral for this loan, you give us a security interest in the following property and its accessories, and in any attachments existing as of the date of this loan or which you acquire within 10 days after that date:

YEAR 2020 MAKE ACURA
 MODEL MDX ODOMETER 78,709
 VIN 5J8YD4H38LL036410

You represent that you will use the collateral primarily for consumer (personal, family or household use) business farming purposes.
 You agree to keep the collateral at:

90 WICK AVE, HERMITAGE
 Mr. & Street City
 MERCER PA 15148
 County State Zip

Your promise to pay
 By signing this agreement, you promise to pay us all of the following:
 • The principal amount of this loan as promised in this agreement
 • Daily simple interest on the unpaid balances of the principal amount from time to time outstanding at the interest rate as provided in this agreement.
 • Other charges due as provided in this agreement.

You must pay us at the address we tell you or at any of our banking offices. Interest begins to accrue on the date of this agreement. Daily simple interest means that interest is charged each day after applying any payments you have made.



THIRD PARTY GUARANTY

This Guaranty relates to the following Retail Installment Contract:

Date: 05 15 2025
(Mo.) (Day) (Year)

Seller: Falls Auto Group, INC Buyer: CARECRUIZ HOMECARE AGENCY LLC

Goods Purchased (Year, Make, Model): 2019 Toyota Sienna L FWD 7-Passenger

Identification Number (VIN): 5TDZZ3DC1KS002049

In consideration of the Seller making the Contract described above, I hereby guarantee to the Seller, or any assignee of the Contract, payment of all payments required under the Contract. I agree to pay on demand the full amount remaining unpaid if the Buyer (1) fails to pay any payment when it is due, or (2) breaks any of the agreements in the Contract.

I also agree that any arbitration agreement that applies to the Contract will apply to claims related to this Guaranty or the Contract.

My liability shall not be affected by any settlement or extension of the Contract, or by any change to Contract terms caused by the discharge or release of the obligation of the Buyer or any other interested person, by operation of law or otherwise.

I hereby waive notice of acceptance of this Guaranty; notices of the Buyer's non-payment, non-performance, and default; and notices of the amount owing at any time, and of any demands upon the Buyer.

I signed this Guaranty and received copies of the Retail Installment Contract described above and of this Guaranty on 05 15 2025
(Mo.) (Day) (Year)

A [Signature]
(Guarantor Signs)

B [Signature] 05 15 2025
(Witness Signs) (Mo.) (Day) (Year)

STELLA OBIAKOR
(Name)

90 Wick Avenue
(Address)

Hermitage PA 16148-1811
(City) (State) (Zip)

You must call
888-335-6838
prior to opening a claim.



Form B1085 PRIMEACL 2312

SERVICE CONTRACT (ALL FIELDS REQUIRED FOR APPROVAL) REGISTRATION PAGE					
OWNER'S NAME CARECRUIZ HOMECARE AGENCY LLC -		VEHICLE PURCHASE DATE 05/15/2025		CONTRACT NO. OPE668325	
OWNER'S ADDRESS 87 Stambaugh Avenue		VIN # 5TDZZ3DC1KS002049			
CITY Sharon	STATE PA	ZIP 16146	YEAR 2019	MAKE TOYOTA	
OWNER'S PHONE (412) 636-6961	OWNER'S EMAIL stemasco@yahoo.com		MODEL Sienna L 7-Passenger		CURRENT ODOMETER 49,226
DEALER'S NAME Falls Chrysler Dodge Jeep Ram		VEHICLE PURCHASE PRICE \$50,130.00		SERVICE CONTRACT PURCHASE PRICE \$3,995.00	
DEALER'S PHONE (218) 283-8486		LIENHOLDER (IF APPLICABLE) ALLY FINANCIAL			LIENHOLDER'S PHONE
DEALER'S ADDRESS 309 5TH ST		LIENHOLDER'S ADDRESS PO BOX 674			
CITY INTL FALLS	STATE MN	ZIP 56649	CITY MINNEAPOLIS	STATE MN	ZIP 55440

SERVICE CONTRACT PLANS				
COVERAGE PLANS	LEVEL 1	LEVEL 2	LEVEL 3	WRAP
SELECTED PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	48	MONTHS	999,999	MILES
TERMS	EFFECTIVE DATE 05/15/2025		EFFECTIVE MILEAGE 49,226	
	EXPIRATION DATE 05/15/2029		EXPIRATION MILEAGE 1,049,225	

DEDUCTIBLE OPTIONS	
<input type="checkbox"/> \$100	<input checked="" type="checkbox"/> \$0
IF NO BOX IS CHECKED, \$100 DEDUCTIBLE PER CLAIM WILL APPLY.	

ACCEPTANCE TO TERMS	
I have read, understand, and agree to the Terms and Conditions as stated on this entire Service Contract including the Additional State Disclosures. I certify the information above is correct. I UNDERSTAND, ACKNOWLEDGE, AND AGREE THIS SERVICE CONTRACT CONTAINS A BINDING ARBITRATION PROVISION. I am responsible for non-covered charges and a \$100.00 deductible per claim (unless I have chosen \$0 DEDUCTIBLE OPTION). I acknowledge receipt of My copy of this Service Contract.	
VEHICLE OWNER'S ACCEPTANCE TO TERMS	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Signed By: <i>Stella Obiakor</i> <small>May 15, 2025 9:54:42 PM GMT</small> </div> <div style="text-align: right; margin-top: 10px;"> SERVICE CONTRACT PURCHASE DATE 05/15/2025 </div>

APPLICATION TO TITLE/REG. A VEHICLE

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
 Driver and Vehicle Services Division
 445 Minnesota St., St. Paul, MN 55101-5185
 Phone (651) 297-2126 TTY: (651) 282-6555
 dvs.dps.mn.gov



PLATE NUMBER	YEAR
YEAR VALIDATION STICKER NUMBER	YEAR
WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.	

VALIDATION AND OFFICE USE ONLY

FOR CENTRAL OFFICE USE ONLY

A DATE OF PURCHASE 5/15/2025 NEW USED PREVIOUS PLATE NUMBER YEAR MONTH YEAR EXPIRATION DATE Gasoline

PURCHASER(S) OWNER(S) MODEL YEAR 2019 MAKE Toyota BODY/MODEL TYPE Van Sienna COLOR CODE BODY ROOF

MUST COMPLETE VEHICLE IDENTIFICATION NUMBER 5 T D Z Z 3 D C 1 K S 0 0 2 0 4 9

Vehicle Information LAST, FIRST, MIDDLE NAME CARECRUIZ HOMECARE AGENCY LLC DRIVER'S LICENSE NUMBER / DEALER NUMBER DATE OF BIRTH

Purchaser(s) Owner(s) Information ADDITIONAL PURCHASER(S)/OWNER(S) LAST, FIRST, MIDDLE NAME DRIVER'S LICENSE NUMBER DATE OF BIRTH

STREET ADDRESS 87 Stambaugh Avenue Suite 7 CITY Sharon COUNTY CODE STATE PA ZIP CODE 16146

DAYTIME TELEPHONE NO (412) 636-6961 MN COUNTY/STATE VEH. IS KEPT PA AUTO INSURANCE COMPANY POLICY NO. EXP. DATE

B IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES NO IF YES, COMPLETE SECTION B.

PURCHASER(S) OWNER(S) MUST COMPLETE FIRST SECURED PARTY (PRINT NAME) Ally Financial DATE OF LOAN 05/15/2025 For Additional Secured Parties, Attach Completed Form PS2017

STREET ADDRESS P.O. Box 8122 CITY Cockeysville STATE MD ZIP CODE 21030

C ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW READS 49,226 (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE, THE ODOMETER MILEAGE IS:

SELLER(S) MUST COMPLETE and SIGN Actual mileage In excess of odometer's mechanical limits Not actual mileage - WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE. Has Not

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS. I (WE) WARRANT TITLE AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO THE PERSON(S) NAMED ABOVE.

Falls Chrysler Dodge Jeep Ram SELLER'S PRINTED NAME(S) DATE OF SALE 05/15/2025

309 5th Street INTL FALLS, MN 56649 SELLER'S ADDRESS DEALER LICENSE #

Leland Hess SIGNED BY DATE 05/15/2025 14:09:18 PWS 0247

D PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION

1. Full purchase price	\$ 28,515.00	Base value or Gross Weight	REGISTRATION TAX	263.00
2. Less trade-in allowance complete item #6	N/A	Registration Period From Through	PLATE FEE	N/A
3. Net purchase price	\$ 28,515.00	Change of Gross Vehicle Weight Time of Change : Hours	ARREARS TAX	N/A
4. 0.00% of line 3	\$ 0.00	Date of Change	WHEELAGE TAX	N/A
5. Less tax paid to another state	\$ N/A	Date Change Expires	Lien Service	158.00
NET SALES TAX DUE \$	N/A	Change of Weight and/or Class From To	PS VEHICLE FEE	N/A
6. Trade-in was: MODEL YR. MAKE PLATE #		I (WE) CERTIFY I (WE) ARE OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHER THIS VEHICLE IS AND WILL CONTINUE TO BE OPERATED WHILE OPERATING UPON THE PUBLIC STREETS AND HIGHWAYS. THE VEHICLE WILL BE OPERATED IN COMPLIANCE WITH THE LAWS THAT APPLY TO ITS CLASS OF REGISTRATION. I (WE) HAVE RECEIVED A COPY OF THIS APPLICATION AND ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT. IF APPLICABLE, I (WE) HAVE KNOWLEDGE OF STATE AND FEDERAL REGULATIONS APPLICABLE TO COMMERCIAL VEHICLE OPERATION, MINNESOTA STATUTES, CHAPTER 221, PUBLIC SERVICE COMMISSION RULES 1 THROUGH 48 AND CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 392 THROUGH 393, AND IF A TRANSPORTER OF HAZARDOUS MATERIALS, CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 171 TO 182	TRANSFER TAX	N/A
			TITLE/TRANSFER FEE	N/A
			LIEN FEE	N/A
			MV SALES TAX	N/A
			LATE TRANSFER PENALTY	N/A
			SUB-TOTAL	421.00
			STATE/DEPUTY FILING FEE	N/A
			TOTAL DUE	421.00

I DECLARE THIS TAX EXEMPTION CODE: INTERNAL REV. CODE # (IRC) PRORATE ACCOUNT # (Sales tax due when registered)

NON-NEGOTIABLE REGISTRATION RECEIPT (CARD) AND CAB CARD THIS COPY WHEN VALIDATED (STAMPED ABOVE BY A DEPUTY REGISTRAR OR THE CENTRAL OFFICE) SERVES AS EVIDENCE THAT THIS RECEIPT HAS BEEN ASSIGNED TO THE OWNER FOR USE ONLY ON THE VEHICLE DESCRIBED.

WITHOUT PROPER OWNERSHIP/TRANSFER DOCUMENTS (E.G., OUT-OF-STATE CERTIFICATE OF TITLE), NO MINNESOTA TITLE WILL BE ISSUED.

PS2000-44 (05/15) **DO NOT SIGN UNTIL COMPLETE** ALL PURCHASER/OWNERS MUST SIGN DATE 05/15/25

LAW 553-MN-e 8/24

RETAIL INSTALLMENT SALE CONTRACT SIMPLE FINANCE CHARGE

Buyer Name and Address (Including County and Zip Code) CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVENUE SUITE 7 Sharon, PA 16146-2753 MERCER Cell: N/A Email: stemasco@yahoo.com	Co-Buyer Name and Address (Including County and Zip Code) N/A Cell: N/A Email: N/A	Seller-Creditor (Name and Address) Falls Auto Group, INC 309 5th Street International Falls, MN 56649
--	---	--

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller-Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-In-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	Vehicle Identification Number	Primary Use For Which Purchased
Used	2019	Toyota Sienna	5TDZZ3DC1KS002049	Personal, family, or household unless otherwise indicated below <input checked="" type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.	The total cost of your purchase on credit, including your down payment of
11.99 %	\$ 20,846.26	\$ 50,320.70	\$ 71,166.96	\$ 7,500.00 is \$ 78,666.96

Your Payment Schedule Will Be: (e) means an estimate

Number of Payments	Amount of Payments	When Payments Are Due
72	\$ 988.43	Monthly beginning 06/29/2025
N/A	\$ N/A	N/A
N/A		

Used Car Buyers Guide. The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.
Spanish Translation: Guia para compradores de vehiculos usados. La información que ve en el formulario de la ventanilla para este vehiculo forma parte del presente contrato. La información del formulario de la ventanilla deja sin efecto toda disposición en contrario contenida en el contrato de venta.

If this box is checked, the following late charge applies to vehicles purchased primarily for business or agricultural use.
 If a payment is not received in full within N/A days after it is due, you will pay a late charge of \$ N/A or N/A % of the part of the payment that is late, whichever is less.
 If this box is not checked, the late charge in the "Federal Truth-In-Lending Disclosures" still applies.

Late Charge. If the preceding box is checked and payment is not received within 10 days after it is due, you will pay a late charge of \$ 9.88 or 5% of the full payment amount, whichever is greater.
Prepayment. If you pay early, you will not have to pay a penalty.
Security Interest. You are giving a security interest in the vehicle being purchased.
Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The preceding NOTICE applies only to goods or services obtained primarily for personal, family, or household use. In all other cases, Buyer will not assert against any subsequent holder or assignee of this contract any claims or defenses the Buyer (debtor) may have against the Seller, or against the manufacturer of the vehicle or equipment obtained under this contract.

ITEMIZATION OF AMOUNT FINANCED

1 Cash Price (including \$ 2,999.70 sales tax) \$ 53,129.70 (1)

2 Total Downpayment =
 Trade-in N/A N/A N/A
 (Year) (Make) (Model)

Gross Trade-In Allowance \$ N/A
 Less Pay Off Made By Seller to N/A \$ N/A
 Equals Net Trade In \$ N/A
 + Cash \$ 7,500.00
 + Other N/A \$ N/A
 + Other N/A \$ N/A
 + Other N/A \$ N/A
 (If total downpayment is negative, enter "0" and see 4H below) \$ 7,500.00 (2)

3 Unpaid Balance of Cash Price (1 minus 2) \$ 45,629.70 (3)

4 Other Charges Including Amounts Paid to Others on Your Behalf
 (Seller may keep part of these amounts):

A Cost of Optional Credit Insurance Paid to Insurance Company or Companies.
 Life \$ N/A
 Disability \$ N/A \$ N/A

B Other Optional Insurance Paid to Insurance Company or Companies \$ N/A

C Official Fees Paid to Government Agencies \$ N/A
 to Falls cdjr for ATC \$ 158.00
 to N/A for N/A \$ N/A
 to N/A for N/A \$ N/A

D Optional Gap Contract \$ N/A

E Government Taxes Not Included in Cash Price \$ N/A

F Government License and/or Registration Fees
 N/A
 Registration Fee : \$ 263.00 \$ 263.00

G Government Certificate of Title Fees \$ N/A

H Other Charges (Seller must identify who is paid and describe purpose)
 to N/A for Prior Credit or Lease Balance \$ N/A
 to Optimum for Service Contract \$ 3,995.00
 to falls CDJR for Documentation Fee \$ 275.00
 to N/A for N/A \$ N/A
 Total Other Charges and Amounts Paid to Others on Your Behalf \$ 4,691.00 (4)

5 Amount Financed (3 + 4) \$ 50,320.70 (5)

OPTION: You pay no finance charge if the Amount Financed, item 5, is paid in full on or before N/A, Year N/A. SELLER'S INITIALS N/A

OPTIONAL GAP CONTRACT. A gap contract (debt cancellation agreement) is not required to obtain credit and will not be provided unless you sign below and agree to pay the extra charge. If you choose to buy a gap contract, the charge is shown in item 4D of the Itemization of Amount Financed. See your gap contract for details on the terms and conditions it provides. It is a part of this contract.

Term N/A Mos. N/A Name of Gap Contract N/A
 I want to buy a gap contract.
 Buyer Signs X A N/A

Returned Check Charge: You agree to pay a charge of \$ 30.00, as the law allows, if any check you give us is dishonored.

Insurance. You may buy the physical damage insurance this contract requires from anyone you choose that is acceptable to us. You may also provide the physical damage insurance through an existing policy owned or controlled by you that is acceptable to us. You are not required to buy any other insurance to obtain credit.
 If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

Check the insurance you want and sign below:
Optional Credit Insurance
 Credit Life: Buyer Co-Buyer Both
 Credit Disability: Buyer Co-Buyer Both
 Premium:
 Credit Life \$ N/A
 Credit Disability \$ N/A
 Insurance Company Name N/A
 Home Office Address N/A

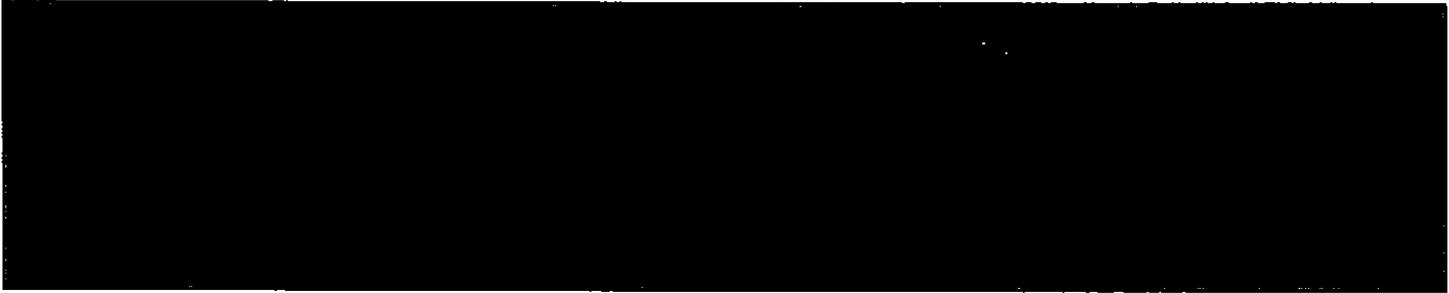
Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not to buy credit life insurance and credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. If you choose this insurance, the cost is shown in item 4A of the Itemization of Amount Financed. Credit life insurance is based on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown below.

Other Optional Insurance
 N/A N/A
 Type of Insurance Term
 Premium \$ N/A
 Insurance Company Name N/A
 Home Office Address N/A
 N/A N/A
 Type of Insurance Term
 Premium \$ N/A
 Insurance Company Name N/A
 Home Office Address N/A

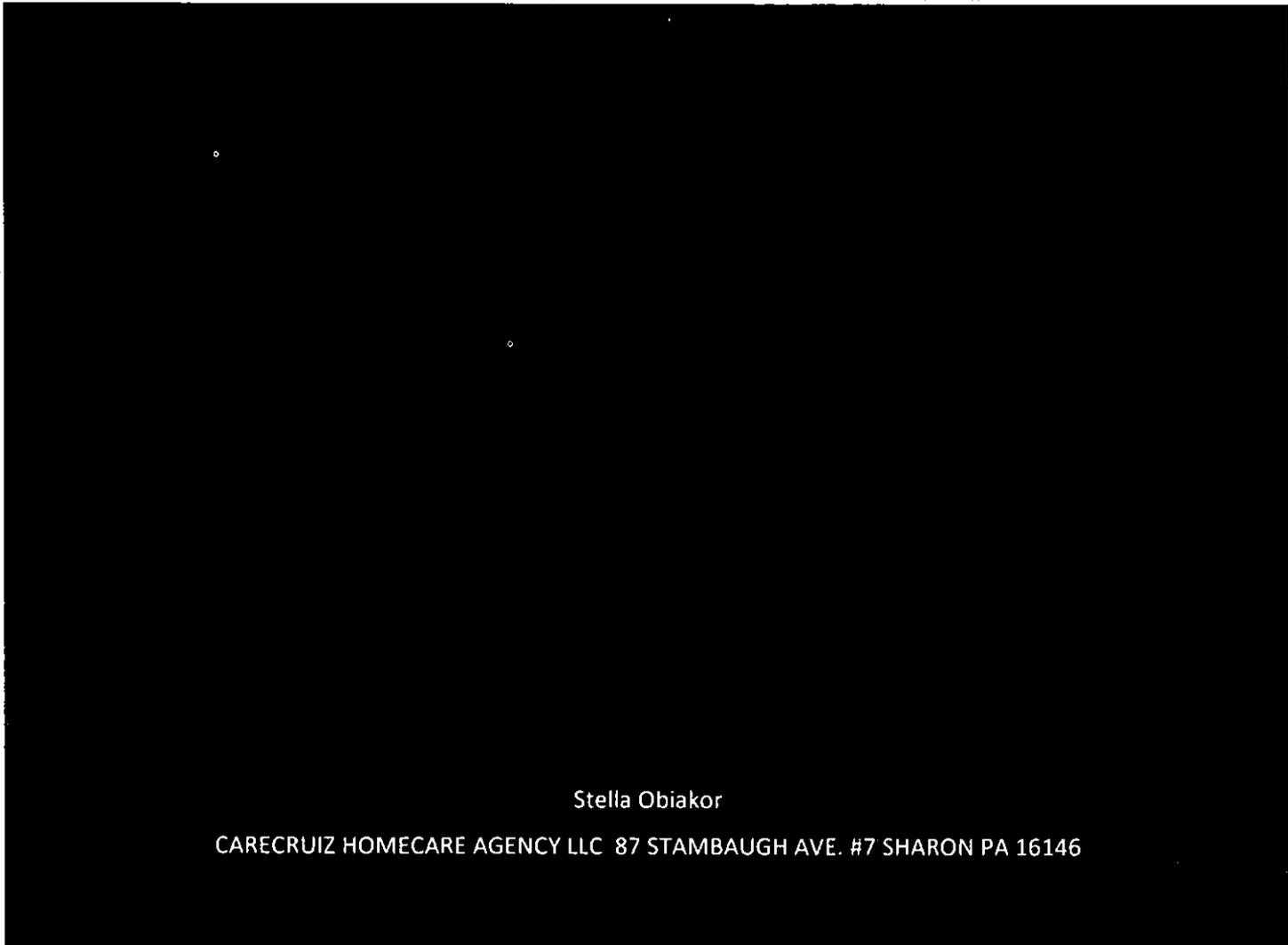
Other optional insurance is not required to obtain credit. Your decision to buy or not buy other optional insurance will not be a factor in the credit approval process. It will not be provided unless you sign and agree to pay the extra cost. I want the insurance checked above.

XB N/A N/A
 Buyer Signature Date
XB N/A N/A
 Co-Buyer Signature Date

THIS INSURANCE DOES NOT INCLUDE INSURANCE ON YOUR LIABILITY FOR BODILY INJURY OR PROPERTY DAMAGE CAUSED TO OTHERS. WITHOUT SUCH INSURANCE YOU MAY NOT OPERATE THIS VEHICLE ON PUBLIC HIGHWAYS.



CARECRUIZ FNB &
HUNTINGTON BANKS
STATEMENTS



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146



4140 E. State Street
Hermitage, PA 16148

Statement Ending 10/31/2025

CARECRUIZ HOMECARE AGENCY

Page 1 of 4

Primary Account Number

ADDRESS SERVICE REQUESTED

CARECRUIZ HOMECARE AGENCY LLC
STELLA C OBIAKOR
87 STAMBAUGH AVE STE 7
SHARON PA 16146-2753

Managing Your Accounts

- Online www.fnb-online.com
- By Phone 1 800-555-5455
- By Mail 4140 E. State Street
Hermitage, PA 16148

Summary of Accounts

Account Type	Account Number	Balance This Statement
FREE SMALL BUSINESS CHECKING		\$7,273.54

FREE SMALL BUSINESS CHECKING -

Account Summary

Date	Description	Amount		
10/01/2025	Balance Last Statement	\$25,994.33	Minimum Balance	\$1,766.35
	10 Credit(s) This Period	\$40,472.78	Average Ledger Balance	\$12,287.16
	63 Debit(s) This Period	\$59,193.57	Average Available Balance	\$12,051.74
10/31/2025	Balance This Statement	\$7,273.54		

Effective 11/3/2025 we are updating the Deposit Account Agreement. An overview of the updates are as follows:

- Adding "Joint as Tenants in Common (Joint without Rights of Survivorship)" as a Consumer Account Type under Section 2.
- Amending the Governing Law provisions in Section 1 to clarify governing law for accounts opened within our geographic footprint and accounts opened online and electronically.

Account Activity

Post Date	Description	Debits	Credits	Balance
10/01/2025	Balance Last Statement			\$25,994.33
10/01/2025	IDEA 247 INC AutoPay L-00013990	\$665.50		\$25,328.83
10/02/2025	PAYCHEX - RCX PAYROLL 13785000000570X	\$11,081.55		\$14,247.28
10/02/2025	PAYCHEX TPS TAXES 13793000022176X	\$3,512.08		\$10,735.20
10/02/2025	First PremiumInc ACH	\$735.52		\$9,999.68
10/02/2025	GreenSky WEB PAY Greensky	\$340.00		\$9,659.68
10/02/2025	21825 POS PUR 10/02 13:24 AFFIRM * PAY 4BA 855-423-3729 CA 00000000 021-6012	\$187.55		\$9,472.13
10/02/2025	18302 POS PUR 10/02 01:33 Indeed USI25-055 800-4625842 TX 00000000 0183-7311	\$29.90		\$9,442.23
10/03/2025	PAYCHEX EIB INVOICE X13798400014044	\$157.18		\$9,285.05
10/06/2025	RISK PLACEMENT S DRAFTS 26896375	\$3,211.80		\$6,073.25
10/06/2025	CHECK # 995147	\$700.00		\$5,373.25
10/06/2025	CHECK	\$177.00		\$5,196.25

To learn more about FNB's deposit account practices such as our posting order, what is an available balance, and how preauthorized point-of-sale debit card transactions affect your account, please visit the following websites:

- For consumer accounts, click on the Managing Your Checking Account video at www.fnb-online.com/learn
- For business accounts, click on <https://www.fnb-online.com/business-overdrafts>



FREE SMALL BUSINESS CHECKING -

I (continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
10/06/2025	81315 RECURRING 10/05 17:14 MICROSOFT* MICROSOFT.COM WA DFFBPHK6 08-5818	\$13.77		\$5,182.48
10/07/2025	Huntington Natio COMML LOAN XXXXXX3716	\$1,291.29		\$3,891.19
10/08/2025	IDEA 247 INC AutoPay L-00013990	\$665.50		\$3,225.69
10/08/2025	80300 POS PUR 10/07 16:45 AMAZON MKTPL* NV9 Amzn.com/bill WA 00000000 08-5942	\$21.19		\$3,204.50
10/09/2025	24174 RECURRING 10/09 01:00 HIREOLOGY 312-2833610 IL 00001000 024174 ~5734	\$212.00		\$2,992.50
10/09/2025	4181 POS PUR 10/07 23:46 AMAZON RETA* NF2 WWW.AMAZON.CO WA HLDSDZP 00-5331	\$45.04		\$2,947.46
10/09/2025	15308 POS PUR 10/08 06:46 AMAZON MKTPL* NV7 Amzn.com/bill WA 00000000 01-5942	\$42.09		\$2,905.37
10/10/2025	UPMC HEALTH PLAN PAYABLES XXXXXX3536		\$12,726.90	\$15,632.27
10/10/2025	ALLY ALLY PAYMT 228418021786	\$400.00		\$15,232.27
10/10/2025	53357 POS PUR 10/09 05:47 SHELL OIL1304490 MASURY OH 00000000 053357 ~5542	\$35.54		\$15,196.73
10/14/2025	MOBILE BANKING DEPOSIT		\$3,945.00	\$19,141.73
10/14/2025	AXISCARE WEB PMTS 2FBG6R	\$212.00		\$18,929.73
10/14/2025	32307 RECURRING 10/13 15:29 Spectrum 855-707-7328 MO 00000000 032307 ~4899	\$110.00		\$18,819.73
10/15/2025	MOBILE BANKING DEPOSIT		\$2,093.00	\$20,912.73
10/15/2025	IDEA 247 INC AutoPay L-00013990	\$665.50		\$20,247.23
10/15/2025	AFLAC COLUMBUS ACHPMT XXXXX1394	\$471.46		\$19,775.77
10/15/2025	NEVVON USA LLC ACH Debit XXXXX9540	\$240.00		\$19,535.77
10/15/2025	THE GUARDIAN OCT GP INS 80326800ASG0000	\$126.25		\$19,409.52
10/15/2025	47888 POS PUR 10/15 12:40 DIEHL OF SHARON 183-38354662 PA NS0YQV2X 0478-5511	\$96.59		\$19,312.93
10/16/2025	MOBILE BANKING DEPOSIT		\$720.00	\$20,032.93
10/16/2025	PAYCHEX PAYROLL 13980100001481X	\$10,756.46		\$9,276.47
10/16/2025	PAYCHEX TPS TAXES 13977700014111X	\$3,383.56		\$5,892.91
10/16/2025	CHECK # 311	\$18.00		\$5,874.91
10/17/2025	Quality Living H Receivable 026QDYCDK1MRGAB		\$450.00	\$6,324.91
10/17/2025	UPMC HEALTH PLAN PAYABLES XXXXXX3536		\$7,625.40	\$13,950.31
10/17/2025	CHECK # 310	\$390.00		\$13,560.31
10/17/2025	PAYCHEX EIB INVOICE X13990500032372	\$184.03		\$13,376.28
10/17/2025	9825 RECURRING 10/16 04:23 RINGCENTRAL INC. 888-898-4591 CA 00000000 009-4814	\$139.16		\$13,237.12
10/17/2025	44892 RECURRING 10/16 07:35 ADT SECURITY* 402 WWW.ADT.COM FL 00000000 0448-4814	\$69.33		\$13,167.79
10/17/2025	PAYCHEX-RCX PAYROLL 14023100000145X	\$4.01		\$13,163.78
10/20/2025	MOBILE BANKING DEPOSIT		\$540.00	\$13,703.78
10/20/2025	FirstEnergy OPCO-ACH 110158170180	\$115.39		\$13,588.39
10/20/2025	PAYCHEX EIB INVOICE X14028400003339	\$50.00		\$13,538.39
10/20/2025	PAYCHEX TPS TAXES 14032600117875X	\$0.07		\$13,538.32
10/21/2025	ALLY ALLY PAYMT 228456842388	\$988.43		\$12,549.89
10/21/2025	46234 POS PUR 10/20 10:43 SHEETZ 2282 WARREN OH 2282002 046234 ~5542	\$40.94		\$12,508.95
10/21/2025	LOWES PAYMENT 798192636733619	\$30.00		\$12,478.95
10/21/2025	36629 RECURRING 10/21 01:03 AMAZON PRIME* OE3 Amzn.com/bill WA 00000000 03-5968	\$7.94		\$12,471.01
10/22/2025	IDEA 247 INC AutoPay L-00013990	\$665.50		\$11,805.51

FREE SMALL BUSINESS CHECKING -

(continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
10/23/2025	CHECK # 995148	\$200.00		\$11,605.51
10/23/2025	25182 POS PUR 10/22 11:26 RINGCENTRAL INC. 888-898-4591 CA 00000000 025-4814	\$26.10		\$11,579.41
10/24/2025	UPMC HEALTH PLAN PAYABLES XXXXXX3536		\$5,853.30	\$17,432.71
10/24/2025	24004 PIN PUR 10/23 18:16 WM SUPERCENTER # HERMITAGE PA 15680034 609540-5411	\$128.79		\$17,303.92
10/27/2025	UPMC HEALTH PLAN PAYABLES XXXXXX3536		\$236.28	\$17,540.20
10/27/2025	CHASE CREDIT CRD AUTOPAYBUS 000000000206300	\$500.00		\$17,040.20
10/27/2025	HUNTINGTON NAT'L MTG PMTS 5012395330	\$380.54		\$16,659.66
10/27/2025	15703 POS PUR 10/22 09:46 FMCSAREGISTRATIO 866-4770707 DE 77649453 0157-7399	\$163.28		\$16,496.38
10/27/2025	920805 POS PUR 10/27 10:46 SHELL SERVICE ST WICKLIFFE OH 40809201 920805-5541	\$33.98		\$16,462.40
10/27/2025	NAT'L FUEL GAS UTILITY 6948468	\$24.21		\$16,438.19
10/27/2025	59705 POS PUR 10/26 14:35 AMAZON MKTPL* NU1 Amzn.com/bill WA 00000000 05-5942	\$20.13		\$16,418.06
10/28/2025	50151 RECURRING 10/27 14:19 DNH* GODADDY#3932 480-5058855 AZ 29283000 0501-4816	\$28.60		\$16,389.46
10/29/2025	IDEA 247 INC AutoPay L-00013990	\$665.50		\$15,723.96
10/29/2025	30456 POS PUR 10/29 09:19 AMAZON MKTPL* N49 Amzn.com/bill WA 00000000 03-5942	\$42.39		\$15,681.57
10/29/2025	3115 RECURRING 10/28 14:19 DNH* GODADDY#3933 480-5058855 AZ 29283000 0031-4816	\$28.60		\$15,652.97
10/30/2025	PAYCHEX-RCX PAYROLL 14137600000132X	\$10,508.79		\$5,144.18
10/30/2025	PAYCHEX TPS TAXES 14137400019561X	\$3,269.21		\$1,874.97
10/30/2025	BETTERBUSINESSBU WEBPAYMENT	\$76.08		\$1,798.89
10/30/2025	AQUA AQUA SERVI 002776641078433	\$32.54		\$1,766.35
10/31/2025	UPMC HEALTH PLAN PAYABLES XXXXXX3536		\$6,282.90	\$8,049.25
10/31/2025	PAYCHEX EIB INVOICE X14150100033725	\$504.03		\$7,545.22
10/31/2025	11139 RECURRING 10/31 01:11 TMOBILE* AUTO PAY 800-937-8997 WA 00000000 011-4814	\$240.31		\$7,304.91
10/31/2025	91352 POS PUR 10/29 20:33 COUNTRY FAIR #9 SHARON PA 07 091352 -5542	\$31.37		\$7,273.54
10/31/2025	Balance This Statement			\$7,273.54

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
0	10/06/2025	\$177.00	311	10/16/2025	\$18.00	995148	10/23/2025	\$200.00
310*	10/17/2025	\$390.00	995147*	10/06/2025	\$700.00			

* Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/01/2025	\$25,328.83	10/14/2025	\$18,819.73	10/24/2025	\$17,303.92
10/02/2025	\$9,442.23	10/15/2025	\$19,312.93	10/27/2025	\$16,418.06
10/03/2025	\$9,285.05	10/16/2025	\$5,874.91	10/28/2025	\$16,389.46
10/06/2025	\$5,182.48	10/17/2025	\$13,163.78	10/29/2025	\$15,652.97
10/07/2025	\$3,891.19	10/20/2025	\$13,538.32	10/30/2025	\$1,766.35
10/08/2025	\$3,204.50	10/21/2025	\$12,471.01	10/31/2025	\$7,273.54
10/09/2025	\$2,905.37	10/22/2025	\$11,805.51		
10/10/2025	\$15,196.73	10/23/2025	\$11,579.41		



Account Verification

Customer Name: CARECRUIZ HOMECARE AGENCY LLC

Routing Number: 041215032

Account Number:

Account Opening Date: 07/16/2024

Account Status: Active

11/10/2025

Huntington Signature

Date

Colleague Name (Print): Jessica Lockwood

Title: CEB

Email : jessica.m.lockwood@huntington.com

Phone: 724-983-6985

Branch Address: 3250 Shenango Valley Freeway Hermitage, PA 16148

Conversation Starters

Select Account: Huntington Business Checking 1

Service
"There are no service recommendations for this customer"

Current Offers
"There are no current offers for this customer"

Account Summary

Tasks: < select task >

CARECRUIZ HOMECARE AGENCY LLC
STELLA OBIAKOR

Status: Active
Hold / Pledge:
Withholding: No - CRT Certified
Remarks: No
Days NSF Last 6 Months: 0
Returned Items Today: \$0.00
Ineligible for Grace:

Beginning Balance:	\$9,678.09
Trans in Process:	\$-200.00
Holds/Pledges:	\$0.00
Available Balance:	\$9,478.09

Date Open: 07/16/2024
Signature Card:

Routing #:
Wire Routing #: :

Officer Name: DDA01 - No Officer Assigned
Officer Number: N/A
Branch of Credit: WPA - HERMITAGE - SHENANGO VALLEY
Branch Number: 724-983-6985

Returned Items Today Eligible for Grace:	\$0.00
Overdraft Protected:	No
Remaining Overdraft Amount:	N/A
Account Balance w/ Checking Reserve:	N/A
Six Month Avg Book Balance:	\$2,846.00
Personal Relationship:	No

Balance Detail Assoc Accts Transaction# Stop Pay Restraints Total Rel Interest Stmt Overdraft Info Remarks Ext Transaction Details

Posted Transactions

Date	Number	Type	Payee	Debit	Credit	Running Balance
10/28/2025	0	Debit Card	CASH APP STELLA*ADD CA *****3966	200.00		5,578.07
10/28/2025	0	Bill Pay	Line of Credit	200.00		5,378.07
10/31/2025	0	Direct Deposit	COORDINATED TRAN PAYMENTS		4,102.02	9,478.09
10/31/2025	0	Credl	10/31/2025 HUNTINGTON Pymt Ret		200.00	9,678.09

Pending Transactions

Date	Type	Payee	Debit	Credit	Running Balance
11/10/2025	Debit Card	CASH APP STELLA*ADD CA XXXXXXXXXX3986	200.00		9,478.09



NOTICE TO CUSTOMER:

You have been provided with a printout of recent transactions on your account. This printout is not an official periodic statement. The printout only shows transactions that have posted to your account through the date and time the printout was printed. You may have pending transactions that are not reflected on the printout that may change your available account balance.



CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE STE 7
 SHARON PA 16146-2753

Have a Question or Concern?

Stop by your nearest
 Huntington office or
 contact us at:

1-800-480-2001

www.huntington.com/
 businessresources

Huntington Business Checking 100

Account: —

Statement Activity From: 10/01/25 to 10/31/25		Beginning Balance	\$3,377.41
Days in Statement Period		Credits (+)	7,621.44
Average Ledger Balance*		Electronic Deposits	7,421.44
Average Collected Balance*		Other Credits	200.00
* The above balances correspond to the service charge cycle for this account.		Debits (-)	1,320.78
		Electronic Withdrawals	720.76
		Other Debits	600.00
		Total Service Charges (-)	0.00
		Ending Balance	\$9,678.09

Other Credits (+)

Account:-----9587

Date	Amount	Description
10/06	41.34	Square Inc SQ251006 251006 T3K9KHVXRPCG5NF
10/08	23.97	Square Inc SQ251008 251008 T3EN0MKQP2S703
10/14	49.88	Square Inc SQ251013 251013 T3VPD5ATE2K8B9Z
10/15	3,204.23	COORDINATED TRAN PAYMENTS 251014 CARECR01
10/31	4,102.02	COORDINATED TRAN PAYMENTS 251029 CARECR01
10/31	200.00	10/31/2025 HUNTINGTON Pymt Ret

Other Debits (-)

Account:-----9587

Date	Amount	Description
10/14	200.00	Loan Payment ID: MJDE-B4IF Created 2025-10-13T17:16:40
10/14	546.23	FLEETCOR FUNDING BT1010 101025 000000337764058
10/21	174.53	FLEETCOR FUNDING BT1020 102025 000000338463980
10/28	200.00	PURCHASE CASH APP*STELLA*ADD CA CASH APP*STELLA*ADD CA OAKLAND CA XXXXXXXXXXXX3986
10/28	200.00	HUNTINGTON NA PAYMENT 251028 BILL PAY ACCT XXXXXXXX5976 PAYEE 000001

Service Charge Summary

Account:-----9587

Previous Month Service Charges (-)	\$0.00
Total Service Charges (-)	\$0.00

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. Huntington and 24-Hour Grace are federally registered service marks of Huntington Bancshares Incorporated. The 24-Hour Grace system and method is patented: US Pat. No. 8,364,581, 8,781,955, 10,475,118, and others pending. © 2025 Huntington Bancshares Incorporated.

Balance Activity

Account: ————

Date	Balance	Date	Balance	Date	Balance
09/30	3,377.41	10/14	2,746.37	10/28	5,376.07
10/06	3,418.75	10/15	5,950.60	10/31	9,678.09
10/08	3,442.72	10/21	5,776.07		

In the Event of Errors or Questions Concerning Electronic Fund Transfers (electronic deposits, withdrawals, transfers, payments, or purchases), please call either 1-814-480-2001 or call toll free 1-800-480-2001, or write to The Huntington National Bank Research - EA4W61, P.O. Box 1558, Columbus, Ohio 43216 as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic fund transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name, your business's name (if appropriate) and the Huntington account number (if any).
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error. We will investigate your complaint or question and will correct any error promptly.

Verification of Electronic Deposits If you authorized someone to make regular electronic fund transfers of money to your account at least once every sixty days, you can find out whether or not the deposit has been received by us, call either 1-814-480-2001 or call toll free 1-800-480-2001.

Balancing Your Statement - For your convenience, a balancing page is available on our web site <https://www.huntington.com/pdf/balancing.pdf> and also available on Huntington Business Online.



IMPORTANT INFORMATION ABOUT YOUR TREASURY MANAGEMENT SERVICES AGREEMENT

If you have Treasury Management Services through Business Online, (e.g., Account Reconciliation, Automated Clearing House ("ACH"), Automated Sweep, Business Security Suite, Cash Deposit and Fulfillment, Controlled Disbursement, eBill Present & Pay, Electronic Deposit, Information Reporting, Integrated Payables, Lockbox Services, Wire Transfer, Zero Balance Accounting, etc.) please know that unless otherwise agreed upon, changes have been made to the Treasury Management Services Agreement, effective January 1, 2026. A copy of your Treasury Management Services Agreement can be viewed at www.huntington.com/TMServicesAgreement.

Changes to the Treasury Management Services Agreement (the "Agreement") are as follows:

1. First Page

The first sentence in the third paragraph is restated (additional/modified language italicized) as, "*Business and Commercial customers are responsible to discover and/or prevent unauthorized transactions.*"

2. Second Page

Part VI is renamed CASH VAULT DEPOSIT AND FULFILLMENT SERVICES

3. PART IV: AUTOMATED SWEEP SERVICES

Section 2.B. has been deleted and the remaining subsections re-lettered

Section 3.A.1. has been deleted and the remaining subsections re-numbered

New Section 3.A.1 is restated (additional/modified language italicized) as, "Please note that automated funds transfers between your AFI Account and the Money Market Deposit Account are subject to federal regulations which impose limits as set forth in the "*Business Deposit Account Agreement and its disclosures.*"

Section 3.B.(i) has been deleted and the remaining subsections re-numbered

The first sentence of Section 3.D. is restated as, "We are required to report to the Internal Revenue Service (IRS) interest or other income paid in connection with the taxable Money Market Funds and Money Market Accounts."

In Section 5, the second bullet point of the sixth paragraph has been deleted.

4. PART VI: CASH VAULT DEPOSIT AND FULFILLMENT SERVICES

This Part has been renamed to include "Vault"

Section 1, "Vendor" is restated to "Armored Courier Vendor" beginning with the third reference.

Section 1.A. the fifth through seventh sentences are restated (additional/modified language italicized) as, "*You will receive credit on the next Business Day after we receive, verify, and accept a Deposit at our Vault. If approved and using our designated deposit tracking service, we will provide provisional credit in the amount stated in the deposit tracking service up to a pre-approved amount. The provisional credit will become a final credit on the Business Day following our receipt, verification and acceptance at our Vault.*"

Section 5, "Vendor" is restated to "Armored Courier Vendor".

5. PART VII: EBILL PRESENT & PAY

Section 7.(f)(i) The first sentence is restated (additional/modified language italicized) as, "*As of August 6, 2025, Surchargers are unavailable and the program will prevent you from accepting transactions in the following territories (each, a Prohibited Territory), subject to changes by the Parties in accordance with Applicable Law and the Rules:*"



Connecticut

Massachusetts

Puerto Rico"

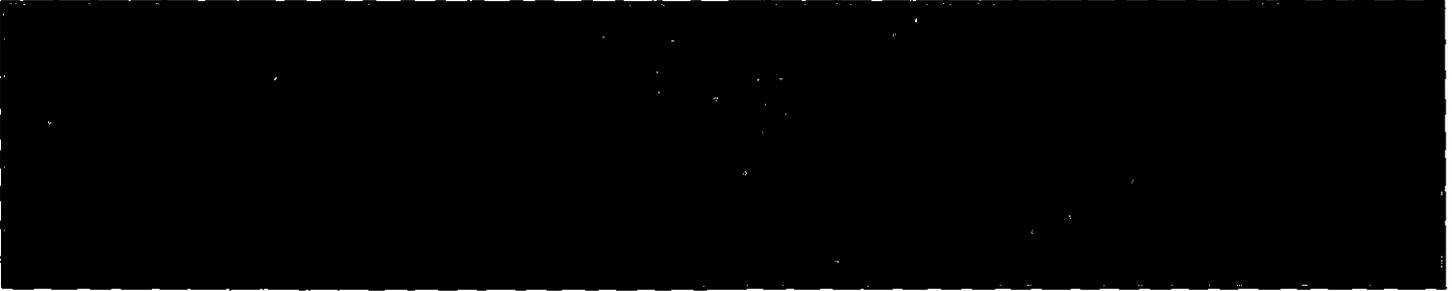
Section 7.(f)(ii) The state of Maine is added to the listing.

6. PART XVII: GLOSSARY OF TERMS

Subsection (I) is restated (additional/modified language italicized) as, "*GAAP*" means Generally Accepted Accounting Principles established by the Financial Accounting Standards Board."

Remaining subsections were re-lettered.

7. Discovered formatting and typographical errors throughout the document were corrected.



CARECRUIZ VERIFICATION
STATEMENT AND REVISED
APPLICATION



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146

Response to PUC Data Request – CareCruiz Homecare Agency, LLC

Docket No.: A-2025-3058089

Date: 11/09/2025

To: Secretary, Pennsylvania Public Utility Commission

From: CareCruiz Homecare Agency, LLC

Address: 87 Stambaugh Avenue, Suite 7, Sharon, PA 16146

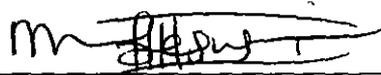
Phone: 724-536-4172

Subject: Response to Data Request and Verification Statement

In response to the correspondence dated October 29, 2025, from the Pennsylvania Public Utility Commission regarding the application of CareCruiz Homecare Agency, LLC, we respectfully submit the following information and documents to address all outstanding issues as requested.

Verification Statement

I, Stella Obiakor, hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Signature: 

Date: 11/09/2025

1. Response to Question #5 of Verified Statement

We have provided a complete and detailed response to Question #5, ensuring that all parts have been addressed. This includes detailed information demonstrating CareCruiz Homecare Agency, LLC's fitness to provide safe, efficient, and reasonable transportation services in compliance with PUC requirements.

2. Driver Policy Compliance (52 Pa Code §§ 29.503–29.505)

Enclosed is the revised driver compliance policy for CareCruiz Homecare Agency, LLC, addressing:

- Driver age requirements (§29.503)
- Driver history record retention (§29.504)
- Criminal history schedule and record retention (§29.505)

The policy ensures that all drivers are properly screened, trained, and compliant with PUC standards for safety and professional conduct.

3. Commercial Insurance Information

Attached is documentation from our commercial insurance carrier confirming active coverage for our operations. The submission includes:

- Name of insurance company
- Policy coverage period
- Amount of monthly and annual premiums

4. Vehicle List and Balance Sheet

An updated vehicle list is provided, including VIN numbers, proof of ownership/registration, and valuation data. Vehicles are now reflected in the revised balance sheet, along with any applicable financing details under liabilities.

If any valuations differ from the Kelly Blue Book or comparable source, an explanation is provided (e.g., wheelchair lift installation or specialized medical transport equipment).

5. Financial Fitness Documentation

To demonstrate financial fitness, we have attached the following supporting evidence:

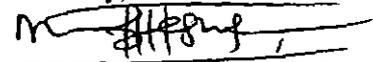
- Current bank statements (with account numbers redacted)
- Notarized or certified letter from our banking institution confirming balance and ownership
- Proof of ownership/registration for all claimed vehicles and properties (if applicable)

6. Additional Notes

We acknowledge the Commission's encouragement to seek professional financial or legal assistance in completing this filing. CareCruiz Homecare Agency, LLC has reviewed all records for completeness and accuracy to ensure compliance with PUC standards.

All requested materials are submitted within the required timeframe. Please contact our office at 724-536-4172 or by mail at the above address for any additional clarification or documentation.

Sincerely,



11/09/2025

Authorized Representative
CareCruiz Homecare Agency, LLC

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).
- 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, 2ND 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 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 . 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: | <ol style="list-style-type: none">(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)**

CARECRUIZ HOMECARE AGENCY 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)**

CARECRUIZ HOMECARE AGENCY LLC

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? YES Previous Authority? YES**

If YES, at PUC No. A- 2025-3052758

4. **Are you a business entity registered with the PA Dept. of State? YES**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 83-1746111_____
(See checklist and indicate type of business entity registered)

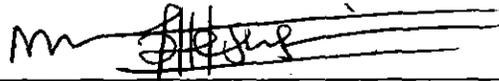
Verification of Application

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.

STELLA OBIAKOR

(Print Name)



(Signature)

10/10/2025

(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.

CARECRUIZ HOMECARE AGENCY LLC

Legal Name of Applicant			
N/A			
Trade Name, if any			
Stambaugh Avenue Suite #7,	Sharon	Pa	16146
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Name: Stella Obiakor Title: Owner/ Administrator
Address: 87 Stambaugh Avenue #7, Sharon Pa 16146 Email: contact@carecruizhca.com
Phone:7245364172 Ext 404
Fax:7245364146

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

Applicant Name: Stella Obiakor
Company Name: Carecruiz Homecare Agency
Affiliation Type:100% Owner
Description of Affiliation: Ms. Obiakor is the sole owner and operator of Carecruiz Homecare Agency, providing homecare and Non-Emergency Medical Transportation (NEMT) services to the public.

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.

Professional Profile

Stella Obiakor
Owner, CareCruiz Homecare Agency

Stella Obiakor has over 15 years of combined experience in managing homecare services and working in the healthcare field. She is dedicated to delivering high-quality patient care while ensuring full compliance with regulatory requirements. In addition to healthcare leadership, Stella has overseen the logistics and transportation operations within her agency and beyond, demonstrating strong organizational and safety management skills.

Relevant Transportation Experience

While operating CareCruiz Homecare Agency, Stella has overseen:

- Patient transportation coordination
- Driver management and scheduling
- Vehicle maintenance oversight
- Safety protocol development and enforcement

She has also successfully managed logistics and transportation for her international business, **Zockvila Group** (www.zockvila.com).

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.

Facilities, Record Maintenance, and Communication Network

Physical Location:

Office Address: 87 Stambaugh Avenue, Suite#7, Sharon, PA 16146

Office Hours: 7.30 Am-6 Pm

Facility Description: Our office is equipped with:

- **Computers (5)**
- **Printers (3)**
- **Fax Machine**
- **Photocopier**
- **High-speed internet**
- **Telephone system**
- **Comfortable waiting area**

4. Vehicle Storage Facility: 87 Stambaugh Avenue, Suite#7, Sharon, PA 16146

5. Parking Capacity: 15 vehicles-Parking lots

Record Maintenance Plan (we use Msoftware company):

We maintain both electronic and physical records. Trip records and communication Network:(dispatch, route, time)

- **Customer records (contact info, service history) and online booking platform**

- **Financial records (invoices, payments)**
- **Record Storage: Secure, climate-controlled storage room.**
- **Record Retention: 3+ years, complying with PUC regulations.**
- **Backup System**
- **Cloud-based storage (daily backups)l ...**
- **Dispatch System: Automated dispatch software.**
- **Driver Communication: Mobile apps (GPS tracking).**
- **Continuous Communication: Regular check-ins and real-time updates.**
- **Emergency Contact: 24/7 phone support.**

Technology Infrastructure

1. **Transportation Management Software:**
2. **GPS Tracking: Integrated vehicle tracking.**
3. **Mobile Apps: Driver communication, navigation.**

Security Measures

1. **Data Encryption: Protected electronic records (Outlook email encrypt system)**
2. **Access Control: Authorized personnel only.**
3. **Surveillance: ADT and CCTV cameras (office, vehicle storage).**

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; 6 drivers
 - b. Your system for conducting criminal background checks;

CareCruiz Homecare Agency Policy on Background Checks

CareCruiz Homecare Agency is committed to ensuring the safety of our passengers. As part of this commitment, we require criminal background checks and other state and federal mandated screenings for all prospective employees prior to hiring.

Background Checks

All owners and employees of the Agency must have current criminal history checks. Owners will undergo criminal history checks as part of the state licensure process unless they have existing checks that are less than one year old.

Every individual being considered for employment must sign a Criminal Check Attestation and provide either:

- A criminal check that is less than 12 months old or
- An application for a criminal history check is pending.

It is a condition of employment to undergo a full background investigation (pre-employment screening). Job offers will be contingent upon the results of this investigation, which will include, at a minimum:

- A state and federal criminal history check covering from 18 years to present day.
- A State Motor Vehicle Record (MVR) check covering the past three (3) years.
- A nationwide sex offender registry search.
- A social security number check.
- An address history report.

Reporting Criminal Convictions

Employees must notify CareCruz of any criminal convictions that occur during their employment. This notification must be made within five days of the conviction.

B. Verification of Motor Vehicle Records

All drivers' licenses will be verified at the time of employment. A copy of the seven (7) year Motor Vehicle Record (MVR) will be obtained upon hiring and reviewed annually to ensure that CareCruz employees maintain good driving records. MVRs will be obtained and reviewed at the following times:

- Prior to employment
- After involvement in an accident or receiving a citation
- Any other time management deems necessary

This process complies with Federal Motor Carrier Safety Regulations (§391.25). During this process, each driver will be required to provide a list of all violations of motor vehicle traffic laws and ordinances for which they have been convicted or for which they have forfeited bond or collateral in the past 12 months.

- c. Your driver training program;
We onboard using Hireology software and train through X-transit Solutions.
- d. Your system for conducting driver's license checks:
Via our insurance and Turning Point software support
- e. Your policies regarding alcohol and drug use by your drivers.

LEGAL DRUG USE/ALCOHOL ABUSE:

CareCruz Homecare Agency LLC has a drug and alcohol free environment for employees. This

policy is implemented because we believe that the impairment of any of our Agency's employees, due to his or her use of illegal drugs or due to alcohol abuse, is likely to result in the risk of injury to

clients, other employees, the impaired employee, or to third parties, such as customers or business

guests. Moreover illegal drug abuse

adversely affects employee morale and productivity.

"Impairment" or "being impaired" means that an employee's normal physical or mental abilities or faculties while at work have been detrimentally affected by the use of illegal drugs or alcohol.

The employee who begins work while impaired or who becomes impaired while at work is guilty of a major violation of company rules and is subject to severe disciplinary action. Severe disciplinary action can include suspension without pay, dismissal or any other penalty appropriate under the circumstances. Likewise the use, possession, transfer or sale of any illegal drugs on company premises or in any Agency storage area or job site is prohibited. Employees who violate this rule are subject to severe disciplinary action including termination. In all instances disciplinary action to be administered shall be at the sole discretion and determination of the company.

When an employee is involved in the use, possession, transfer or sale of illegal drugs in violation of this policy, they will be immediately removed from direct client contact and the company may notify appropriate authorities. Such notice will be given only after such an incident has been investigated and reviewed by the employee's supervisor and the HR director. CareCruz Homecare Agency LLC is aware that illegal drug abuse is a complex health problem that has both physical impact and an emotional impact on the employee, his or her family, and social relationships. A drug abuser is a person who uses illegal drugs, as defined above, for non-medical reasons, and this use affects job performance

detrimentally or interferes with normal social interaction at work. Illegal drug abuse is both a management and a medical problem.

A supervisor/manager who suspects a drug or alcohol abuse case should discuss the situation immediately with his or her Agency Director. Because each case is usually different, the handling and referral of the case must be coordinated with the supervisor/manager and the personnel director.

Applicants who have a past history of substance abuse (SA) and who have demonstrated an ability to abstain from the substance, or who can provide medical assurance of acceptable control, may be considered for employment as long as they are otherwise qualified for the position for which they are applying. The Home service setting is more problematic for past/present history of SA as elders frequently have many medications in their home and Home service workers generally are alone in the home with the client increasing the temptation factor. Due to this aspect of our industry, our Agency must have more than the usual "medical assurance of control" over SA. Our Agency will not schedule a worker with a history of SA for 6 months after "medical assurance of control" over SA is received by our office. In this case, the employee enters an unpaid leave of absence status until the 6 month benchmark is achieved. The assignment of cases at this point will occur once a second "continued medical assurance of control" over SA is received by the employee's private MD. Our Agency does not pay for medical service to achieve the status of "medical assurance of control" over SA.

Management has chosen to adopt an alcoholic beverage policy in keeping with the concern for and the risks associated with alcohol use. Alcoholic beverages shall not be served or used on CareCruz Homecare Agency LLC premises at any time. Alcoholic beverages shall not be used in conjunction with any company business meeting. Our Agency enforces strict policy related to alcohol and its clients:

- Employees may not purchase alcohol for any client of any age group
- Employees may not engage socially with an agency client at a function where alcohol is being served
- Employees may never function in the capacity of "designated driver" for a client

Social activities held off-premises and paid for on a personal basis are not affected by this policy. If management considers it appropriate, light alcoholic beverages may be served at company-sponsored events held off-premises and for purely social reasons. The service must be managed in good taste and with good judgment.

The company is concerned with its employee's privacy, especially when matters regarding medical and personal information are involved. As long as the information is not needed for police or security purposes, the company shall maintain employee medical and personal information in confidence and release this information to authorized company personnel on a "need to know" basis. An exception to this policy is when the employee signs a release for the transfer of such information on forms acceptable to the company to designated persons or agencies.

Nothing contained in this section shall eliminate or modify the company's right to terminate any employee at any time for any reason.

CareCruz Homecare Agency LLC does not presently perform routine drug testing on its employees but may do so at its discretion.

Staff are informed and advised on hire and ongoing that they are not to take money or other items/property from any client's place of residence at any time. Staff will sign on the Do's and Don'ts of Homecare form upon hire that they understand and will follow this policy.

CareCruiz Homecare Agency, LLC

Driver Qualification, Hiring, and Background Compliance Policy

(PUC Code §§ 29.503–29.505)

Effective Date: November 2025

Revision R.11.2025

Purpose

To ensure that CareCruiz Homecare Agency, LLC maintains full compliance with Pennsylvania Public Utility Commission (PUC) driver safety and qualification standards, this policy outlines the procedures and documentation required for driver selection, criminal background screening, motor-vehicle record review, and record retention. This policy supplements the CareCruiz Employee Handbook (NEMT 2025)

§ 29.503 — Driver Age and Qualification Standards

- Minimum driver age: **23 years** (to provide at least a five-year driving history and maturity of experience).
- Drivers must maintain a **valid Pennsylvania driver's license** (Class C or higher as required by vehicle type).
- No driver may have more than **two moving violations** or a combination of one moving violation and one preventable accident within the previous **three years**.
- Each applicant must provide verifiable driving experience of at least **two years within Pennsylvania** and a safe driving record free of major offenses.
- Applicants must pass a **pre-employment road test** and demonstrate proficiency in defensive driving, wheelchair securement, passenger assistance, and emergency procedures

EMPLOYEE HANDBOOK NEMT 2025 ONLY

- All drivers must successfully complete **8–12 hours of driver training** through the CareCruiz onboarding program prior to transporting passengers.
- **Annual safety and compliance training** is mandatory for continued qualification.

§ 29.504 — Driver History and Record Retention

- CareCruiz shall obtain and maintain a **Motor Vehicle Record (MVR)** for each driver for the **preceding seven (7) years** prior to hire and **review annually thereafter**

EMPLOYEE HANDBOOK NEMT 2025 ONLY

- MVRs will also be reviewed:

- Prior to employment;
- After any accident or citation; and
- Whenever management deems it necessary.
- Each driver shall annually disclose all traffic violations or forfeitures of bond/collateral within the preceding 12 months.
- Records retained in each driver's qualification file include:
 - Copy of driver's license;
 - Employment application;
 - Annual MVR reports;
 - Road-test results and safety training certificates; and
 - Documentation of accident and violation history.
- Driver qualification files shall be **retained for three (3) years after employment separation** in a secured HR file system.

§ 29.505 — Criminal History, Background, and Record Retention

- All applicants and employees must complete a **criminal-background investigation** before hire. Offers of employment are conditional upon successful clearance.
- The investigation shall include:
 - State and federal criminal-history check (7-year minimum);
 - State MVR check (7-year minimum);
 - Nationwide sex-offender registry search;
 - Social-security-number verification; and
 - Address-history report

EMPLOYEE HANDBOOK NEMT 2025 ONLY

- Any criminal check older than 12 months must be re-run.
 - Employees are required to **report any new criminal conviction within 5 days** of occurrence
- EMPLOYEE HANDBOOK NEMT 2025 ONLY

- Background checks and criminal-history records shall be **retained for at least 3 years** following the end of employment.

- CareCruz prohibits discrimination based on criminal history that is unrelated to job performance, but reserves the right to deny or terminate employment when a conviction directly affects passenger safety.

Compliance and Review

This policy will be reviewed annually to ensure alignment with current PUC, DOT, and Federal Motor Carrier Safety Regulations (§ 391.23 & § 391.25).

Failure to comply with these requirements may result in disciplinary action or disqualification from driver duties.

Acknowledgment

All drivers must sign the **Driver Qualification and Background Policy Acknowledgment Form**, confirming they have read, understood, and agree to comply with the policy requirements.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2015	TOYOTA	SIENNA	8	5TDDK3DCSF5119976	166924
2014	ACURA	MDX AWD	7	5FRYD4H46EB031587	114519
2019	TOYOTA	SIENNA	4, 2 WHEELCHAIRS	5TD223DC1K5002049	737815

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

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

Daily Pre-Trip Inspections: Each driver performs a visual and functional check before every trip, using the company's Vehicle Inspection Checklist (attached).

Monthly Maintenance Checks: Conducted by our maintenance staff or certified mechanic to ensure brakes, tires, lights, wipers, and safety equipment meet state standards.

Quarterly Professional Inspections: Comprehensive mechanical assessments are performed every three months, including oil changes, fluid levels, tire rotations, and system diagnostics.

Annual Safety Inspections: All vehicles undergo a state-certified inspection as required under 67 Pa. Code, Chapter 175, to confirm compliance with Pennsylvania equipment and safety regulations.

Maintenance Records: Each vehicle's service history, inspection results, and repairs are documented in both digital and physical maintenance logs for accountability and review.

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

- **Regular Review of Standards:** Our compliance officer periodically reviews Pennsylvania's vehicle equipment regulations to ensure company policies remain up-to-date.
- **Automated Reminders:** Our internal software system tracks inspection and registration renewal dates to ensure no lapses in compliance.
- **Driver File Audits:** All drivers maintain current Motor Vehicle Records (MVRs), valid driver's licenses, and up-to-date insurance.
- **Vehicle File Audits:** Each vehicle file includes the registration, insurance, inspection certificate, and maintenance history, reviewed quarterly.
- **Corrective Action Policy:** Any identified safety or compliance issue results in immediate corrective action, documentation, and re-inspection before the vehicle is cleared for use.

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

We have active commercial insurance. Please see 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.

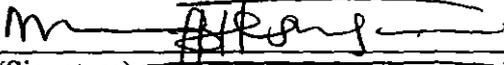
YES NO

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.

Please find the attached R.11.2025 statement of financial position (balance sheet) accurately reflects each vehicle's valuation, identification details, and any associated financing, ensuring full compliance with the commission's request. Supporting documentation and records are attached for your review.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



(Signature)
STELLA CHINONYE OBIAKOR

(Name and Title, printed or typed)

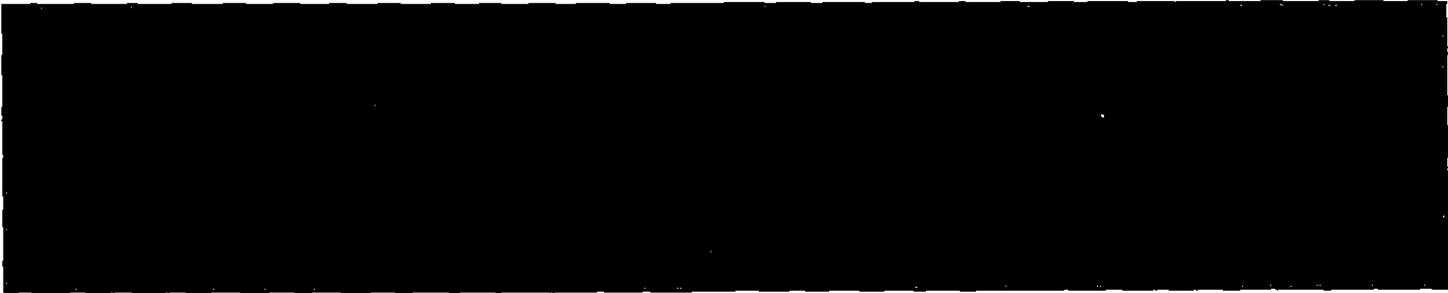
11/10/2025
(Date)

CARECRUIZ HOMECARE AGENCY LLC

Balance Sheet

As of September 30, 2025

	<u>Sep 30, 25</u>
ASSETS	
Current Assets	
Checking/Savings	22,256.95
Total Current Assets	<u>22,256.95</u>
Fixed Assets	
Vehicles	
2020 Acura MDX	29,229.44
2019 Toyota Sienna	53,129.70
2015 Toyota Sienna	14,750.00
Acura MDX 2014	15,700.30
Total Vehicles	<u>112,809.44</u>
Furniture and Fixtures	5,050.00
Accumulated Depreciation	-5,000.00
Total Fixed Assets	<u>112,859.44</u>
TOTAL ASSETS	<u><u>135,116.39</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
2020 Acura MDX Loan	26,229.44
2019 Toyota Sienna Loan	50,320.70
IDEA 247 LOAN	29,253.00
Loan	68,241.54
Total Long Term Liabilities	<u>174,044.68</u>
Total Liabilities	<u>174,044.68</u>
Equity	-38,928.29
TOTAL LIABILITIES & EQUITY	<u><u>135,116.39</u></u>



CARECRUIZ NEMT MAINTANCE LOGS



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146

Periodic Vehicle Maintenance Plan – Checklist Form



Monthly / Preventive Maintenance

Driver Name	Inspector	
Vehicle ID	Plate #	
Odometer		
Item	Check	Notes
Oil and filter changed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transmission fluid checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brake fluid and pads inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tire rotation / alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Battery terminals and charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating / A/C system check	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steering and suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exhaust system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Windshield wipers replaced (if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety decals / signage visible	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Periodic Vehicle Maintenance Plan – Checklist Form



Quarterly / Annual Inspection

Driver Name	Inspector	
Vehicle ID	Plate #	
Odometer		
Item	Check	Notes
State safety inspection (67 Pa. Code, Ch. 175)	<input type="checkbox"/> Completed <input type="checkbox"/> Pending	
Emission inspection	<input type="checkbox"/> Completed <input type="checkbox"/> Pending	
Registration and insurance current	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle deep cleaning/detailing	<input type="checkbox"/> Completed <input type="checkbox"/> Pending	
Corrective maintenance performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	

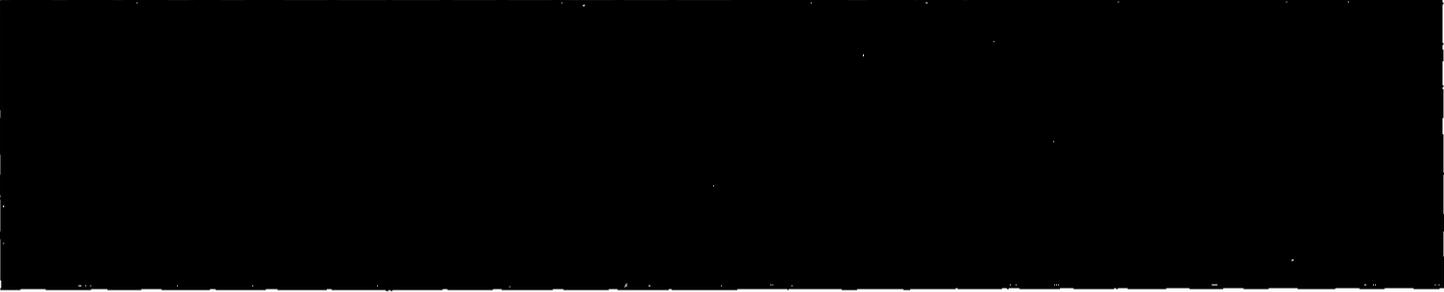
Periodic Vehicle Maintenance Plan – Checklist Form



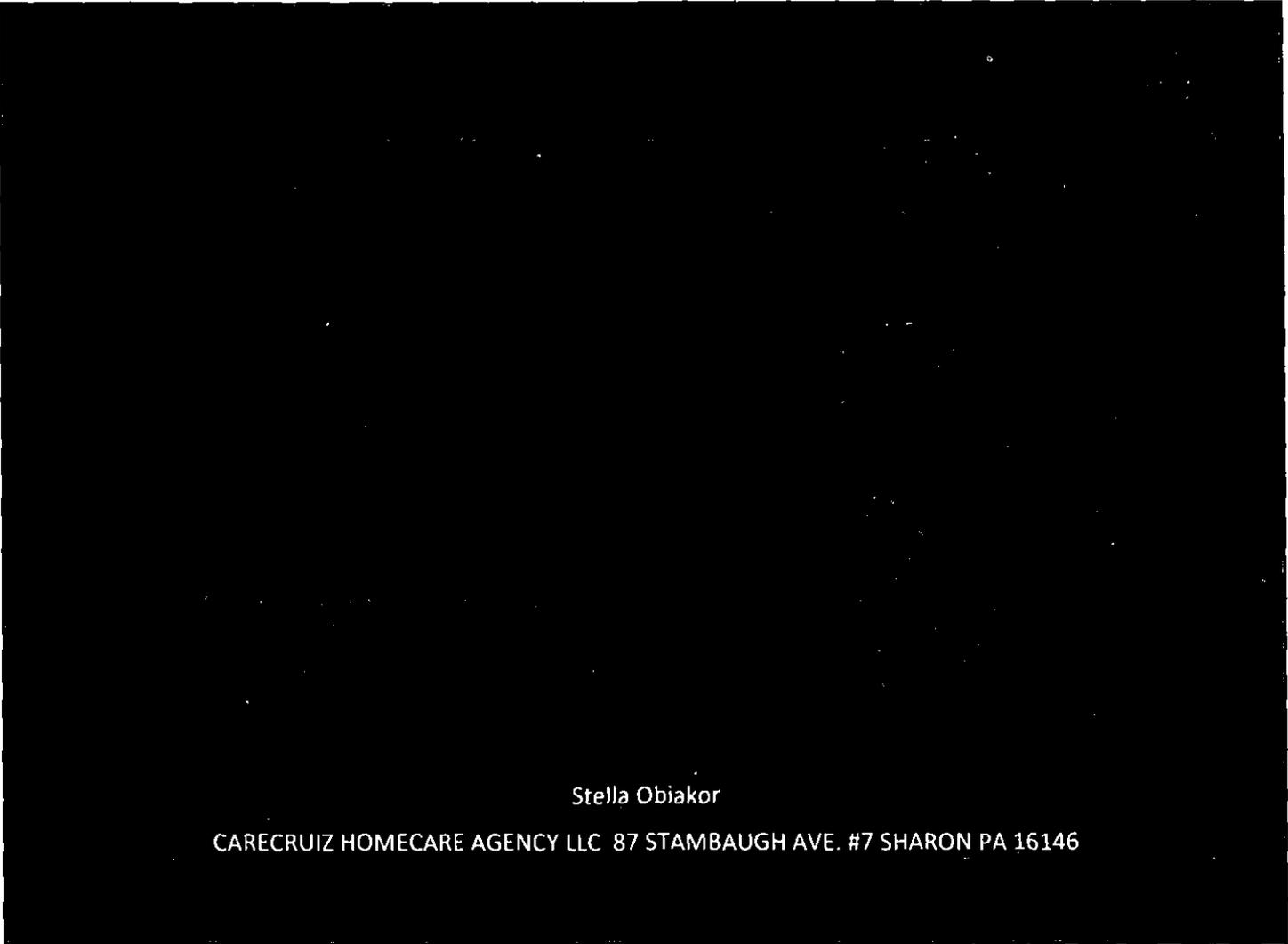
Vehicle Name:

Item Category	Inspection Item	Trip 1	Trip 2	Trip 3	Trip 4	Trip 5	Trip 6	Trip 7	Notes
Driver Initials And Date	Review Before and After								
Exterior	Headlights (high and low)								
	Brake Lights & Taillights								
	Turn Signals & Hazards								
	Tire Condition (visual)								
Special Equipment	Wheelchair lift Operational								
	Seat Belts & Wheelchair Straps								
Interior & Controls	Windshield/Wipers/Washer Fluid								
	Mirrors (clean & adjusted)								
	Horn & Gauges/Warning Lights								
Safety & Engine	Parking & Service Brakes (feel)								
	Leaks under Vehicle (Visual)								
	Emergency Kit (Present/Complete)								

Date: _____



CARECRUIZ NEMT EMPLOYEE
POLICIES AND PROCEDURES
MANUAL



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146



**Non-Emergency Medical
Transportation
(NEMT)**

**Employee Policies and Procedures
Manual**

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Please read carefully, this is an amendment to the above general employee manual, this portion DOES not REPLACE the standard EMPLOYEE POLICY MANUAL but is an addition to.

Hiring Procedures

Driver Qualifications and Selection Requirements

Organizations operating NEMT fleets safely have found it important to select the best qualified drivers both from the perspective of experience and previous driving performance. Due to the fact drivers leave an employer's direct observation and control as soon as they start their day or their trip, having this information allows fleet owners to project the future driving behavior of applicants. Here are some important items to consider adopting as official driver qualification standards and practices. These practices should be reviewed on a regular basis to determine compliance with Company policies and any applicable government laws or regulations.

The driver selection criteria and hiring process may include, but are not limited to:

- Minimum age restriction of 23 years of age (to ensure a five-year driving record and experience)
- State driving history free of serious violations. No more than two moving violations or combination of one moving violation and one accident within a three-year period
- Recommended an applicant providing previous employment and experience driving a vehicle for a minimum of two years, while residing in Pennsylvania for 2-years.
- Thorough background check including credit, criminal and drivers history check
- Develop a profile of critical values and skills needed to perform job duties and meet their safety related responsibilities successfully and safely
- Conduct interviews to ensure applicants have compatible safety values, work ethic and interpersonal skills needed to interact with fellow employees and passengers
- Confirmation of employment, qualifications and safety record with previous employers utilizing all available information for all previous employers
- Pre-employment physicals and controlled substances testing, 2-step TB, + Drivers training(8-12hrs)
- Conduct meaningful road tests to evaluate skills and knowledge related to safely perform vehicle inspections, knowledge of defensive driving techniques, operation of passenger entry/exit devices, especially lifts and restraint systems

Studies conducted on vehicle accidents have shown a direct correlation between past driving performance and accident involvement. Drivers who have experienced moving violations and accidents are more likely to be involved in future crash activity. Obtaining and reviewing the current Motor Vehicle Record (MVR) of the driver is one of the best indicators to help determine if the driver is qualified to operate a motorized vehicle for your organization. MVRs should be ordered for each state in which the applicant has held an operator's license in the previous three years.

The check on MVRs should go back at least five years or requesting all previous driving history available. MVRs should also be ordered and reviewed at least annually for all drivers. Drivers who have been identified as having poor driving histories should have more frequent MVR reviews.

Driver Job Requirements

A Driver is the most important position within our Company. Without a solid driving team, we would be unable to fulfill its mission. Drivers are hired at a set rate of pay per hour and are paid according to the number of hours worked. A Driver operates a Company vehicle to transport passengers to predetermined destinations safely, promptly, and courteously. Drivers report directly to the Transportation Manager.

The **responsibilities** of all drivers include:

- The driver is responsible for the condition of the assigned vehicle and equipment.
- Equally important to actual driving duties is the driver's sincere understanding of the psychological and physical needs of senior passengers and those with disabilities.
- It is important to have a thorough working knowledge of the Employee Policies and Procedures Manual.

The **duties** of all drivers include but are not limited to:

- Comply with all state and local laws and guidelines
- Daily safety and pre and post trip inspection of vehicle. (located in red vehicle binder)
- Report maintenance problems to the Transportation Manager. (located in red vehicle binder)
- Report accidents and breakdowns immediately. (located in red vehicle binder)
- Comply with all vehicle operation rules and regulations. (located in red vehicle binder)
- Complete required paperwork in a timely manner. (X-transit Solutions, and online through CTS app and paper trip reports)
- Attend safety and training meetings.
- Relate positively to all passengers.
- Of course, the biggest responsibility is to drive in a **SAFE, RELIABLE, AND COURTEOUS** manner.

The **physical demand** of a driver includes:

- Sitting and standing daily for many hours at a time.
- Walking daily to and from the door of the destination and assisting passengers.
- Bending/stooping while lifting packages, assisting passengers, doing the vehicle maintenance inspection, etc.
- Climbing daily while getting on and off the vehicle.
- Pushing/pulling varies but could be daily, especially if driving a lift or ramp equipped vehicle.
- Lifting/carrying packages, groceries, luggage, etc. is performed daily and can include 20-50 pounds.
- Drivers must also manage riders in wheelchairs. This entails negotiating sidewalks and entrance ways positioning the wheelchair on the ramp platform, maneuvering the wheelchair inside the vehicle, and securing the wheelchair with the tiedown's(Q'Straint System). The weight of a wheelchair and passenger can easily exceed 300 pounds.
- All drivers receive training in wheelchair management and are encouraged to know their limits. If faced with a wheelchair/rider they cannot safely handle, they **MUST** contact the Transportation Manager immediately, **PRIOR** to any/all transport(s).

Driver Health

When applicable, potential drivers must take and pass the US Department of Transportation (DOT) medical exam and undergo a drug screening as a condition of continued employment. After being hired, drivers are then required to take another DOT medical exam every two years (more frequently if the doctor mandates).

Should circumstances arise which raise questions concerning the ability of a driver to perform the required job duties in a safe and efficient manner, DOT medical exams at intervals more frequent than two years may be required, and/or the driver may be required to undergo additional visual, functional and range of motion testing. Circumstances which would call for more frequent DOT physicals and/or additional testing include, but are not limited to:

- A driver displaying signs of deteriorating driving skills
- Having more frequent accidents
- Having a known physical condition that may impact on driving skills
- A driver returning to work following a serious medical procedure or illness (such as heart attack, heart surgery, neurological procedures, back surgery, etc.)

The Company reserves the right to require an employee's participation in a health examination to determine the employee's ability or continued ability for performing his/her essential job functions. All such health exams of such employees shall be paid for by the Company.

If a driver's supervisor believes that circumstances have arisen which raise questions about the driver's ability to perform his or her required job duties in a safe and efficient manner, the supervisor shall document the circumstances in writing and submit such documentation to the Transportation Manager together with a recommended course of action. After reviewing the supervisor's documentation and recommendation, the Transportation Manager shall decide whether to require the driver to undergo more frequent DOT medical exams and/or additional testing. Such additional testing may include, but is not limited to, the following:

- Screening of speech, language and cognitive skills including an assessment of reading comprehension, recognition and interpretation of traffic signs, auditory comprehension, speech intelligibility, left/right discrimination, attention span, problem solving, judgment and reasoning.
- A behind the wheel assessment to evaluate anticipation/analysis of traffic situations; reaction time; physical control of the vehicle; ability to make a variety of turns; defensive driving skills; appropriate parking; and the ability to make safe lane changes including blind spot checks, speed control, merging onto and exiting interstate highways and passing other vehicles.

The Transportation Manager shall review the results of any physical and/or additional testing ordered and decide on the basis thereof whether the driver is able to drive safely and efficiently. If the Transportation Manager believes the test results establish that the driver is unable to drive safely and efficiently, the driver's employment as a driver shall be terminated. Refusal by the driver to undergo any physical and/or additional testing deemed necessary by the Transportation Manager shall be treated as a voluntary resignation by the driver.

DOT Employment Verification

The U.S. Department of Transportation (DOT) requires a reference check be obtained from all previous employers during the previous three years for driver applicants; ten years if an applicant is applying for a CDL position. If any of those previous employers were also D.O.T. employees, then they are required to provide drug and alcohol information in accordance with D.O.T. 49 CFR Part 40 and accident information in accordance with Federal Motor Carrier Safety Regulations (§391.23).

Outside Employment

CareCruz expects its full-time employees to devote their full energies, efforts and abilities to their employment with the Company. If an employee wishes to engage in outside employment or other business activities, you should first discuss the proposed employment or activity with the HR Manager and then obtain written approval from the General Manager before accepting outside employment. In its sole discretion, the Company may deny such a request, or rescind prior approval.

Background Checks

It shall be a condition of employment to submit to a full background investigation (pre-employment screening). Offers of employment shall be conditional pending the result of the investigation which shall include (at a minimum) the following:

- A state and federal criminal history check covering seven (7) years.
- State Motor Vehicle Record (MVR) check covering seven (7) years.
- A nationwide sex offender registry search.
- A social security number check.
- Address History Report.

Reporting Criminal Convictions. An employee must notify CareCruz of a criminal conviction occurring during employment. The report must be made within five days of the conviction.

Verification of Motor Vehicle Records

All drivers' licenses will be verified at the time of employment and a copy of the seven (7) year Motor Vehicle Record (MVR) will be obtained at hire, and **annually thereafter**, to ensure that employees of CareCruz maintain good driving records. MVRs will be obtained and reviewed:

- Prior to employment
- After involvement in an accident or receiving a citation
- Any other time management deems it advisable

This is in accordance with Federal Motor Carrier Safety Regulations (§391.25). As part of this process, each driver will be required to furnish a list of all violations of motor vehicle traffic laws and ordinances of which the employee has been convicted or forfeited bond or collateral during the preceding 12 months.

Driver's License Review

Employees whose work requires the operation of a motor vehicle must present and maintain a valid driver's license and other certifications and a driving record acceptable to our insurer and our contracting entities. You will be asked to submit a copy of your driving record from time to time. Any changes in the validity of your driver's license or changes to your driving record must be reported to the HR Manager immediately. Failure to do so may result in disciplinary action, up to and including possible termination.

Only one valid driver's license is to be held by a driver at any time. The current license must be issued in the driver's state of residence, or, if required by state law, the license will be issued in the state where the person is gainfully employed. A copy of the driver's license will be maintained in the driver's file. License verification of employees is made via a Motor Vehicle Record report (DMV printout). Revocation or suspension of a driver's license must be reported to CareCruz immediately.

Driver's licenses will be checked for the following:

- The state of issue
- Date issued
- Date of expiration
- Restrictions
- Violations (if in a state where violations are listed on the license)
- Any evidence of alteration or mutilation

Drivers could be considered for termination if any of the following violations occur:

- Excessive speeding, which is driving 15 miles per hour or more above the posted speed limit
- Possession of alcohol in a vehicle is violation of local or state laws or the Federal Motor Carrier Safety Regulations (FMCSR)
- Driving while under the influence (DUI) drugs or alcohol for impairment
- Violating a traffic control law in connection with a fatal accident
- Driving while physically or mentally impaired
- Driving with an expired license
- Violating out-of-service orders
- Reckless or careless driving as defined by state or local law or regulation, including but not limited to, offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property
- Improper or erratic traffic lane changes
- Following a vehicle too closely

Also included are the following violations arising in connection with a collision:

- Violation of state or local law relating to motor vehicle traffic control (other than parking, vehicle weight, or vehicle defect violations).
- Leaving the scene of an accident.
- Other acts directly contributing to the cause of a collision.

Reporting Change in Driver's License Status

Drivers must report all traffic convictions, either while driving an CareCruz vehicle or in a personal vehicle; suspended, revoked, or expired driver's license; or any other situation that may affect their legal or physical ability to drive. An individual cannot be hired as a driver if they have been convicted of driving while intoxicated or under the influence of a controlled substance or have had their commercial driver's license revoked.

Failure to immediately report to the Transportation Manager any change in driving status may be grounds for dismissal. A driver's Division of Motor Vehicle driving record is checked every six months. If it is determined that during the course of the past year the driver was assessed points against their driver's license which they failed to report, they are subject to dismissal.

All drivers are responsible for payment of moving violation, parking and any other ticket received while driving a Company vehicle.

Voluntary Consent to Drug and Alcohol Screening Drug Testing

As part of our efforts to keep this environment safe and free of illegal drug use, CareCruz will conduct random and intermittent drug tests of all employees in positions where the safety or security of the employee or others is an issue. All employees may be required, as a condition of employment and continued employment, to submit to drug and alcohol testing in the following instances:

- When, based upon the Company's determination, an employee appears to be in an impaired condition
- Following the occurrence of an accident or unsafe practice which has caused or could have caused injury or property damage
- If there is reason to suspect that an employee is working under the influence of alcohol or drugs or using alcohol or drugs on Company property
- When the employee has been involved in an accident or incident offsite but while on Company business or
- When the employee has violated a safety rule.

CareCruz strictly prohibits employees and /or contractors from:

- Possessing, distributing, or using alcohol during working hours
- Reporting to work or working under the influence of alcohol or drugs; or
- Possessing, distributing, or using illegal drugs at any time (including prescription drugs not taken in accordance with a valid prescription).

CareCruz acknowledges that an employee will or may have contact with prescription drugs including those classified as controlled dangerous substances. Any employee who feels he or she has developed an addiction to, dependence upon, or problem with alcohol or drugs, legal or illegal, is strongly encouraged to seek assistance before a violation of this policy occurs. Any employee who requests time off to participate in a rehabilitation program will be reasonably accommodated. However, employees may not avoid disciplinary action, up to and including termination, by entering a rehabilitation program after a violation of this policy is suspected or discovered.

As a condition of employment, all employees understand that they may be requested by CareCruiz to submit to a pre-employment and/or post-employment substance and alcohol abuse test by an agent of a licensed medical laboratory). All employees further understand that they may be requested by CareCruiz to submit to substance and alcohol abuse tests randomly. An employee and/or contractor who refuses to take a test as directed or who otherwise violates the substance and alcohol abuse policy will be subject to discharge. If an employee tests positive for illegal drug and/or alcohol use or if the negative test has a "dilute" result during working hours, he/she will be subject to a re-test, and /or disciplinary action, up to and including termination.

All employees will be expected to sign a voluntary consent form that acknowledges to submit to drug and alcohol testing as requested by CareCruiz and further agree that the results of such tests may be disclosed by the licensed laboratory to the designated agent of CareCruiz .

Attendance

Drivers' meetings are held at least monthly. Attendance at these meetings is mandatory for drivers. The meetings provide an opportunity for the Transportation Manager to conduct training and disseminate information. It is up to the Transportation Manager's discretion whether to classify absences as "excused"; however, any and all drivers who are granted "excused" status must receive all training provided at the driver meeting or driver training session by the Transportation Manager or, in case of training, authorized trainer (one-on-one) within one month of the date of the driver meeting. Written documentation of such training within the specified time frame is to be provided to the Transportation Manager.

Unexcused absences are unacceptable and are to be treated as a serious infraction of CareCruiz rules. The following staged disciplinary action is to apply:

- **First Instance:** Written warning that further unexcused absences will not be tolerated.
- **Second Instance:** Suspend driver pending required proof that the absence was necessary.
- **Third Instance:** Suspension and may result in termination.

In each of the above instances, if the driver is retained, the Transportation Manager is required to provide one-on-one review of meeting agenda items and/or training with necessary written documentation within the one-week time frame of the date of the meeting as established above.

Drivers out of compliance with training requirements are not eligible to drive until an extension has been approved by the Transportation Manager or until training has been completed.

Driver Appearance

Personal hygiene must be to the highest possible standards. Drivers must be clean, shaven or facial hair must be properly trimmed and combed, the beard or moustache must be clearly defined and neatly trimmed. Hair must be neat and clean and of appropriate length.

Uniforms

Drivers represent CareCruiz to the public and must always be neat in appearance to ensure a professional, consistent image is presented to the public by drivers.

- Drivers must always be clean and neat in appearance while on duty
- Uniforms, if provided, must always be worn while on duty.
- Clothing, including uniforms, must be freshly laundered, free of holes, and free of wrinkles.
- Uniform shirts shall always remain tucked in, unless directed otherwise.
- Jewelry should be in good taste, not excessive, and should not get in the way of performing established duties.

Uniform Shirt - All drivers IF NOT ISSUED a uniform shirt SHALL present with a clean, neat, free of holes, logos, slang or inappropriate shirt, short sleeve when weather permits, long sleeve is acceptable year-round if desired. CareCruiz is a professional transportation provider and to assist riders in clearly identifying who their driver is. The shirts must be clean, pressed and neatly maintained at all times. ALL employees MUST wear the ISSUED ID badge in plain view on the outside of the outer garment, easily observed.

During winter months, drivers are allowed to wear a turtleneck under the shirt so long as the turtleneck is a complimentary color (white, black, etc.) Appropriate jackets are allowed when desired.

Name Tag - All drivers are issued a name ID tag with their photo on it which is to be placed and worn at all times on duty.

Slacks/Pants - Drivers are to wear their own khaki or black slacks. Because of the nature of their work and because the slacks are to be provided by the driver, jeans are also allowed. In the summer, shorts are NOT allowed.

Footwear - To prevent injuries resulting from improper footwear, CareCruiz has established a strictly enforced footwear policy. At all times, drivers will wear sensible, low-heeled shoes that completely enclose the foot and have nonskid soles. Specifically prohibited footwear includes sandals, open toed shoes, clogs, flip-flops, crocs, and wedge- or high-heels (including high-heeled boots for men.) Any driver who fails to comply with this policy will receive a warning. A second infraction may result in dismissal.

Code of Conduct and Employee Performance

Code of Conduct

CareCruiz is committed to maintaining high standards of integrity and honesty in all its business practices. Staff and drivers are expected to accept certain responsibilities in helping the Company to meet this goal. The purpose of the Code of Conduct Policy is to assist employees in ensuring they exercise good judgment, honesty and integrity when performing their duties.

Conduct, whether on or off the job, reflects the CareCruiz organization. Therefore, it is expected that each employee will conduct themselves according to the highest standard of professional, personal, and ethical behavior. CareCruiz will not tolerate the use of profane language, fighting, deliberately causing injury to another, disorderly or malicious conduct, intimidation, or harassment of any kind. Good judgment and appropriate behavior are essential responsibilities of every staff member.

If you know of, or suspect, improper conduct, you should talk to your immediate supervisor or management. All such reports shall be investigated immediately by the appropriate staff. Further, all such reports shall be kept confidential to the extent possible. While it is understood that the Code cannot address every issue, it summarizes many existing Company policies and provides a guide on ethical and legal business conduct for employees. This Code will help CareCruiz continue its reputation for fairness, integrity, and honesty, which is a source of pride to us all.

Work Environment: It is the policy of CareCruiz to provide a safe, non-hostile, non-discriminatory, and drug- and alcohol-free work environment for all its employees. Also, the Company provides equal employment opportunities to all people. *Unlawful discrimination by employees against fellow employees, riders, potential employees, etc. will not be tolerated. Nor will sexual or other forms of harassment be tolerated.*

Conflict of Interest: *Employees are to conduct their private business and personal activities in a manner which avoids conflict with the interests of CareCruiz . Employees are not to use any information they have about CareCruiz , nor their contacts made with the ridership of CareCruiz , for personal gain. Further, CareCruiz employees shall avoid outside activities which would compete or conflict with Company interests or which would affect their judgment to act in the Company's best interests. Employees are not allowed to be employed by other transportation companies during their employment without prior approval from the Transportation Manager.*

Improper Incentives: CareCruiz employees are not to solicit or accept personal items, gifts, or tips from passengers. Further, employees may not solicit part time work or odd jobs for pay from passengers, other employees, funding agencies, clients, or vendors.

Protection of Company Assets: CareCruiz employees have a responsibility to protect the Company's assets from unauthorized or improper use. Assets include vehicles, office supplies, training materials, computers and computer equipment, postage meters, as well as "intellectual property" such as personnel policies, proposal guidelines, training manuals, etc. Company physical assets are to be protected from loss, theft, misuse, or damage. The use and reproduction of Company intellectual property must be consistent with intellectual property laws.

Use of Company Assets: The use of any of CareCruiz employees, equipment, supplies and other resources for purposes other than promoting the goals and mission of the Company is prohibited. It is also prohibited to use Company letterhead, envelopes, and postage machines to distribute materials and/or information that are not directly related to the goals and mission of the Company. Company assets, including vehicles, are never to be used by employees for personal reasons.

Fraud: All CareCruiz employees have a responsibility to follow the strict procedures established by the Company to ensure accurate record keeping and billing. Knowingly presenting or causing to be presented a false record or claim in order to have a fraudulent claim for services paid or approved by any agency – government or private - by an employee of CareCruiz will result in their immediate dismissal and the employee will be subject to several laws that provide stiff penalties under the False Claims Act.

Recommended Termination

The Recommended Termination form is completed to notify the employee he/she is suspended with a recommendation for termination. The form, along with back-up documentation, is then forwarded to the Transportation Manager for review and action on the supervisor's recommendation. If the Transportation

Manager concurs with the recommendation, a formal termination letter will be mailed to the employee's home address via certified mail. Examples of grounds for termination of employment include, but are not limited to, the following:

Single Incidents

- Use of intoxicants or controlled substances while on the job or being in a condition unfit to assume the responsibilities of work
- Accidents caused by serious neglect of employees
- Fighting, physical or verbal
- Serious neglect which caused harm to a patron
- Physical or verbal abuse of a patron
- Falsification of records
- Stealing
- Misuse of records and files
- Serious traffic or criminal violations
- Disruption of normal work production, including gross disrespect of supervisory authority
- Involving riders or volunteers in a grievance or disciplinary action.

Repeated Incidents

- Disregard for the safety, comfort, or physical wellbeing of patrons
- Negative attitude toward patrons or fellow employees
- Minor infractions of safety practices
- Minor accidents caused by thoughtlessness
- Disregard for the policies and regulations of CareCruiz or the laws of municipalities, the State, or the Federal government
- Excessive absenteeism or tardiness
- Garnishment of the employees' earnings on more than one indebtedness

Since no policy can anticipate every situation that may arise, this listing is meant as a guide only. CareCruiz management staff shall review every situation in which termination of employment is an option and make its decision based on the circumstances surrounding that particular situation.

Severance of Employment

CareCruiz is an employment at will employer. The employment of our drivers does not constitute a contract of employment. Thus, although we hope that our relationships with employees are long-term and mutually rewarding, CareCruiz reserves the right to terminate the employment relationship at any time. Methods of severing employment include:

Use of Telephone, Devices and Mail Systems

While operating a Company vehicle, employees shall refrain from the use of cell phones and electronic devices. This includes any device normally used for talking, texting, messaging, paging, emailing, gaming, entertaining, GPS navigation data entry, etc. When it becomes necessary to utilize an electronic device, employees are expected to safely cease operation of the vehicle, in a manner compliant with traffic and/or parking regulations, prior to engaging in use of the device. When it becomes necessary to utilize a cell phone, only devices equipped with a hands-free accessory are permissible for use. Applicable law defines a "hands-free accessory" as an attachment, add-on, built-in feature, or addition to a mobile telephone that, when used, allows the driver to maintain both hands on the steering wheel.

When cell phones are used for Company business, employees must comply with all Company policies governing conduct, including our policies prohibiting discrimination, harassment, and violence in the workplace. When using the cell phone in a public place, please remember to maintain the confidentiality of any private or confidential business information. As a courtesy to others, please turn cell phones off or place them on vibrate mode during meetings.

Internet, Email, and Computer Use Policy

CareCruz uses various forms of electronic communication including, but not limited to computers, email, telephones, voicemail, instant message, text message, Internet, cell phones and smart phones (hereafter referred to as "electronic communications"). Electronic communications, including all software, databases, hardware, and digital files, remain the sole property of CareCruz and are to be used only for Company business and not for personal use.

The following rules apply to all forms of electronic communications and media that are: (1) accessed on or from Company premises; (2) accessed using CareCruz computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies CareCruz. The following list is not exhaustive, and CareCruz may implement additional rules from time to time.

Electronic communication and media may not be used in any manner that would be discriminatory, harassing, or obscene, or for any other purpose that is illegal, against Company policy, or not in the best interest of CareCruz. Employees who misuse electronic communications and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets, discrimination, harassment, or related actions will be subject to discipline, up to and including termination. Employees may not install personal software on Company computer systems.

As stated in the above policy NO employee is permitted to copy, move, transfer, or otherwise remove ANY Company materials using ANY storage device such as a cellular phone, temporary flash drive(thumb drive device)memory cards or any other storage or removal devices; to include email and cloud services, without written permission from the Manager or administrator.

Social Media Policy

CareCruiz is committed to utilizing social media to enhance its profile and reputation, to listen and respond to customer opinions and feedback, and to drive revenue, loyalty, and advocacy. We encourage employees to support our activities through their personal social networking channels while adhering to the guidelines outlined in this section. For the purpose of this section, social media and networking refers to the use of web-based and mobile applications for social interaction and the exchange of user-generated content. Social media channels can include, but are not limited to Facebook, Twitter, LinkedIn, YouTube, blogs, review sites, forums, online communities, and any similar online platforms.

Employees are expected to conduct themselves in a professional manner and to respect the views and opinions of others. CareCruiz and its employees are committed to conducting oneself in accordance with best industry practices in social networking, to being responsible citizens and community members, to listening and responding to feedback, and to communicating in a courteous and professional manner. Behavior and content that may be deemed disrespectful, dishonest, offensive, harassing, or damaging to the Company's interests or reputation are not permitted.

Employees must not disclose private or confidential information about CareCruiz, its employees, clients, suppliers, or customers on social networks. Employees must respect trademarks, copyrights, intellectual property, and proprietary information. No third-party content should be published without prior permission from the owner. CareCruiz maintains the right to monitor Company-related employee activity in social networks. Violation of policy guidelines is grounds for discipline, up to and including termination.

Theft or Damage

To avoid responsibility for theft or damage, employees should adhere to the following:

- Do not abandon a Company vehicle, unless an emergency exists
- Do not leave a vehicle unattended in the event of an accident or breakdown unless on fire
- Close and lock the vehicle doors immediately after loading or partially unloading
- Watch your rearview mirrors and SIDE mirrors while monitoring if equipped electronic back-up camera closely when stopping or slowing down in traffic
- Do not allow anyone to talk you into what could be a trap
- Be suspicious of everyone and every circumstance
- When parked, back up against a fence or something solid to prevent someone from opening your doors, unless this prohibits wheelchair access
- Park in well lighted areas or where someone can watch your unit for you or where you can watch it yourself
- ALWAYS remove keys and lock doors when you get out of the vehicle.

Lost and Found

All drivers will turn in any items left behind in vehicles to the CareCruiz office where the items will be held for a period of six months. Drivers must complete an INCIDENT REPORT (located in red binder) for any found items detailing what, when, where, how the items were found.

1. Drivers must report and turn in all items found to dispatch as soon as possible.
2. The driver will provide the following information:
 - Date item found
 - Driver and, if applicable, route name
 - Item description
 - Any other pertinent information
3. The item may be returned to the passenger after identification of the item.
4. The passenger must sign the courtesy card indicating receipt of the item.
5. Items not claimed after a six-month period may be disposed of or given to charity.

Workplace Safety

Overview

CareCruiz provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, memos, or other written communications. The program's success depends on the alertness and commitment of all personnel. In addition, most contractors provide workplace safety training based upon specific performance requirements where you are assigned to work.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report, or where appropriate fail to remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify the appropriate supervisor and complete a Company provided Incident Report. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefit procedures.

COVID-19 Safety Precautions

People who are known or suspected to have COVID-19 may use non-emergency vehicle services, such as passenger vans, accessible vans, and cars, for transportation to receive essential medical care. When transporting a known confirmed positive passenger, it is recommended that drivers wear an N95 respirator or facemask, and the passenger should wear a facemask covering. Occupants of these vehicles should avoid or limit close contact with others. The use of larger vehicles such as vans is recommended when feasible to allow greater social (physical) distance between vehicle occupants.

Additionally, drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route. The CDC recommends that individuals wear face masks in settings where other social distancing measures are difficult to maintain, especially in areas with significant community transmission. Face masks may prevent people who do not know they have the virus from transmitting it to others. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or

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otherwise unable to remove the mask without assistance.

CareCruiz employees should adhere to the following steps to take that may help reduce the spread of COVID-19 at home and at work. According to the Centers for Disease Control:

- Clean frequently touched surfaces and objects, including door handles and seat belts, before transporting another client. Wear disposable gloves during cleaning and then dispose after each use.
- Turn off air recirculation in both compartments to maximize air exchanges that reduce potentially infectious particles in the vehicle.
- Open outside air vents in the driver compartment when transporting clients.
- Wash your hands often with soap and water. Use alcohol-based sanitizers (at least 60% alcohol) when you cannot wash your hands.
- Avoid touching your eyes, nose, or mouth with your hands.
- Stay home if you feel sick.
- Dispose of used tissues immediately.
- Consider single rider transport rather than multi-rider or ride sharing.
- Cough or sneeze into your elbow.
- Avoid shaking hands

CareCruiz provides training on COVID-19 and how to prevent the spread of the virus and other bloodborne pathogens. Education and training include information on proper hand hygiene, cough etiquette and social distancing techniques, along with developing work practices and engineering controls that could provide additional protection to our employees and customers.

Contagious Diseases

It is the obligation of CareCruiz to provide a safe environment for its employees and riders. To help fulfill this obligation, CareCruiz has developed a policy to help reduce the risk of a CareCruiz driver or rider contracting a serious infectious disease spread from person to person by direct contact, through the air from an infected person's coughing or sneezing or from aerosolization of virus from skin lesions.

Chicken pox, measles, tuberculosis (TB), Methicillin-resistant staph (MRSA), etc. are examples of such diseases. Head lice, while not a disease, is easily spread through casual contact and is, therefore, included in this policy. HIV/AIDS, Hepatitis B and other bloodborne pathogens are not casually transmitted and are covered in the Company's Bloodborne Pathogen Policy.

Methicillin-resistant staph (MRSA) refers to types of staphs that are resistant to antibiotics and occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. MRSA is transmitted most frequently by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., seat, towels, used bandages).

Tuberculosis (TB) is a chronic disease that is also spread through the air from one person to another when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected. However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others.

Employees — Because CareCruz provides service to many in our communities who are highly susceptible to contagious diseases, all the Company employees are to report to their supervisor immediately upon learning they have a serious infectious disease. They are not to work in the office, drive an CareCruz vehicle, attend employee meetings, etc. until the Company receives a doctor's notification that the disease is no longer infectious.

Refer to CareCruz's leave policies and the Family and Medical Leave Act policy for information regarding the length of time an employee may be off, pay during leave, etc. Because some people with latent TB infection go on to get TB disease, employees with a latent TB infection shall undergo an annual Mantoux TB skin test until CareCruz receives written notification from the doctor that the employee no longer is in danger of developing the disease.

Riders — Passengers known to be infected with a serious infectious disease (or head lice), may be denied service because of the direct threat they pose to their fellow riders and Company employees. If a driver knows a rider is infected with a serious infectious disease (or head lice), or if it is obvious the rider has a serious infectious disease (for instance, childhood diseases such as measles, chicken pox, etc.), the driver may deny service one time. The driver is to the Transportation Manager immediately (or at least prior to the next time the rider is scheduled to be picked up).

The Transportation Manager will contact the local Department of Health to determine if the rider does have an infectious disease. If the rider does have an infectious disease, their ridership privileges shall be suspended immediately pending doctor notification that the disease has been rendered noninfectious with proper therapy. In the case of head lice, a notice from the parent, guardian, funding agency, etc. shall suffice in lieu of a doctor's notice.

Due to privacy laws, we will not always know if a rider has an infectious disease. It is not legal for you, the driver, to ask. If you suspect the rider has an infectious disease, you are to notify your Transportation Manager so that they can do the appropriate follow-up.

Disinfectant sprays (such as Lysol) may be kept on the vehicle for the driver's use. This is a legitimate expense which can be reported on the driver's expense form. All vehicles are equipped with a Bloodborne Pathogen spill kit and drivers are to assure it is kept stocked with equipment. Follow the instructions in the *Bloodborne Pathogen policy for cleanup of any bodily fluids, including blood*. When cleaning your vehicle and disposing of trash, wear disposable gloves.

Washing your hands frequently throughout the day is one of the best precautions you can take. Also, be sure to practice cough etiquette by covering your mouth/nose when coughing and/or sneezing using the "cough pocket" – the crook of your elbow. When dealing with clients, this is the best way to ensure germs don't get on your hands.

Bloodborne Pathogens

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, CareCruz has developed an exposure control plan to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials. A driver's duties which may expose him or her to a bloodborne pathogen include administering first aid and cleaning any bio-hazardous spills that occur on their vehicle.

All the Company vehicles and offices will be supplied with a Bloodborne Pathogen Protection Kit for use by

an employee in the event they are exposed to blood or other potentially infectious material. The kits come equipped with the necessary protective devices, cleaning fluids and disposal bags. Employees will be trained in the proper use of the kits. After a kit is used, the materials are placed in the red bio-hazard bag and taken to the nearest medical facility for disposal. Failure to follow CareCruz's safety procedures when cleaning up blood and other potentially infectious material will result in disciplinary action up to and including termination of employment.

Urine and vomit are the two types of body fluids an CareCruz driver comes into contact with most frequently. Neither of these fluids are listed as a potentially infectious material. However, when cleaning up these body fluids, drivers shall use gloves and clean the area with a solution of freshly diluted household bleach — one part bleach to 10 parts water. A Bloodborne Pathogen Protection Kit shall be used should either fluid contain blood.

Should a driver find a contaminated sharp on the vehicle (i.e., a needle, broken glass, etc.), the sharp shall be placed immediately or as soon as feasible into a puncture resistant container that is leakproof on sides and bottom and then labeled. (A plastic soda bottle with a sealable cap is recommended.) The driver is to wear puncture resistant gloves and to avoid touching the sharp by using tongs or brushing it into the container. The container with the sharp is to be taken to the nearest medical facility for disposal.

All incidents of exposure to blood or other potentially infectious material shall be reported, investigated, and documented. When a driver incurs an exposure, it shall be reported via a Bloodborne Pathogen Incident Report to their Transportation Manager.

Hand-to-Hand Service

We provide hand-to-hand assistance to safeguard the well-being and security of certain passengers. These riders need a responsible third party at the origin and destination of their trips. The driver should ensure the rider arrives safe and in the "hands" of the parent, guardian, or facility. However, CareCruiz is the transportation provider and does not take on the role of caretaker when the client arrives at the final drop-off point.

Guidelines:

- Certain passengers may have lost their independence in managing everyday life activities. These passengers may be easily confused, suffer from impaired memory and orientation, limitations of concentration, and planning as well as judgment. These passengers may also be unable to care for themselves due to age or disability.
- Passengers who have been identified with these conditions may still need to travel for medical or social purposes.
- The Company may require passengers who have been identified with these conditions to travel with personal care attendants.
- If attendants are not required, family and/or caretakers must agree to take full responsibility to be at the final drop off location upon return of the passenger.
- The Company will not be responsible if family and/or caretakers are not present.
- The driver will notify dispatch immediately if family and/or caretakers are not present at the final drop off location.
- Dispatch will make every reasonable effort to reach the family and/or caretakers using the emergency contact numbers given by the client.
- A decision as to whether to leave the client unattended will be made by CareCruiz management on a case-by-case basis.
- If the family and/or caretakers are not present on more than one occasion, CareCruiz may refuse to transport the individual in the future without an attendant.

Door to Door Service

CareCruiz drivers will provide first floor door-to-door service. Door-to-door service shall include the foyer or lobby of a first-floor business, store, or other establishment that might offer shelter or protection for a waiting passenger.

- Drivers may not enter a client's residence.
- Drivers are not required to bring a client down steps in a wheelchair.
- A wheelchair bound client is required to have a safe means of egress such as a ramp from his/her residence.
- The drivers shall assist the client to and from the bottom of a staircase.
- Drivers are not required to act as personal care attendants, babysitters, or to provide any medical services or assist with carry-ons.
- The driver shall leave his/her seat and assist client(s) in boarding or de-boarding.
- During boarding or de-boarding, the vehicle may remain running (and in park) as long as the vehicle remains with direct eyesight of the driver at all times.
- If the driver must at any time travel outside the eyesight of the vehicle, the vehicle must be turned off and locked.

Failure of the driver to comply with the terms of this policy may result in disciplinary action up to and including dismissal.

Wheelchair Transport and/or Other Mobility Devices

Federal regulations require CareCruz's compliance with the Americans with Disabilities Act (ADA). Briefly, the ADA requires the availability of transportation service to persons with disabilities on the same basis that those services are available to ambulatory riders. It also sets forth very specific guidelines regarding what restrictions, if any, can be placed on service delivery for non-ambulatory riders.

This CareCruz policy provides guidelines for use by Company staff and drivers regarding delivery of transportation services to riders who use a wheelchair or other mobility aid. The purpose of this policy is to assure ADA compliance while protecting both the rider and driver from injury and to empower the driver to make decisions regarding the safety of service.

The maximum combined weight of the rider and the assistive device on a hydraulic lift is 600 pounds. Service can be denied if the dimensions or weight of the wheelchair/scooter are greater than noted above. To allow CareCruz to safely transport our riders, wheelchair users may be required to provide both a doctor's certificate noting the rider's weight along with documentation showing the weight of the wheelchair the user is in. This documentation will be requested if the Company deems the health and safety of the rider and/or the transporting driver may be at risk.

Wheelchair Securement

To ensure the safety of all passengers and drivers during transport. Drivers will utilize the manufacturer's suggested procedures for proper securement of wheelchairs to ensure the safety of all passengers and drivers.

- The driver shall ensure that any client not riding in a permanent fixed seat shall be in a wheelchair device and safely secured using existing clamp and/or floor mount securement devices in a way consistent with recognized securing standards.
- Wheelchair clients must use available shoulder restraints.
- Wheelchairs shall be secured with 4-point tie downs or as many are standard for that particular tie down system, in any combination of straps and/or clamps.
- All wheelchair clients shall be secured in a forward-facing manner. Side facing securement is prohibited.
- Power chairs and scooters are to be turned off during transport.
- Wheel brakes shall be engaged during transport.
- **Wheelchairs that cannot be secured or are larger than maximum allowable standards (30" w X 48" l, and not over 600 pounds combined total weight) shall not be transported.**

Failure to comply with the terms of this policy may result in serious bodily harm. Failure by drivers to comply with the terms of this policy may result in disciplinary action up to and including dismissal, or suspension status. Failure by passengers to comply with the terms of this policy may result in suspension of services.

Wheelchair Ramp and Lift Usage

CareCruiz drivers shall operate lifts and ramps in accordance with the accepted practices as described in the training materials and Company training to ensure the safety of all involved.

Guidelines:

- A driver who has not been trained in the proper usage of the wheelchair lift and/or ramp shall not operate this equipment with a passenger.
- Wheelchair passengers are encouraged to back on to the lift when boarding.
- The driver is responsible for ensuring that at no time shall the lift and/or ramp be operated by an untrained person or passenger.
- If a lift and/or ramp on a Company vehicle is inoperable, the vehicle shall be removed from service to be repaired.
- The driver shall immediately report any situation in which a lift and/or ramp is not functioning properly to the dispatcher.
- The driver shall be familiar with all emergency procedures for the lift and/or ramp operation, including manual operation.
- All available and appropriate safety devices shall be used in the operation of a lift and/or ramp and none shall be overridden for ease or quickness.
- All safety guards, restraints, and barriers in existence shall be used during operation.
- Power chairs and scooters shall be turned to the "OFF" position once on the lift platform and while the lift is in operation.
- Any passenger requesting the use of the lift or ramp shall be accommodated.
- Standing on a lift is discouraged.
- Grocery bags, strollers, and other items are prohibited on the lift during operation

Consequences:

- Failure to comply with the terms of this policy may result in serious bodily harm, and disciplinary action up to and including dismissal, or suspension status.

Transporting Passengers with Medical Oxygen and Other Assistance Devices

Some passengers may need to carry an oxygen tank. However, passengers traveling with a portable oxygen supply must be self-sufficient and not require first aid.

CareCruiz's policy requires that these tanks be secured before placing the vehicle in motion. Secure the tank in the seat next to the rider with a seat belt. If the tank is placed on the floor, secure the tank to the seat frame with a bungee strap.

Guidelines:

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- Passengers traveling with a portable oxygen supply shall be transported with no special consideration so long as the oxygen is self-administered, and the driver shall be under no obligation to perform first aid.
- Passengers traveling with a portable oxygen supply should be transported providing the oxygen may be held by the passenger or secured so as not to block the aisles or exits or to inconvenience or injure other passengers.

Elderly and disabled riders often require the use of assistance devices such as canes, walkers, and braces. A driver must be familiar with these devices and know the best method of providing assistance. Make sure all assistive devices are safely stowed where they will not present a tripping hazard to other riders and tied down so as not to become a projectile in the case of a sudden stop or accident. Return the assistive device to the rider prior to making any attempt to assist the rider in leaving the vehicle.

Transporting Dialysis Clients

CareCruiz transports clients to their routine dialysis treatments. Below are guidelines for this transport:

- Notify the dialysis staff when any patient health problems occur during transport. This would include lethargic, disoriented behavior, fainting and getting sick.
- Do not give patients any type of food or drink. The diet for a dialysis patient includes restrictions on fluids, potassium, phosphorus, and sodium. In addition, many dialysis patients are diabetics with further limitations. The only exceptions are foods or drinks given to the patients by dialysis staff or nursing homes.
- Occasionally dialysis patients will have problems clotting. If you notice any abnormal bleeding, immediately return the patient to the dialysis clinic.
- If a serious condition arises and you are too far from the dialysis center or the center has closed for the day, you may have to transport the patient to the nearest hospital emergency room. Whenever possible, coordinate any emergency with the Dispatcher.

Aide or Personal Care Attendant

We recognize that some clients and passengers may need assistance in order to complete a trip.

Guidelines:

- A "Personal Care Attendant" is defined as any person that is required to travel with an individual to assure that the individual's trip can be completed. The personal care attendant must have the same origination and destination as the client.
- A "Companion" is defined as any person that would like to travel with an individual but is not required to assure that the individual's trip can be completed.
- A personal care attendant must be identified when the trip is scheduled with the CareCruiz office.
- Reservations must be made in advance in accordance with CareCruiz policy for both the client and the personal care attendant.
- One personal care attendant (per client) may ride at no additional charge while escorting the client.
- A personal care attendant is not responsible for loading, securing, or unloading the client.
- CareCruiz management, at their discretion, may mandate a personal care attendant if the client's behavior would normally preclude his/her transport.

Seatbelts and Restraints

To ensure the safety of all clients, passengers, and drivers, vehicle operators must comply with federal and state seatbelt and restraints laws. All passengers and drivers must be secured with the restraint devices available in each vehicle. In addition, all wheelchairs and mobility devices such as scooters must be secured with the securement devices available in each vehicle.

Passengers with Service Animals

Animals are allowed on board Company vehicles under certain conditions. However, CareCruiz does endeavor to be ADA compliant in regard to service animals.

Guidelines:

1. Animals may not be brought on board Company vehicles except in the following cases:
 - a. Pets are carried in carry-on boxes or portable kennels that can be carried on the passenger's lap. Boxes must have a lid that closes and locks, or that can be secured.
 - b. Pets in a box or kennel that can be safely secured without obstructing the aisle or exits and that do not inconvenience or injure other passengers.
 - c. Service animals (need not be in a carry-on box or kennel)
 - i. A service animal is an animal that has been individually trained to assist an individual with a disability
 - ii. There is no national standard for certifying service animals
 - iii. A driver may not require or ask a person with a disability for certification or identification for service animals
 - iv. A driver may only inquire as to what purpose the service animal serves.

Worn, Frayed or Damaged Restraints

CareCruiz management will inspect all restraints in all vehicles at least once a month for operational safety. Drivers must exercise due diligence to safeguard restraints from damage (i.e., do not leave restraints on the floor of a vehicle where they may be stepped on or run over by a wheelchair). Drivers should report any worn, frayed, or damaged restraints immediately to the Transportation Manager. Restraints which are worn, frayed, or damaged will be tested for operational integrity. Any restraint that does not operate at 100% capacity or is at risk of endangering passenger safety must be completely replaced.

Adaptive Equipment / Mobility Aids

Adaptive equipment or mobility aids must be properly secured to ensure the safety of our passengers, clients, drivers, and attendants as well as other travelers on the road in case these devices become loose and represent an air born or sliding hazard. CareCruiz has established these guidelines in an attempt to make Company vehicles safer in case of sudden stops to prevent the items from becoming an air born or sliding safety hazard.

- Adaptive equipment / mobility aids include but are not limited to walkers, canes, braces, and crutches. The driver should, once the passenger is seated, secure the device to ensure the safety of each passenger.
- The driver should use his/her best judgment in deciding the storage method and location but must keep the aisles and exits clear.
- Failure of a passenger to comply with the terms of this policy may result in suspension of services.

- Failure of a driver to comply with the terms of this policy may result in disciplinary action up to and including dismissal.

Substance Abuse Policy - Prohibition of Drug and Alcohol Use

CareCruiz is committed to preserving the highest possible safety standards for the protection of our riders, employees, property, and the general public. Additionally, CareCruiz recognizes that employees are our most valuable resource, and it is our goal to provide a healthy, satisfying working environment which promotes personal opportunities for growth.

Therefore, it is the policy of CareCruiz to:

- Assure that CareCruiz employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner
- Create a workplace environment free from the adverse effects of drug and alcohol substance abuse or misuse
- Prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances

Encourage employees to seek professional assistance anytime personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers and the public from risks posed by the use of alcohol and prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace and anti-drug programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655 (formerly Parts 653 and Part 654), as amended, that mandate urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result. The U.S. Department of Transportation has also published 49 CFR Part 40, as amended, that sets standards for the collection and testing of urine and breath specimens. In addition, the Federal government published 49 CFR Part 29, "The Drug-Free Workplace Act of 1988", which requires the establishment of drugfree workplace policies and the reporting of certain drug-related offenses to the FTA. This policy incorporates those requirements for safety-sensitive employees and others when so noted.

This policy applies to all CareCruiz employees, full- and part-time, when they are on Company property or when performing Company-related safety-sensitive or non-safety-sensitive business. This policy applies to off-site lunch periods or breaks when an employee is scheduled to return to work. Visitors, vendors, and contractor employees are governed by this policy while on Company property and will not be permitted to conduct Company business if found to be in violation of this policy. Unless otherwise noted, all provisions in this policy are mandated by the FTA regulations cited above for safety-sensitive employees. CareCruiz employees who are in non-safety sensitive positions do not fall under FTA authority. They do still, however, fall under CareCruiz authority and must comply with this policy. Compliance with this substance abuse policy is a condition of employment at CareCruiz .

"Prohibited substances" addressed by this policy include the following:

- **Illegally Used Controlled Substances or Drugs:** The use of any illegal drug or any substance identified in the Controlled Substance Act (21 U.S.C. 812) is prohibited at all times unless a legal prescription has been written for the substance. This includes, but is not limited to marijuana,

amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Safety Sensitive employees will be tested for marijuana, cocaine, amphetamines, opiates, and phencyclidine as described in this policy.

- **Legal Drugs:** The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgement may be adversely affected must be reported to a transit system supervisor. In addition, the employee must obtain a written release from the attending physician releasing the person to perform their job duties at any time they obtain a performance-altering prescription. A legally prescribed drug means that an individual has a prescription or other written approval from a physician for the use of a drug in the course of medical treatment. It must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing transit business is prohibited.
- **Alcohol:** The use of beverages containing alcohol or substances including any medication, mouthwash, food, candy, or any other substance such that alcohol is present in the body while performing CareCruz business is prohibited. The concentration of alcohol is expressed in terms of alcohol per 210 liters of breath as measured by an evidential breath testing device.
- **Legal Marijuana Usage:** Laws regarding marijuana have changed drastically in the last 5 to 6 years. Only five states maintain an outright prohibition on marijuana possession and use. Those states are Alabama, Idaho, Kansas, Nebraska and South Dakota.

With 31 states legalizing medical marijuana, 10 states plus DC legalizing recreational use, nationwide legalization in Canada (recreational use) and Mexico (medical use), marijuana-induced driving under the influence (DUI) is a growing safety concern.

Despite a changing landscape nationally regarding the legality of marijuana use and questions regarding employment-based drug tests, there's little that's changed for the transportation industry.

Drivers must still test negative for use of marijuana and fleets must maintain a drug testing program. Even if marijuana is legally prescribed in a state, DOT regulations treat its use as the same as the use of any other illicit drug.

Considering all the strict regulations and laws, it is unlikely that the DOT will ever relent, no matter how mainstream the use of marijuana becomes. It is a liability issue for drivers and transportation companies and will most likely remain federally prohibited for some time.

While some states allow medical use of marijuana, federal laws and policy do not recognize any legitimate medical use of marijuana.

Cannabidiol or CBD: The Department of Transportation's Drug and Alcohol Testing Regulation, Part 40, does not authorize the use of Schedule I drugs, including marijuana, for any reason. Furthermore, Cannabidiol or CBD use is not a legitimate medical explanation for a laboratory-confirmed marijuana positive result. It remains unacceptable for any safety-sensitive employee subject to the Department of Transportation's drug testing regulations to use marijuana.

Therefore, Medical Review Officers will verify a drug test confirmed at the appropriate cutoffs as positive, even if an employee claims they only used a CBD product.

- Since the use of CBD products could lead to a positive drug test result, Department of Transportation-regulated safety-sensitive employees should exercise caution when considering whether to use CBD products.

“Prohibited Conduct” addressed by this policy include the following:

- **Manufacture, Trafficking, Possession and Use:** CareCruz prohibits employees from the unlawful manufacture, possession, use, distribution, or purchase of prohibited substances on Company premises, in Company vehicles, in uniform or while on Company business. Employees who violate this provision will be discharged. Law enforcement shall be notified, as appropriate, where criminal activity is suspected.
- **Intoxication/Under the Influence:** Any employee who is reasonably suspected of being intoxicated, impaired, under the influence of a prohibited substance or not fit for duty shall be suspended from job duties pending an investigation and verification of condition. Employees found to be under the influence of a prohibited substance who fail to pass a drug or alcohol test shall be removed from duty and subject to disciplinary action. A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence of a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40, as amended.
- **Alcohol and Drug Use:** All employees are required to report to their jobs in an appropriate mental and physical condition, ready to work. If an employee takes medication that may cause impairment, they are to notify their supervisor before commencing work on that day. An employee must not consume alcohol while performing safety-sensitive functions, within four hours prior to performing the safety-sensitive function, while on call, and up to eight hours following an accident or until the employee undergoes a post-accident test, whichever occurs first. Use and ingestion of illegal drugs are always prohibited.
- **Compliance with Testing Requirements:** Safety-sensitive employees shall undergo drug and alcohol testing as outlined in Part IV. of this Policy. Refusal by a safety sensitive employee, or applicant, to submit to a drug or alcohol test shall be treated as a positive test or, in the case of an applicant, a refusal of the job offer. Behavior that constitutes a refusal includes refusal to take the test; inability to provide sufficient quantities of breath or urine to be tested without a valid medical explanation; tampering with or attempting to adulterate the specimen or collection procedure; not reporting to the collection site in the time allotted; or leaving the scene of an accident without a valid reason before the tests have been conducted. Drug tests can be performed any time a safety sensitive employee is on duty or on call. An alcohol test can be performed when the safety sensitive employee is performing a safety sensitive duty, just before, or just after the performance of a safety sensitive duty.
- **Notifying CareCruz of Criminal Drug Conviction:** Any employee who is charged with any violation of any criminal drug statute (including misdemeanors for a violation) shall notify their immediate supervisor immediately. The employee shall be suspended immediately pending the outcome of the case. A conviction includes any finding of guilt (including one agreed to by the employee) or pleas of no contest and/or any imposition of a fine, jail sentence or other penalty. Such a conviction will result

in immediate termination. Failure to report a charge or conviction is grounds for immediate termination.

Any violation of this substance abuse policy will result in immediate removal from a safety-sensitive duty as mandated by FTA regulations and in disciplinary action up to and including discharge, as mandated by CareCruz policy.

CareCruz retains full and final discretion on whether, when and under what conditions an employee may be re-employed after an instance of substance abuse and/or enrollment in counseling and/or rehabilitation program. If re-employed, return-to-duty follow-testing mandated by FTA regulations will be followed.

This policy will be distributed to all Company employees requiring a signoff of receipt and understanding.

Types of Substance Testing

CareCruz requires all employees in a "safety sensitive" position to undergo drug and alcohol testing. In the FTA regulations, a "safety-sensitive" function is defined as any duty related to the safe operation of mass transit service including the operation of a revenue service vehicle (whether or not the vehicle is in revenue service), dispatch, maintenance of a revenue service vehicle or equipment used in revenue service, security personnel who carry firearms, and any other employee who holds a Commercial Driver's License. Within CareCruz, safety sensitive positions are defined as: Driver; Transportation Manager; any office staff member who dispatches vehicles; any office staff member who is eligible to be a driver. These employees shall be tested for drug and alcohol use in the following circumstances:

- **Pre-Employment:** Individuals seeking a safety-sensitive position shall undergo urine drug testing prior to hire or transfer into a safety-sensitive position. The individual cannot begin performing safety-sensitive duties until the results of the test have been received and are negative. Under Company Policy, a positive drug test result renders the individual ineligible for employment at CareCruz. A pre-employment/pre-transfer test will also be performed anytime an employee's status changes from an inactive status in a safety-sensitive position to an active status in a safety-sensitive position (i.e., return from extended leave of absence, etc.)
- **Post-Accident:** After an accident involving a Company vehicle, the driver of that vehicle shall undergo both drug and alcohol testing if one or more of these criteria are met:
 - The accident involved a fatality.
 - An accident results in injuries requiring immediate transportation to a medical treatment facility.
 - One or more vehicles incur disabling damage and are transported away from the scene by a tow truck or other vehicle unless the driver can be completely discounted as a contributing factor to the accident. The accident definition may include some incidents where an individual is injured even though there is no vehicle collision.

The CareCruz driver must provide a urine sample for a drug test within 32 hours of a covered accident. A breath test to determine alcohol usage is to be administered within 2 hours of a covered accident. If the test is unable to be administered within 2 hours, the employee has up to 8 hours after the accident to undergo the test. *If after eight hours the test has still not been administered, the employee is to cease trying to get the test and the Transportation Manager is to document the reasons why the test was not done and forward that documentation to the Administrative Services Director.* A refusal on the part of an employee to undergo

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testing will be considered a positive test.

Covered employees subject to post-accident testing who fails to remain readily available for such testing, including notifying the Transportation Manager or, in their absence, their representative of his or her location if he or she leaves the scene of the accident prior to submission to such test, may be deemed by CareCruz to have refused to submit to testing.

A driver who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate whether there were any controlled substances in his/her system. In the event of a fatality, all surviving covered employees operating the vehicle at the time of the accident and all other covered employees whose performance could have contributed to the accident shall be tested.

Reasonable Suspicion. All safety sensitive employees may be subject to a fitness for duty evaluation, to include appropriate urine and/or breath testing when there are reasons to believe that drug or alcohol use is adversely affecting job performance. A reasonable suspicion referral for testing will be made based on documented objective facts and circumstances which are consistent with the long- or short-term effects of substance abuse.

Under Federal Transit Administration regulations, the conduct which leads CareCruz to believe there is reasonable cause must be witnessed by at least one manager of CareCruz .

Refusal to Test. Refusal to submit to drug and alcohol tests as requested will be grounds for refusal to hire applicants and to terminate employment of existing employees. A refusal to test is defined to be conduct that would obstruct the proper administration of a test. Refusing to sign the alcohol form is considered a refusal to test. A delay in providing a specimen could be considered a refusal. If an Employee cannot provide a sufficient specimen, he/she will be evaluated by a physician of the Company's choice. If the physician cannot find a legitimate medical explanation for the inability to provide a specimen, it will be considered a refusal to test. In that circumstance the employee is subject to disciplinary action, up to and including termination.

Reporting Criminal Convictions. Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify CareCruz of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions about this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor without fear of reprisal.

Testing Procedures

To undergo testing, the safety sensitive employee or applicant is sent to a collection site approved by CareCruz to submit a urine specimen and/or undergo a breath test. Alcohol tests can be conducted just before, during or after performing a safety-sensitive function; drug tests can be conducted anytime while on duty. To assure the employee's privacy, the following procedures shall be followed:

Drug Testing

Drug testing is done by analyzing a urine sample which is collected in a private location at the collection site. All collections will be split specimen, a procedure that splits the sample at the time of collection.

Collections are sent to a certified laboratory who then screens the primary sample. To assure the test results are attributed to the correct employee, each Custody Control Form contains a unique Specimen Identification Number label which is affixed to the specimen and corresponds with the identification number on the Custody Control Form. The drugs that will be tested for include marijuana, cocaine, opiates, amphetamines, and phencyclidine.

Test results are sent by the laboratory to the Medical Review Officer (MRO) who is neither an employee of CareCruiz or the laboratory but rather an independent contractor hired by the laboratory for this service. An MRO is a licensed physician with detailed knowledge of substance abuse disorders and drug testing.

If the test is negative or negative-dilute, the MRO will notify the Company in writing. Documentation that a test was taken, and the results found negative are placed in the drug and alcohol testing file maintained at the home office. There is no follow-up action required.

For those tests that are not negative, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40, as amended. If the test is positive, the MRO will contact the employee or applicant to determine if the positive reading is the result of prescription medication. (If the MRO is unable to contact the employee or applicant within 24 hours, or the employee or applicant refuses to discuss the test, the MRO will then contact the Designated Employer Representative and report to CareCruiz in writing the findings of the test as positive.) If the employee can document why the substance is being taken and if the MRO finds it is a legitimate medical use, the test may be reported as negative to CareCruiz.

If the test is positive, the employee has the option of requesting a split sample be tested within 72 hours by a second certified laboratory. The cost paid for by the employee.

In accordance with CareCruiz policy, an employee who tests positive for drug use shall be terminated immediately upon receiving confirmed test results. An employee admission of adulterating or substituting a specimen during the MRO review of an invalid result is a refusal to test. A positive dilute, test refusal, or insufficient volume with no medical explanation are positive tests and treated accordingly.

When a test is canceled, the employee may be asked to retest.

When an employee does not provide enough urine to permit a drug test (i.e., 45 mL of urine), the collector will urge the employee to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen. It is not a refusal to test if the employee declines to drink. (It is a refusal to test if the employee refuses to make the attempt to provide a new urine specimen.) If the employee is still unable to provide sufficient urine specimen, they will be directed to obtain, within five days, an evaluation from a licensed physician selected by CareCruiz and who has expertise in the medical issues raised by the employee's inability to provide a sufficient specimen.

Alcohol Testing

No employee shall have used alcohol within four hours prior to reporting for duty. Tests for breath alcohol concentration will be conducted using a National Highway Traffic Safety Administration (NHTSA)-approved testing device operated by a trained breath alcohol technician (BAT). If the reading is less than 0.02, the

employee will sign the certification of test results. If the reading is 0.02 or over, a confirmation test must be done after 15 minutes but not more than 20 minutes after the first test. If the confirmation test is different from the first test, the confirmation test is used.

If the test registered between 0.02 and 0.039, the employee shall be suspended immediately for at least 8 hours and must undergo follow-up testing before being allowed to return to work. The follow-up testing will be at the employee's expense. A reading of .04 or greater is considered "positive" and the employee shall be terminated immediately.

A test refusal is the same as a positive test.

When an employee does not provide a sufficient amount of breath for an alcohol test, the BAT will instruct the employee to make another attempt. It is a refusal to test if the employee refuses to make the attempt. If the employee again attempts and is still unable to provide a sufficient amount of breath, they will be directed to obtain, within five days, an evaluation from a licensed physician selected by CareCruiz and who has expertise in the medical issues raised by the employee's inability to provide a sufficient amount of breath.

Random and reasonable suspicion alcohol testing is only permissible just before an employee performs a safety-sensitive duty, during the performance and just after the employee has performed covered duties.

L. Accidents

It is every driver's responsibility to drive defensively to avoid accidents, and safely maintain each vehicle under the driver's control. Defensive Driving is defined as "Driving to avoid accidents in spite of the incorrect actions of others, and the adverse conditions of weather, visibility, light, and traffic that the driver may encounter on the road". Failure to operate a vehicle safely may result in a suspension of driving duties or termination of employment.

CareCruiz management will review each vehicle accident and a determination of preventability made. Drivers with unacceptable driving records will be subject to a progressive disciplinary procedure. Poor driving behavior can result in remedial training, days off without pay, reassignment to a non-driving job or termination of employment. A "preventable accident" is one in which the driver failed to exercise reasonable precautions to prevent the accident.

An accident is defined as any occurrence involving a motor vehicle driven by an employee on Company business, which results in death, injury, or property damage, unless the vehicle is properly parked.

If a collision occurs:

- Get safely off the road, turn your vehicle ignition off, give or receive emergency medical care (if qualified), secure the scene, notify local authorities, and display your reflective triangles in accordance with Federal Motor Carrier Safety Regulations (FMCSR).
- Complete the accident procedures. If equipped with Teletrac or onboard computer unit, capture the "final minute data" prior to moving the vehicle.
- Report the collision to your supervisor immediately. Failure to provide timely supervisory notification may result in disciplinary action, up to and including termination. The supervisor may direct you to make other notification/ support phone calls, as necessary.
- Photos of the scene should be taken as soon as possible. Include all of the vehicles involved (damage details, four sides, license tag, and vehicle number), property damages, the roadway and any skid marks, spills or debris, traffic controls, and the roadway approaching the point of impact.
- Obtain witness names, addresses, and phone numbers. Make note of any bystanders, stopped vehicles, and tag numbers.
- Obtain and provide a valid driver's license, vehicle registration, and insurance documents.
- Drivers, employees, and supervisors should exercise professional restraint following a collision. Never admit guilt, negligence, or speculate on the causes. Discuss the details only with the investigating authorities, managers, or other verified representatives approved by CareCruiz .
- Do not talk to the media – if you are approached for a comment, refer them to the Transportation Manager.
- Regulatory required post-collision alcohol and drug testing will be performed as soon as possible if the collision results in a fatality, or if our driver receives a citation coupled with either emergency medical treatment away from scene or a vehicle being towed.
- It will be investigated and reviewed thoroughly to determine the root cause, preventability, and to ensure that appropriate preventive follow-up actions are taken.
- It will be considered preventable when the results show that the driver failed to prevent the collision by anticipating hazards, the unsafe actions of others, or not applying appropriate defensive driving methods.

Accident Reporting

1. The driver shall complete an Accident Report on an approved form whenever the vehicle, driver, or passenger is involved in an accident. Incidents may be reported in memo form.
2. The driver must, in addition to the written report, notify CareCruiz management immediately of any incident or accident.
3. An incident or accident shall be defined as and include but not be limited to:
 - a. Any vehicle damage
 - b. Personal injury to any party
 - c. Any moving violation while on duty
 - d. Passenger disputes
 - e. Passenger policy violations
 - f. Passenger complaints
 - g. Questionable package(s) left on the vehicle
4. The driver must notify Company management immediately if:
 - a. an accident occurs in which a passenger is injured and must be transported by emergency services for treatment; or
 - b. the vehicle is damaged to the extent that it cannot be driven from the site of the accident.
5. If either of the conditions listed in #4 occurs, the driver must immediately be removed from the vehicle by a supervisor and taken for post-accident drug and alcohol testing.

MINOR COLLISIONS

"Minor" preventable collisions occurring within a rolling 36-month period will result in the following corrective disciplinary actions against the responsible employee:

- 1st Offense – Counsel, written reprimand, perform remedial training, and satisfactory check ride required
- 2nd Offense – 3-day suspension, written reprimand, remedial training, satisfactory check ride, and employee action plan
- 3rd Offense – Termination

MAJOR COLLISIONS

"Major" collisions involve any of the following:

- Fatality
- Emergency medical treatment away from the scene
- Damages exceeding \$30,000

Major collisions determined to be "preventable" will result in employee termination. The involved driver has the right to request a formal collision review board within three days of receiving the preventability decision. If drivers have questions, they should review the details with their supervisor.

Collisions will be considered "non-preventable" if the driver applied appropriate defensive driving techniques, controlled the vehicle by making allowances for road, traffic and weather conditions, and took the necessary precautions and actions to avoid the collision. Drivers may be considered for termination if they have any major preventable collisions. A preventable collision is a traffic incident where the driver did

not do everything possible to avoid the mishap, which resulted in:

- Fatality
- Serious medical treatment, away from the scene of the collision, for one or more individuals involved in the collision
- More than \$20,000 in total property damage
- One or more vehicles being towed due to disabling damage (damage preventing the vehicle from leaving the scene of the collision under its own power)

Emergency Procedures

Despite CareCruiz 's best planning, emergencies do happen. With the following guidelines, the Company is attempting to make an emergency as safe as possible for passengers and the driver.

Guidelines:

- The driver should be prepared to evacuate the vehicle in emergency situations such as but not limited to a fire on the vehicle, a fuel leak, and a situation in which the vehicle is in an unsafe position.
- The driver should be prepared to evacuate the vehicle in the event evacuation orders are given to the driver by dispatch or management, or law enforcement agencies.
- Remain calm and attempt to keep the passengers calm.
- If possible, pull the vehicle out of the traffic stream.
- Turn on the emergency flashers.
- Turn off the engine and set the parking brake.
- Immediately evacuate your passengers (Remember you are in charge until relieved by appropriate law enforcement officers.)
- Open all doors.
- Do not perform any evacuation procedure that will cause you injury.
- Instruct all passengers to release their seat belts or restraints. Passengers who are fully mobile and uninjured may assist non-mobile passengers to release their seat belts.
- Use the most usable exit.
- Assist ambulatory passengers first. Passengers who can self-evacuate may assist others from the ground.
- Verify that all passengers have been evacuated and move them to a safe distance from the vehicle and other traffic.
- Make certain to take your cell phone with you.
- Do not attempt to fight a vehicle fire under any circumstances.
- Collect emergency information on passengers including names, health status, and name/number of emergency contact.
- Notify dispatch giving your name, exact location, description of emergency, number, and status of passengers.
- If possible, once evacuated passengers have been contained and dispatch notified, place emergency warning devices such as reflectors, triangles, or flares.
- Keep passenger's calm.
- Do not reboard the vehicle.
- Cooperate with rescuers and emergency personnel.

Disciplinary Actions

Only qualified and reliable employees with safe driving records are permitted to drive Company vehicles. If adverse driving behavior, such as accident involvement, repeated violations of traffic laws, or poor vehicle condition and maintenance is experienced, drivers will be subject to a progressive disciplinary procedure.

The following are minimum guidelines for appropriate, graduated driver discipline for accidents occurring in Company vehicles:

One (1) preventable accident in one year: Written Warning, 1-day post-accident retraining at corporate office with pay.

- Two (2) preventable accidents within one year: Written Warning, 1-day post-accident retraining at corporate office with pay, and subject to transfer to a non-driving assignment, or termination of employment.
- Three (3) preventable accidents within one year: Termination of employment.
- Two (2) preventable accidents within two years: Written Warning, 1-day post-accident retraining at corporate office with pay.
- Three (3) preventable accidents within three years: Transfer to non-driving job or termination of employment.

(Generally, an accident in which over \$500.00 in damage occurs will result in a suspension. If a pattern of non-suspension accidents develops, potential disciplinary procedures could result in termination.)

Unauthorized Use of Company Vehicles

Company vehicles are intended to be used for Company use only. Personal use is strictly prohibited unless prior permission is granted by management. When assigned a Company vehicle, its use is restricted to the assigned driver only. Use by family members or non-employees is not permitted. All Company vehicles shall be parked/garaged at the designated location no later than 30 minutes at the end of your daily shift. If the vehicle is not returned in this time period, it will be considered unauthorized use. The driver in question will be written up and issued a bill for use of the van. The rate will be \$50 for every ½ hour the vehicle is not returned to the agreed upon location per this policy. A second offense will result in termination.

In addition, if the vehicle breaks down while being used for personal use the employee will be responsible for the repair charges, tracking the miles when used, providing a receipt to confirm gas was replaced, a check-in and out process, and must have their own car insurance to cover the liability of any passengers in case of an accident. The employee would be responsible for all toll charges and other aforementioned expenses. CareCruz will deduct these expenses through paycheck withdrawals for any of these charges. The employee will be notified of the total charges and when the payment will be deducted.

Tickets and Moving Violations

Drivers are responsible for payment of all tickets and moving violation citations. The nature of the violation will be taken into account and could result in disciplinary action or termination, depending on the offense and the number of infractions over time.

Tolls and Parking Fees

All tolls and parking fees will be reviewed by the Company and all valid charges will be paid.

Passenger Conduct and Behaviors

Rider Rules of Conduct

All riders are required to conduct themselves properly and in such a manner as not to offend others when riding an CareCruiz vehicle. Behavior which distracts the driver or annoys other passengers will not be tolerated. To make the ride pleasant for everyone and to avoid safety risks, riders are asked to do the following:

- Refrain from talking in such a manner that disturbs other passengers.
- Avoid talking to the driver when the vehicle is in motion; however, it is permissible for a passenger to give the driver directions to an individual's home or destination.
- Do not leave your seat when the vehicle is in motion.
- Do not eat or drink on the vehicle; open containers are not allowed.
- Always wear your seatbelt when the vehicle is in motion; wait until the vehicle has come to a complete stop before removing it.
- Do not smoke or chew tobacco or snuff on the vehicle.
- Do not spit on the vehicle; also, cover your mouth and nose when you sneeze or cough.
- Assure your personal hygiene is inoffensive to others; wear incontinence protection if needed.
- Do not fight, engage in horseplay, or argue with others in the vehicle.
- Do not curse in the vehicle.
- Do not engage in inappropriate touching, visually or sexually offensive behavior.
- Do not solicit on the vehicle.
- Notify CareCruiz in a timely manner if you need to cancel your trip.
- Be ready to go when the vehicle arrives. Have your belongings together, your coat on and ready to walk out the door.
- Always treat your fellow riders and the driver with respect.

When a rider violates any of these rules, the driver is to show the individual the rules and ask him to comply with them. Each time an individual refuses to comply or violates Company rules, the driver is to file an *Incident Report with the Transportation Manager on the day the violation occurs*. The Transportation Manager shall determine whether to suspend ridership privileges.

Other safety infractions which will result in denial of service include:

- The parent(s) or guardian of a child younger than four years of age, regardless of weight, or who weigh less than 40 pounds, regardless of age, shall provide an approved child's seat which can be secured with a conventional seat belt. No child younger than four years of age or under 40 pounds shall be transported without an approved child seat. Children or infants are never to be held in the lap of an adult while the vehicle is in motion.
- Individuals known to have an infectious disease (such as tuberculosis, or childhood diseases such as chicken pox, etc.) or head lice shall be denied service pending notification that the disease has been rendered non-infectious.

In these two cases, the driver may deny service one time. The driver is then to contact the Transportation Manager immediately (or at least prior to the next time the rider is scheduled to be picked up). The Transportation Manager will contact the appropriate individuals and/or agencies to determine if ridership

privileges are to be suspended and for how long.

Passenger Preparation and Assistance

As CareCruiz does coordinate specialized rides where possible and due to the fact that all trips have a schedule to adhere to, the Company asks that all passengers are ready to leave at the scheduled departure time.

Guidelines:

-
- Drivers are not responsible for any preparation of passengers for trips.
- Passengers are responsible for being prepared for departure at the time agreed upon between the Company and the passenger during scheduling.
- The passenger should be prepared to board the vehicle up to ten (10) minutes prior to and thirty (30) minutes after the scheduled pick-up time.

Passenger Hygiene and Cleanliness

CareCruiz encourages passengers to respect fellow passengers and maintain good standards of personal cleanliness and hygiene as well as to practice common health courtesies when traveling while suffering from ailments such as the common cold.

Guidelines:

- Passengers are expected to maintain cleanliness and health standards that do not jeopardize the health of drivers, themselves, or other passengers.
- The driver shall notify dispatch if a passenger is unable for any reason to comply with the conditions as set forth above, should complete an incident report.
- Dispatch will refer this report to a reasonable health and/or welfare agency for assistance.

Passenger No-shows and Cancellations

CareCruiz encourages clients to be responsible and notify the Company if they are unable to make a scheduled trip.

Guidelines:

- A trip is considered a "no show" when the driver has made every reasonable effort to locate the passenger for a period of five minutes.
- The driver will notify dispatch of his/her unsuccessful search for the passenger and dispatch will advise the driver if the trip will be classified as a "no show".
- The driver should then write "no show" on the schedule in the appropriate space beside that passenger's name, or on the trip report.
- Each no show will be investigated as to whether the client made a good faith effort to cancel the trip, or whether a misunderstanding or miscommunication caused the missed trip.
- A passenger who cancels a specialized trip within 24 hours of the scheduled trip three (3) times may be suspended from service. This will be discussed with the client prior to ceasing service.

Passenger Self-Sufficiency

A passenger utilizing CareCruiz services is expected to be capable of caring for him or herself, controlling his or her bodily functions, and be cognizant enough to make decisions. Transportation may be refused or suspended when the passenger:

- Negatively impacts the quality of another passenger's ride
- Requires direct medical attention to prevent the spread of a communicable disease
- Requires direct medical attention for open wounds or unsupported injuries
- Is repetitively incontinent
- Is repetitively not prepared or available when the vehicle arrives for pick up
- Requires assistance after de-boarding or cannot be left alone at the drop-off location

Defensive Driving

Defensive driving is the key to avoiding an accident. You can't control what the other driver is doing; however, you can control how you react. The defensive driving training you receive as part of your driver training program will give you tips on how to create a safe and stress-free personal driving space inside and around your vehicle and how to watch for and anticipate the actions of others.

Road Rage: DON'T DEMONSTRATE YOUR EMOTIONS WHEN DRIVING.

When you encounter another driver who is going too slow, tailgating, cutting in front of you, etc., you need to not allow them to make you angry. Reacting angrily will only escalate the situation. Obscene gestures are sure to anger anyone. Keep your hands on the wheel and avoid any expression of irritation, even shaking your head. Remember, you are representing CareCruz and displays of anger do not present the image we want in the community.

Traffic Signals

To ensure the safety of passengers, drivers, other motorists, drivers should approach all intersections slowly and cautiously.

Guidelines:

- The driver shall approach all intersections controlled by a traffic signal at a speed that shall permit a stop with normal application of the brake without entering the crosswalk or intersection should the signal change to red.
- The driver shall not enter the intersection controlled by a traffic signal if entering could result in blockage of the intersection should the signal change to red.
- The driver shall exercise caution when entering an intersection with a clearly displayed yellow signal.
- The driver shall be prepared to stop at all signalized intersections by covering the brake pedal.
- The driver shall not begin acceleration for a green light before the light turns green.

Turning on a Red Light

When driving, most of us take advantage of the "right turn on red" law which is in place in all fifty states as well as the District of Columbia, Guam, and Puerto Rico. However, right turns on red lights are discouraged for Company vehicles.

Guidelines: Right turns on red lights after coming to a complete stop are legal in most states, except at intersections where no turns on red are specifically posted. Right turns on red where permitted are discouraged for Company vehicles due to the possible need to encroach upon adjacent lanes due to the size of the vehicles.

Operating Speed

Drivers shall always operate the vehicle at a safe, prudent, and careful speed within the posted speed limit.

The driver shall take traffic, weather, road, and other conditions into consideration to ensure the safety of clients, passengers, driver, and other motorists.

Failure to comply with the terms of this policy may result in a moving violation against the driver causing penalties and points added to the driver's license. In addition, any new moving violations will be reported by the Department of Motor Vehicles to the Company and may result in CareCruz 's insurance carrier refusing to insure the driver causing the driver to be suspended or dismissed.

Failure to comply with the terms of this policy may result in disciplinary action up to and including dismissal.

Railroad Crossings

Company vehicles should exercise caution when approaching and crossing railroad tracks.

Guidelines:

- The driver shall stop 15 to 50 feet before the closest railroad track.
- Drivers are encouraged to open the driver's door to improve his/her ability to see and hear approaching trains.
- All drivers should listen and look in both directions.
- All drivers should wait until sufficient time has passed after a train has passed in order to have a clear view of any additional tracks that may have an approaching train that may not otherwise be seen.

Back-up Procedures

Although the backing of a Company vehicle is discouraged, it may at times be necessary. The driver should use the four-way flasher and signal backing up by sounding the horn before proceeding.

Vehicle Procedures

Vehicle Inspections

To ensure riders are transported safely and that Company vehicles are operating at the most efficient level possible, drivers must ensure their vehicle is being properly maintained. Preventive maintenance can keep the vehicle in safe operating condition and prevent most problems from occurring. The vehicle must be inspected daily and weekly by the driver and once each year by a certified state vehicle inspector prior to license renewal.

Daily Vehicle Inspections

Any problems discovered during pre-trip and post-trip inspections should be noted on the form. If no defects are found, place a check mark in the "OK" space for both the pre-trip and the post-trip inspection. If minor defects are found, repair them at the first opportunity. If major defects are found, contact the office for further instruction prior to operating the vehicle. Remember, safety is your first priority.

At the end of the day, record your ending odometer reading and write your ending time below the date. Leave the completed inspection slip on the engine cover and turn in the inspection slip from the last time the vehicle was used.

SEE VEHICLE DAILY INSPECTION SHEET located in RED BINDER

R.06.2025

Vehicle Cleaning

The appearance of Company vehicles is important as they are representative of the client, as well. However, the cleanliness of the interior is even more critical to ensure that bacteria, virus, or blood borne pathogens are not spread to clients that are transported. The vehicles are sprayed with disinfectants, pest control, and seasonal type treatments. Specifically, during the flu months, vehicles are treated with recommended disinfectants. Also, there are precautions for the transmission of COVID-19 that are in place.

Staff are trained on vehicle cleaning procedures which include the following:

- Safety issues related to water and other slippery substances
- Proper maintenance of the wash area.
- Proper spill containment and cleanup.
- Dangers of blood borne pathogens and other contagions
- Ensure that employees are familiar with the site's spill control plan and/or proper spill cleanup procedures.

Any worn, broken, cut, torn or vandalized components that are visible or accessible by the public must be brought to the attention of the maintenance personnel who will schedule and complete the repair. All vandalism and graffiti must be cleaned and/or repaired immediately to eliminate hazards, minimize customer discomfort, and maintain the fleet's appearance.

The driver is responsible daily to:

- Fuel vehicles
- Check and record engine oil, transmission fluid and coolant levels
- Read/Record Odometers
- Dust interior surfaces, including handrails
- Clean and sanitize passenger, driver areas, including dashboard
- Clean debris, seat, seatbelts, passenger restraint devices and attendant fittings
- Empty trash/remove clutter
- Ensure vehicle is odor and insect/pest free
- Repair damaged seats

Vehicle Fueling

As a general rule, always fill up the vehicle at the end of the shift prior and park the vehicle at the designated parking area. No one likes to climb into a vehicle to start their shift only to find it empty. The driver must keep all receipts and write your vehicle number on them then return to the office with trip sheets or manifests.

Here are some simple driving tips that can help save the Company money on gas consumption:

- Reduce engine idling time. If parked for more than 30 seconds, turn the engine off. Ten seconds of idling can use more fuel than turning off the engine and restarting it; so, turn off the engine whenever

possible. (Of course, we cannot turn it off in hot weather when we have passengers on board as they must have air conditioning.)

- Keep a steady speed, use cruise control.
- Avoid rapid acceleration. Accelerate slowly when starting from a dead stop. Don't push pedal down more than ¼ of the total foot travel.
- Do not overfill the gas tank and inflate tires to the recommended maximum.

Guidelines:

- The driver or Company employees shall not fuel a vehicle with passengers on board.
- While fueling, a driver or Company employee, shall turn the engine off, shall not smoke, and shall not use a cell phone.

Disabled Vehicle

Upon occasion, despite the Company's diligent attention to the condition of our fleet, a vehicle may break down or be disabled. CareCruiz will make every reasonable effort to provide a replacement vehicle to continue transporting clients to their intended destinations or to safely return the driver and client to their point of trip origination.

Guidelines:

In the event of a vehicle being disabled for any reason, the driver shall:

- Pull out of the traffic stream, if possible
- Turn on the four-way flashers
- Engage the parking brake
- The driver should notify dispatch immediately of the reason for the vehicle being disabled, the exact location of the vehicle, and the number of passengers on board.
- Dispatch will make every reasonable effort to contact the next person(s) scheduled for pick up.
- The Company will dispatch another vehicle to pick up the driver and any passengers, if during regular business hours.
- The driver should advise the passengers of the situation providing them with alternatives, the approximate time of the delay, and endeavor to keep everyone calm.
- The driver should then display the emergency road triangles, reflectors, or flares.
- If the event occurs after regular business hours, the Company will make arrangements to return the incapacitated vehicle to its garage location, and for the safe return of the driver and passengers.
- If adverse weather conditions exist and the wait time will be excessive, the driver should relocate the passengers to a nearby building, if possible, where they can safely wait inside for the replacement vehicle. Dispatch must be notified of the address of the building in which the passengers will be waiting.

Articles Not Permitted on Vehicle

The following articles will not be permitted on board Company vehicles:

- Weapons
- Vehicle batteries
- Gasoline, kerosene, diesel, or fuel cans
- Caustic or flammable liquids
- Non-folding shopping carts
- Non-folding baby carriages
- Large bundles that obstruct the aisle, that cannot be secured, or that may inconvenience other passengers (such as but not limited to bicycles, sharp objects or instruments, fishing poles with exposed hooks)

The driver shall use good judgment in allowing passengers to carry large objects on board based on vehicle capacity and the impact on the safety and comfort of all passengers

Policy on Number of Passenger Packages

Packages and parcels may represent loose items which could come loose and move about the vehicle cabin should the vehicle come to a sudden, unexpected stop.

Guidelines: Passengers shall always be in control of packages and parcels in a way that will not jeopardize any other passenger's safety or trip. No packages will be allowed to block any aisle or exit, inconvenience or injure other passengers.

All packages and parcels must be secured in such a way that no article would come loose and move about the cabin freely should the vehicle come to a sudden, unexpected stop.

The number of packages shall be limited to only those which can be secured, not block aisles, or exits, and so as not to take up space needed for additional passengers.

OVERVIEW and GENERAL GUIDELINES for TRANSPORTATION

Prohibited ACTS while operating CareCruiz Company vehicles:

- ANY consumption or ingestion of ALCOHOL or ILLEGAL DRUGS
- No smoking ANYTIME in or around the Company vehicles or clients
- No eating or drinking while operating the Company vehicle (you must be parked to eat/drink, unless an emergency exists and is documented in a report)
- NO texting or phone use while the vehicle is in motion, ONLY HANDS-FREE operation as per Pennsylvania State law is acceptable
- OBEY all TRAFFIC LAWS, RULES and REGULATIONS at all times (Carecruiz is not responsible for DRIVERS actions and State Law violations committed by the driver(s) Drivers are fully responsible for any and all LAW VIOLATIONS. CareCruiz disciplinary actions will occur for Law violations to include immediate termination.
- SEATBELT use is MANDATORY for ALL Occupants in the vehicle UNLESS a dangerous situation exists for the use thereof: (ie: client is very small or large in stature and the seatbelt may restrict breathing functions)
- Drivers will present according to CareCruiz employee policy, Neat, clean free of odors. Perfume, colognes and body sprays should be used in light moderation as to not cause distress for other employees or clients.
- Vehicle monitoring cameras or devices will not be adjusted or manipulated by drivers, ONLY manager(s) shall adjust these devices. Shall there be a concern please document and present to your manager.
- Drivers shall follow all the VEHICLE POLICIES as described (see VEHICLE DAILY POLICY)

VEHICLE DAILY & DRIVER POLICY:

- All Drivers shall complete the following before VEHICLE USE:
- Turn on all exterior lights and complete a walk-a-round to ensure everything is working as designed. (ie: headlights, turn signals, brake lights, caution-hazard flashers)
- Test the horn and windshield wipers (front-Rear) to ensure proper function
- During the walk around inspection check for ANY damaged, missing, faulty body parts, cracked or damaged glass or other vehicle issues such as properly inflated and function tires, unusual noises. (SEE Vehicle inspection sheet for true guidelines)
- Ensure all interior items function, such as: power windows, heat/air conditioning, interior dash lights, courtesy lights, sunshades, door handle and locks.
- Seat belts and latch function as intended, Wheelchair secure straps function as intended and are damage free.
- Wheelchair ramp functions as designed, with no concerns or visual faults.
- Ensure NO dash warning lights are ACTIVE or ILLUMINATED, should ANY warning light(s) be active. CONTACT YOUR MANAGER ASAP before ANY vehicle OPERATION.
- Complete VEHICLE DAILY INSPECTION LOG

R.06.2025

CLIENT TRANSPORT(S)

- Ensure trip information sheet is received and proper fields are completed (see driver trip example)
- Organize TRIP sheets according to date/time
- Ensure your communication device (cellular phone) is fully charged and working as intended
- The vehicle has adequate gas for the planned trips
- You are able to log into CTS DRIVER APP to document trip times and any other information.
- Should any CLIENT and or other person(s) who are to be transported appear in distress from drugs, alcohol or any other physical concerns THEY ARE NOT to enter Carecruiz vehicle(s) CONTACT CARECRUIZ dispatch ASAP.

CLIENT INTERACTION:

- Client PICK-UP, document on the trip sheet, ALSO CTS DRIVERS APP the ACTUAL pick-up time, and mileage.
- YOU shall make every attempt to contact the client if they are not waiting for you at or near the pick-up location(s). (ie: knocking on the client's door, call the client, repeating at least 3X times. NOTIFY CareCruiz dispatch within 15mins that the client is not present for pick-up. CTS shall be called and informed of the same using the clients' name and booking id.
- Before entering the CareCruiz vehicle, identify the client and any passenger(s) such as escorts, care givers etc. DOCUMENT the CLIENT identification on the trip sheet, hand write the passenger(s) name(s) on the trip sheet under the PASSENGER blocks and signature lines.
- Open the appropriate vehicle door(s) for any/all passengers, ensuring it is safe and not in the traffic way.
- Politely inform all passengers, SEATBELT USE is MANDATORY for all trips and MUST be worn.
- Confirm with the client/passengers the destination location, SHALL it be different than the trip sheet or CTS app information, contact CareCruiz dispatch SAP.
- Ensure all passengers have secured the required seatbelt(s) and close all doors
- Ensure any and all walking devices are secured within the vehicle out of harm's way from driver/passengers, (ie: placed in the rear hatch area or front passenger seat area. (flying canes or walkers can injure everyone and cause an accident if not properly secured).
- Proceed with trip destinations as scheduled
- DO NOT DEVIATE from the scheduled documented, APPROVED stops unless it has been approved by CareCruiz dispatch, CTS or an EMERGENCY exists.
- Destination unloading, ensure the client and or passengers have properly exited the CareCruiz vehicle with any/all items entered with.
- Advise the client/passengers you will be nearby (unless other transports exists) they should call CTS or you (name/office number provided on a business card) when they are ready to proceed with the next destination.
- Pick-up of clients SHALL be conducted in the same manner as above, ensuring the highest level of professionalism and respect is provided with the safest operation of the motor vehicle.

Clients utilizing a wheelchair:

Any client or passenger who is utilizing a wheelchair for mobility shall ONLY BE TRANSPORTED IN THE CareCruiz WHEELCHAIR ACCESSABLE VEHICLE, NO EXEPTIONS.

- Clients must be able to proceed to the pick-up area in a safe manner, NO CareCruiz driver/employee shall handle an occupied wheelchair down; STEPS, HILLS, CURBS, grass areas or ROUGH TERRAIN as to endanger the clients safety while seated in the wheelchair, NO EXCEPTIONS TO THIS RULE, unless a rare case of an extreme WELL DOCUMENTED EMERGENCY shall be accepted.(Our clients and passengers safety is our top priority)
- CareCruiz vehicle ramp: Only after the transport vehicle has been temporarily parked for unloading in a safe NEARBY area.
- YOU MUST ACTIVATE the Emergency flashers(4-ways) when PARKED
- Apply the EMERGENCY BRAKE
- Exit the driver's seat in a safe manner, go to the rear of the transport vehicle and safely lift the TAIL GATE
- Lower the ramp(do not let it slam on the ground) PLACE at least one(1) expendable safety cone near the ramp to prevent an accidental fall/trip over the ramp.
- ENSURE the wheelchair area is free of debris
- PUSH or in the case of a power occupied wheelchair position the wheelchair towards the front of the cargo area.
- ENSURE the wheelchair wheels are LOCKED or and electric chair is POWERED OFF
- ASK the client if they are comfortable in this position, if not readjust the chair position for comfort.
- USING FOUR(4) wheelchair anchor straps, place the straps into the floor secure points, attach the straps to the lower frame of the wheelchair. ENSURING THE CHAIR IS MOVEMENT FREE. Remove any all slack from the straps. ENSURE the hooks are securely placed on the chair frame as not to slip off.
- Utilizing the SAFETY BELT(seat belt) ensure the belt is not OVER the WHEELCHAIR but rather thru the chair, while not restricting any breathing functions of the client in the wheelchair.
- Make sure the SEATBELT is properly attached to the floor anchors and locking mechanism, a gentle tug on the belt will ensure it is locked, make certain it is comfortable to the client seated in the chair, if not re-adjust.
- Once the seatbelt and chair safety straps/anchors have been secured an double checked for proper use.
- Verbally REITERATE to the client DO NOT remove the seatbelt, or safety straps ALWAYS stay in the wheelchair unless and emergency exists
- Leave the wheelchair wheel locks ON or if power the chair TUNRED OFF

Clients utilizing wheelchair end destinations:

- Drivers will ensure the CareCruiz vehicle is parked as not to disturb normal traffic flow or pedestrian foot or mobility walkways or areas
- Driver will unlatch all safety straps and the seatbelts from the client, once the ramp is clear and free of debris such as the straps or seat belt(s)
- Unlock the wheelchair wheels, in the case of an electric wheelchair ensure the power is ON and active
- Gently remove the occupied wheelchair down the ramp to solid ground, outside of the transport vehicle. IF acceptable regarding weather, parking congestion and general good faith and practices park the manual wheelchair and or have the power chair remain stationary
- RAISE and LOCK the wheelchair RAMP
- Remove any SAFETY CONES and place them into the rear of the vehicle
- Close and secure the rear hatch/tailgate area of the van
- PUSH / ESCORT the occupied wheelchair into the DESTINATION facility
- ENSURE the client is safe and secure within the facility and they have a contact name/number for pick-up transport return

UNDER NO CIRCUMSTANCE SHALL ANY CARECRUIZ EMPLOYEE OR CONTRACTOR PUSH, PULL, NEGOTIATE, TRAVERSE ANY OCCUPIED WHEELCHAIR, WALKER, SCOOTER OR OTHER MOBILITY DEVICE OVER OR THROUGH THE BELOW CONDITIONS.

- Grass areas
- Large or unpacked gravel that may cause an occupied wheelchair to upset-overturn
- Difficult hill terrain, up or down manner
- Any rough terrain
- Through standing water
- Up / down or OVER any STEPS regardless of SIZE or amount
- Over curbs of any size
- Through any obvious danger areas or over obstacles that may potentially harm the client or CareCruiz employee or others
- No CareCruiz employee shall TILT BACK any wheelchair to go over or through obstacles.

Understand the above recommendations are for the protection of the CARECRUIZ employee and CLIENT, if an EMERGENCY exists the CareCruiz driver/employee shall use the best judgment in protecting the Client and themselves.

- **Part XIII – Acknowledgement Form**

- Each employee is to sign an acknowledgement form stating that the employee received and reviewed the CareCruz NEMT Employee Policy and Procedures Manual. This form will be retained in the employee's personnel file.

**ACKNOWLEDGEMENT FOR RECEIPT OF
NEMT EMPLOYEE POLICY AND PROCEDURES MANUAL**

The CareCruz **NEMT EMPLOYEE POLICY AND PROCEDURES MANUAL** describes important information about CareCruz , and I understand that I should consult Management regarding any questions I may have.

Since the information described herein is necessarily subject to change, I acknowledge that revisions to the Manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the CareCruz **NEMT EMPLOYEE POLICY AND PROCEDURES MANUAL** and I understand it is my responsibility to read and comply with the policies and any revisions made to it.

Employee Printed Name

Employee Signature

Date

CareCruz /Witness Printed Name

CareCruz /Witness Signature

Date

Response to PUC Data Request – CareCruiz Homecare Agency, LLC

Docket No.: A-2025-3058089

Date: 11/09/2025

To: Secretary, Pennsylvania Public Utility Commission

From: CareCruiz Homecare Agency, LLC

Address: 87 Stambaugh Avenue, Suite 7, Sharon, PA 16146

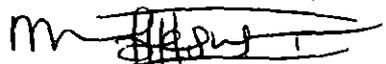
Phone: 724-536-4172

Subject: Response to Data Request and Verification Statement

In response to the correspondence dated October 29, 2025, from the Pennsylvania Public Utility Commission regarding the application of CareCruiz Homecare Agency, LLC, we respectfully submit the following information and documents to address all outstanding issues as requested.

Verification Statement

I, Stella Obiakor, hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Signature:  Date: 11/09/2025

1. Response to Question #5 of Verified Statement

We have provided a complete and detailed response to Question #5, ensuring that all parts have been addressed. This includes detailed information demonstrating CareCruiz Homecare Agency, LLC's fitness to provide safe, efficient, and reasonable transportation services in compliance with PUC requirements.

2. Driver Policy Compliance (52 Pa Code §§ 29.503–29.505)

Enclosed is the revised driver compliance policy for CareCruiz Homecare Agency, LLC, addressing:

- Driver age requirements (§29.503)
- Driver history record retention (§29.504)
- Criminal history schedule and record retention (§29.505)

The policy ensures that all drivers are properly screened, trained, and compliant with PUC standards for safety and professional conduct.

3. Commercial Insurance Information

Attached is documentation from our commercial insurance carrier confirming active coverage for our operations. The submission includes:

- Name of insurance company
- Policy coverage period
- Amount of monthly and annual premiums

4. Vehicle List and Balance Sheet

An updated vehicle list is provided, including VIN numbers, proof of ownership/registration, and valuation data. Vehicles are now reflected in the revised balance sheet, along with any applicable financing details under liabilities.

If any valuations differ from the Kelly Blue Book or comparable source, an explanation is provided (e.g., wheelchair lift installation or specialized medical transport equipment).

5. Financial Fitness Documentation

To demonstrate financial fitness, we have attached the following supporting evidence:

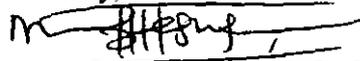
- Current bank statements (with account numbers redacted)
- Notarized or certified letter from our banking institution confirming balance and ownership
- Proof of ownership/registration for all claimed vehicles and properties (if applicable)

6. Additional Notes

We acknowledge the Commission's encouragement to seek professional financial or legal assistance in completing this filing. CareCruz Homecare Agency, LLC has reviewed all records for completeness and accuracy to ensure compliance with PUC standards.

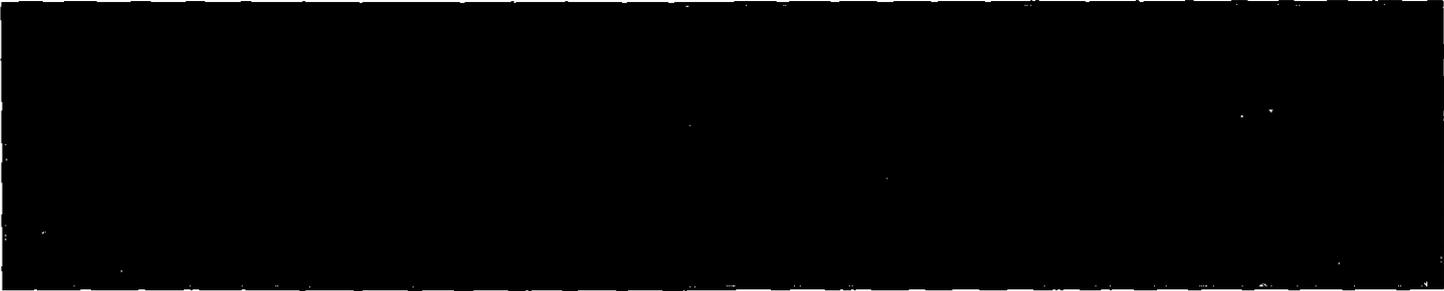
All requested materials are submitted within the required timeframe. Please contact our office at 724-536-4172 or by mail at the above address for any additional clarification or documentation.

Sincerely,

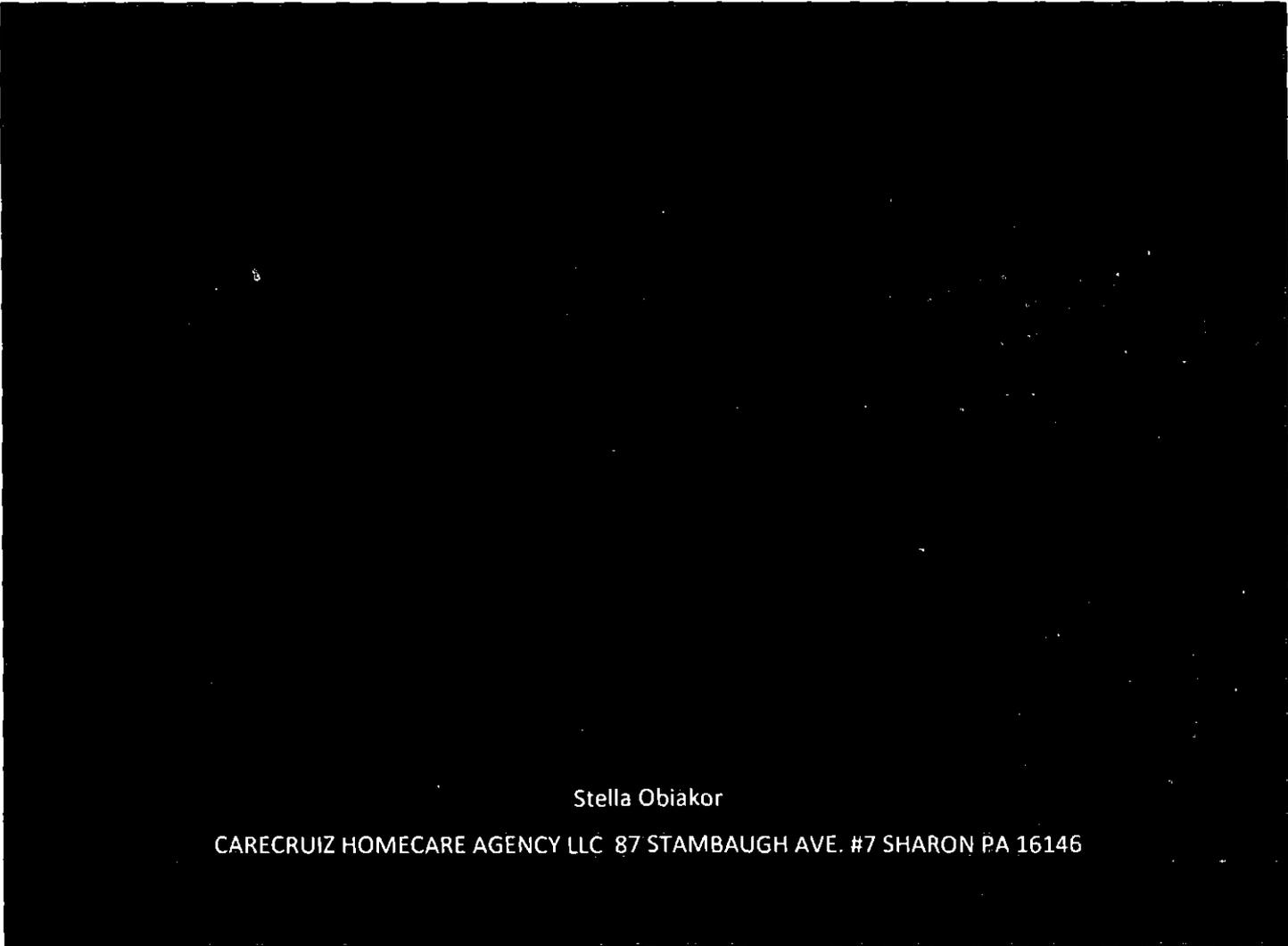


11/09/2025

Authorized Representative
CareCruz Homecare Agency, LLC



CARECRUIZ COMMERCIAL INSURANCE INFORMATION



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146

PENNSYLVANIA

R 1413e (Ed 8-98)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME
 NAIC Number: 20087
 National Indemnity Company

Name and Address of Insured

CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE #7
 SHARON, PA 16146

POLICY NUMBER
 70 APR 439548
 EFFECTIVE DATE
 10/10/2025 12:01 AM

NOT VALID MORE THAN 1
 YEAR FROM EFFECTIVE DATE

Description of Vehicle

2014	ACURA MDX AWD	5FRYD4H46EB031587
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC.

IMPORTANT NOTICE Regarding Your Financial Responsibility Insurance Identification Card.

This Insurance Company is required by Pennsylvania law to send you an I. D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement.

The I. D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I. D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I. D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

FOLD ALONG THIS LINE

R 1413e (back)

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense, other than a parking offense, that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

PENNSYLVANIA

R 1413e (Ed 8-98)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME
 NAIC Number: 20087
 National Indemnity Company

Name and Address of Insured

CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE #7
 SHARON, PA 16148

POLICY NUMBER 70 APR 439548
EFFECTIVE DATE 10/10/2025 12:01 AM
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE

Description of Vehicle

2015	TOYOTA SIENNA MINI PASS VAN	STDDKJDC5FS119978
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (8-98) UNIFORM INFORMATION SERVICES, INC

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CUT ALONG THIS LINE

PENNSYLVANIA

R 1413e (Ed 8-98)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

COMPANY CODE AND NAME
 NAIC Number: 20087
 National Indemnity Company

Name and Address of Insured

CARECRUIZ HOMECARE AGENCY LLC
 87 STAMBAUGH AVE #7
 SHARON, PA 16146

POLICY NUMBER 70 APR 439546
EFFECTIVE DATE 10/10/2025 12:01 AM

NOT VALID MORE THAN 1
 YEAR FROM EFFECTIVE DATE

Description of Vehicle

2019	TOYOTA SIENNA	5TD223DC1K5082049
Year	Make/Model	Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE

R 1413e (Ed-98) UNIFORM INFORMATION SERVICES INC

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1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE



Proposal of Insurance - Renewal

Insured Name and Mailing Address:

Carecruiz Homecare Agency LLC
87 Stanbaugh Ave
Sharon, PA 16146

Renewal of: 73APS121523

Quote#: 7955666C

Insured Location:

87 Stambaugh Ave Ste 7
Sharon, PA 16146

Quote Valid Until: 30 days
or until the proposed inception,
whichever is later

POLICY INFORMATION

Issuing Carrier: National Liability & Fire Insurance Company

NAIC: 20052

Carrier Status: Admitted

AM Best Rating: A++ XV

Policy Term: 10/10/2025 to 10/10/2026

Proposed Expiration: 10/10/2025

Coverage: Business Auto - Public

LIMITS AND DEDUCTIBLES



Date: Oct 07, 2025
Risk Placement Services, Inc. - Fair Lawn

see carrier quote

Deductible

PREMIUM INFORMATION

LINES OF BUSINESS:

Auto Liability	\$13,419.00
Physical Damage	\$3,968.00
Additional Insured/Interest	\$337.00

MEP:

POLICY PERIOD PREMIUM: \$17,724.00

FEES: Fees are fully earned unless otherwise specified

TRIA:

Terrorism Status: NOT APPLICABLE

TOTAL CHARGES: \$17,724.00

FORMS AND ENDORSEMENTS

See attached Forms List for terms, conditions and exclusions.

BINDING INSTRUCTIONS

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:

Prior to binding this risk, the following items must be received:

Revised quote with \$500,000 AL limits and change in drivers per your request.

Subject to Fully Completed, Signed & Dated NICO Application at time of Binding.

Properly Completed/Signed UM & UIM Selection Form Required at Binding.

Specifically Described Autos only (Symbol 7)

Stated Amount Physical Damage (or Actual Cash Value if less)

This carrier SURCHARGES FOR ALL CITATIONS AND DRIVERS UNDER AGE 35, credits driver 36 & older.

Subject to clean MVR(s), any citations will increase premium.

Drivers Must Have 2 Years Experience in Similar Units, Be 25+ Years old

Drivers must be reported on date of hire

EARLIEST DATE CARRIER WILL EXECUTE FILINGS IS THE DAY AFTER BIND REQUEST IS RECEIVED IN OUR OFFICE.

Additional Comments

Please note:

National Indemnity group of insurance companies

Columbia Insurance Company National Indemnity Company
 National Fire & Marine Insurance Company National Indemnity Company of the South
 National Liability & Fire Insurance Company National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 10/10/2025 - 10/10/2026
2. Named Insured CARECRUIZ HOMECARE AGENCY LLC
- * 3. DBA _____
4. Entity Type Individual Partnership Corporation Other _____
- * 5. Business Phone Number (412) 636-6961 Email Address _____
- * 6. Mailing Address 87 STAMBAUGH AVE #7 Website _____
7. City SHARON State PA Zip 16146
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. Yes No Have you ever had insurance with one of the companies listed above?

Coverages	
Liability	\$500,000 Combined Single Limit
Uninsured Motorist	\$100,000 Combined Single Limit
Underinsured Motorist	\$100,000 Combined Single Limit
Personal Injury Protection	Purchased
Medical Payments	NOT Purchased
Additional Coverages	
Additional Insured (please provide entity info)	COORDINATED TRANSPORTATION SOLUTIONS, INC

Operations

11. Business Description NEMT
- * 12. Vehicle Usage _____
- * 13. Yes No New Venture? Years experience 7
- * 14. Yes No Is this your primary business? If no, explain _____
15. Yes No Is your business for hire/for profit?
- * 16. Gross receipts last year 10000 Estimate for coming year 20000
17. Yes No Do you operate in more than one state? If yes, list states _____
No _____
- * 18. What is the largest city entered? Pittsburgh
- * 19. Yes No Is the transportation of people your primary business?
- * 20. Yes No Are vehicles leased to drivers?
- * 21. Yes No Do you transport physically disabled individuals? If yes, what percentage of the time? 10
- * 22. Yes No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. Yes No Do you have a scheduled route?
- * 24. Yes No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

25. Yes No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. Yes No Are any autos operated 24 hours per day? If yes, which autos? _____
27. Yes No Are you the primary response unit for emergency (911) calls?
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. Yes No Is operation part of a school curriculum?
31. Yes No Is class room instruction given?
32. Yes No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. Yes No Have you ever been declined, canceled or non-renewed for this kind of insurance?
If yes, explain _____
- * 34. Yes No Have you previously had commercial auto insurance?
If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

Drivers

Name	Date of Birth	License			Experience	
		State	Number	Type	Type of Unit	# of Years
* 1 Stella Obiakor	04/10/1981	PA	30733548			
* 2 RICHARD BLACK	06/13/1954	PA	16421293			
* 3 Kathleen Lapmardo	06/22/1959	OH	RR293847			
4						
5						

Name	Accidents and Minor Moving Traffic Violations in Past 3 Years			Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)		
	# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
* 1 Stella Obiakor						
* 2 RICHARD BLACK						
* 3 Kathleen Lapmardo						
4						
5						

* 35. Yes No Are drivers covered by workers compensation?

Vehicles

Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
* 1 2015 TOYOTA SIENNA MINI PASS STDDK3DC5FS119976	Other -	6	SHARON, PA 16146	50			
* 2 2019 TOYOTA SIENNA STD223DC1KS002049	Other -	7	SHARON, PA 16146	50			
* 3 2014 ACURA MDX AWD 5FRYD4H46EB031587	Other -	7	SHARON, PA 16146	50			
4							
5							
6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	16,000	C	2,500	2,500	
2	50,000	C	2,500	2,500	
3	17,000	C	2,500	2,500	
4					
5					
6					

**Include the value of AV equipment permanently installed in the vehicle

Filings (complete if filings are being requested)

36. Yes No Is an FHWA filing required? If yes, MC number _____
What authority do you have? Broker Common Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. Yes No Is an intrastate filing needed? If yes, show state and permit number _____
40. Yes No Is MCS 90 endorsement needed? _____
41. Yes No Is our policy to cover all vehicles owned, operated or under lease to applicant?
If no, explain _____
42. Yes No Do you enter Canada? If yes, where? _____
43. Yes No Do you enter Mexico? If yes, where? _____
44. Yes No Have you ever changed your operating name? If yes, explain _____
45. Yes No Do you operate under any other name? If yes, explain _____
46. Yes No Do you operate as a subsidiary of another company? If yes, explain _____
47. Yes No Do you own or manage any other transportation operations that are not covered?
If yes, explain _____
48. Yes No Do you lease your authority? If yes, explain _____
49. Yes No Do you appoint agents or hire independent contractors to operate on your behalf?
If yes, explain _____
50. Yes No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
If yes, attach a copy of the current agreement and complete the following:
With whom has such agreement(s) been made? _____
51. Yes No Do the parties named above carry automobile liability insurance?
If yes, name of insurance company and limits of liability _____
Under whose permit does each of the parties to the agreement(s) operate? _____
52. Yes No Is there a Hold Harmless in the agreement? _____
53. Yes No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

Quote #: 16951999

M-5682 (07/2022)

UNINSURED MOTORIST COVERAGE SELECTION / REJECTION

Uninsured Motorist Coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. You have the right to purchase Uninsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Uninsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Uninsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Uninsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

OPTION ONE

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UM Coverage: I do wish to purchase Uninsured Motorist Coverage at \$ _____ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)

STELLA OBIAKOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

B. Stacking Options: If you have chosen to purchase Uninsured Motorist Coverage, and you are an individual, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

Unless you specifically reject stacking of Uninsured Motorist Coverage (or the Named Insured is not an individual), your Uninsured Motorist Coverage stacks by default.

Rejection of Stacking: I do not wish to purchase stacking of Uninsured Motorist Coverage or the Named Insured is not an individual.

UNINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

STELLA OBIAKOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

Quote #: 16951999

UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION

Underinsured Motorist Coverage provides protection for damages incurred which exceed the limit of liability carried by the driver of a vehicle who injures you in an automobile accident. You have the right to purchase Underinsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability Coverage provided in your policy. The law does not require you to purchase Underinsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Underinsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Underinsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNDERINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

OPTION ONE

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By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNDERINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UIM Coverage: I do wish to purchase Underinsured Motorist Coverage at \$ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of Liability. (Your UIM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)



STELLA OBIANOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

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Unless you specifically reject stacking of Underinsured Motorist Coverage (or the Named Insured is not an individual), your Underinsured Motorist Coverage stacks by default.

Rejection of Stacking: I do not wish to purchase stacking of Underinsured Motorist Coverage or the Named Insured is not an individual.

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By signing this waiver, I am rejecting stacked limits of underinsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.



STELLA OBIANOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Yes No Will premium be financed? If yes, with whom Capital Premium

Jacob Else
Jacob Else (Oct 11, 2015 - 11/17/2017)
Witness

Stella Obiakor
STELLA OBIAKOR (Oct 13, 2025 15 42:18 EDT)
Applicant's Signature

Oct 13, 2025
Date

Insured Contact Information

Name Stella Obiakor
Phone Number (724) 536-4172
Email Address _____
Relationship _____

Name _____
Phone Number _____
Email Address _____
Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Yes No Is this direct business to your office? If not, explain _____
 Yes No Is this new business to your office? If not, how long have you had the account? 1 year
How long have you known applicant? 4 years

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy
 Please issue policy effective 10/10/2025 Coverage was bound by Jacob Else
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Jacob Else
Jacob Else (Oct 11, 2015 - 11/17/2017)
Applicant's Representative's Name and Address

412-872-2278
Phone No.

Quote #: 16951999

FIRST PARTY BENEFITS NOTICE

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

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

FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT** *Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.*
- B. INCOME LOSS BENEFIT** *Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.*
- C. ACCIDENTAL DEATH BENEFIT** *A death benefit paid in the event of the death of an insured person due to a covered auto accident.*
- D. FUNERAL BENEFIT** *Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.*

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

- A. MEDICAL EXPENSES:** (indicates the option you selected)
- \$5,000 per person, per accident (Minimum) \$ 678 Premium
 - \$10,000 per person, per accident \$ 922 Premium
 - \$25,000 per person, per accident \$ 1,187 Premium
 - \$50,000 per person, per accident \$ 1,462 Premium
 - \$100,000 per person, per accident (Maximum) \$ 1,566 Premium

- B. INCOME LOSS:** (indicates the option you selected, if any)
- None - Rejected per month / per accident, per person (Minimum)
 - \$1,000 / \$5,000 per month / per accident, per person \$ 205 Premium
 - \$1,000 / \$10,000 per month / per accident, per person \$ 379 Premium
 - \$1,000 / \$15,000 per month / per accident, per person \$ 410 Premium
 - \$1,500 / \$25,000 per month / per accident, per person \$ 515 Premium
 - \$2,500 / \$50,000 per month / per accident, per person (Maximum) \$ 683 Premium

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

- None - Rejected per person, per accident (Minimum)
- \$5,000 per person, per accident \$ 22 Premium
- \$10,000 per person, per accident \$ 31 Premium
- \$25,000 per person, per accident (Maximum) \$ 56 Premium

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

- None - Rejected per person, per accident (Minimum)
- \$1,500 per person, per accident \$ 9 Premium
- \$2,500 per person, per accident (Maximum) \$ 16 Premium

OR

E. COMBINATION BENEFITS: Single Limit for all coverages, with specific benefit limits as shown

(indicates the option you selected, if any)

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,237 Premium
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,387 Premium
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ 2,685 Premium

AND:

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

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

- I purchased no EMB coverage.
- I purchased EMB coverage at the following limit:
 - \$100,000
 - \$300,000
 - \$500,000
 - \$1,000,000

If you desire to change your coverage please contact:

Risk Placement Services, Inc.
17-17 Route 208 N, Ste 220

Fair Lawn, NJ 07410
Phone: (201) 641-5100
Fax: (201) 641-6566

Quote #: 16951999

M-5682 (07/2022)

UNINSURED MOTORIST COVERAGE SELECTION / REJECTION

Uninsured Motorist Coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. You have the right to purchase Uninsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Uninsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Uninsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Uninsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

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Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UM Coverage: I do wish to purchase Uninsured Motorist Coverage at \$ _____ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)



STELLA OBIAKOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

B. Stacking Options: If you have chosen to purchase Uninsured Motorist Coverage, and you are an individual, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

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STELLA OBIAKOR (Oct 13, 2025 15:42:18 EDT)

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Oct 13, 2025

Date Signed

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Quote #: 16951999

UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION.

Underinsured Motorist Coverage provides protection for damages incurred which exceed the limit of liability carried by the driver of a vehicle who injures you in an automobile accident. You have the right to purchase Underinsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability Coverage provided in your policy. The law does not require you to purchase Underinsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Underinsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Underinsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNDERINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

OPTION ONE

REJECTION OF UNDERINSURED MOTORIST PROTECTION

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Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNDERINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UIM Coverage: I do wish to purchase Underinsured Motorist Coverage at \$ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of Liability. (Your UIM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)



STELLA OBIADOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

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UNDERINSURED COVERAGE LIMITS

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STELLA OBIADOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

Oct 13, 2025

Date Signed

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

Quote #: 16951999

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for your purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle.

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.


STELLA OBIAKOR (Oct 13, 2025 15:42:18 EDT)

Signature of First Named Insured

 Oct 13, 2025

Date

PENNSYLVANIA ITEMIZED INVOICE SHOWING THE MINIMUM MOTOR VEHICLE INSURANCE COVERAGE COSTS

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

This is an itemized invoice showing the cost of the minimum coverages mandated by Pennsylvania law. This is only for informational purposes and will not affect the coverage options you have actually chosen.

COVERAGES		LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY	\$	15,000/30,000/5,000	\$	4,734
MEDICAL BENEFITS	\$	5,000	\$	678
UNINSURED MOTORISTS (rejectable)	\$	15,000/30,000	\$	234
UNDERINSURED MOTORISTS (rejectable)	\$	15,000/30,000	\$	438
Estimated total premium if uninsured and underinsured motorists are <u>ACCEPTED</u>			\$	6,084
Estimated total premium if uninsured and underinsured motorists are <u>REJECTED</u>			\$	5,412

NAMED INSURED: CARECRUIZ HOMECARE AGENCY LLC

POLICY NUMBER:

Loan Preparation Instructions

Dear Valued Agency,

Attached is a Premium Finance Agreement & Disclosure Statement ("PFA") for your insured's policy. To ensure your PFA is set up timely, please complete the checklist of required information below:

- ❑ The named insured's address and phone number provided are current. If the mailing address is a post office box, the insured's current physical address was provided.
- ❑ The entire contract is legible, signed and dated by both the insured and by the agent or broker.
- ❑ Please ensure all terms, including insurance company and general agent/broker information is correct.
- ❑ If you are providing any checks for processing, please provide processing instructions to Capital Premium Financing.
- ❑ Any payments that are within 10 days of the first payment due date should be collected and sent to the *general agent/broker or insurance company*. When emailing the PFA to Capital Premium Financing, please include the statement that "our agency will collect the missing installments and forward to the markets."
- ❑ Down payments are to be collected by your agency and submitted to the general agent/broker or insurance company. If Capital receives the down payment it will be forwarded to the general agent/broker or insurance company. If you would like to process a down payment please go to <https://www.capitalpremium.net/payment-options/> or use our Capital Premium app. To process the down payment you will need the quote number, zip code associated to the insured and the payment information.
- ❑ Email the completed PFA to info@capitalpremium.net.

Monthly billing statements will be sent to the insured by mail unless the insured has previously opted into receiving these notices by email. If you would like the billing statements to be emailed please provide the insureds email address along with a request to opt into our paperless billing.

Notice of Acceptance: Capital Premium Financing will send a notice of acceptance to your agency and insured within 24 hours of processing the contract. **If you do not receive a notice of acceptance within the 24 hour period, please contact us at 800-767-0705.**

Contact Information

Customer Service
Phone 800-767-0705
Fax 855-470-2628
info@capitalpremium.net

Quotes by Phone
Phone 877-730-1906
Fax 855-470-2628
quotes@capitalpremium.net

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Capital Premium Financing, LLC

PO Box 667180

Dallas, TX 75266-7180

(phone) 800-767-0705 (fax) 855-470-2628 (email) info@capitalpremium.net

Quote:

7698090.1

<input checked="" type="checkbox"/>	COMMERCIAL
<input type="checkbox"/>	PERSONAL
<input checked="" type="checkbox"/>	NEW CONTRACT
<input type="checkbox"/>	ENDORSEMENT TO EXISTING

BORROWER (Insured): Name and Address (as stated in policy)	PRODUCER (Agent/Broker): Name and Place of Business
Care Cruiz Home Care LLC 55 Old Clairton Road Pittsburgh, PA 15236 TELEPHONE: 416530600 FAX:	Eber & Associate Inc 55 Old Clairton Rd Pittsburgh, PA 15236 TELEPHONE: 412-653-0600 FAX: 000-000-0000

In consideration of the premium(s) paid or to be paid by Ameris Bank (Lender) on behalf of the Borrower, Borrower promises to pay to the order of Lender the Total of Payments, subject to the provisions hereinafter set forth.

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

1. TOTAL PREMIUM(S)	2. DOWN PAYMENT	3. UNPAID PREMIUM BALANCE	4. FL DOC STAMP CHG <small>Applicable in Florida Only</small>	5. AMOUNT FINANCED <small>Amount of Loan provided to or on behalf of the Insured</small>	6. FINANCE CHARGE <small>The dollar amount of interest the Loan will cost over the term of the Loan</small>	7. TOTAL OF PAYMENTS <small>Amount of interest and principal which will have been paid on the Loan after making all scheduled Loan payments</small>	8. DEFERRED PAYMENT PRICE
\$17,724.00	\$4,431.00	\$13,293.00	\$0.00	\$13,293.00	\$873.18	\$14,166.18	\$18,597.18

9. ANNUAL PERCENTAGE RATE <small>The cost of interest on the Loan as a yearly percentage rate</small>	10. AMOUNT OF EACH PAYMENT	11. NUMBER OF PAYMENTS	12. WHEN FIRST PAYMENT IS DUE
15.5%	YOUR PAYMENT SCHEDULE WILL BE > \$1,574.02	9 Monthly	11/10/2025

SECURITY: You are giving a security interest in any and all policies or other collateral listed on the Agreement.
LATE CHARGE: 5% of the installment amount.
PREPAYMENT: If you pay off the loan early, you may be entitled to a refund of part of the finance charge.
AMORTIZATION SCHEDULE: Check box for amortization detail.

BOX #3 ABOVE: Paid to insurance companies, intermediary brokers or Agents listed here and in the Schedule of Policies.
BOX #4 ABOVE: Official fees paid to Florida Department of Revenue.
CONTRACT REFERENCE: See the agreement for more information about non-payment, default, any required repayment in full before the scheduled date, prepayment refunds and security interest.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	MINIMUM EARNED PREMIUM	POLICY TERMS IN MONTHS COVERED BY PREMIUM	PREMIUM AMOUNT
TBD	10/10/2025	National Liability & Fire Ins Co Risk Placement Services 400 Southpointe Blvd Suite 220 cannonsburg, PA 15317	AUTO PHYSICAL DAMAGE AND LIABILITY	25%	12	Prem: \$17,724.00 Taxes: \$0.00 Fees: \$0.00

Notes: (1) If a check is tendered for the down payment and the check is dishonored, this Agreement shall be deemed not to have been accepted even if notification of acceptance has been issued by Lender; (2) Rescinding or otherwise invalidating any of the policies is equivalent to cancellation of the policy(ies); (3) Non-Payment may result in cancellation of the policies.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

THE UNDERSIGNED BORROWER AND OR ITS REPRESENTATIVE INSURANCE AGENT OR BROKER HAS SIGNED THIS LOAN AGREEMENT WHICH CONSISTS OF THIS PAGE, THE DISCLOSURE STATEMENT AND ANY ADDITIONAL PAGES WHICH MAY CONTAIN A SCHEDULE OF POLICIES. EACH HAVE RECEIVED A COPY OF THIS LOAN AGREEMENT AND AGREE TO ALL OF THE TERMS OF THIS AGREEMENT, NOW THEREFORE ON

THIS _____ DAY OF _____ 20____

X STELLA OBIAKOR
PRINT NAME OF BORROWER

X 
SIGNATURE OF BORROWER
(If Corporation, Title of Officer Signing)

AGENT/BROKER CERTIFICATION

The undersigned Agent/Broker, hereinafter referred to as "Agent", hereby represents and warrants that all policies listed in this agreement have been issued and delivered, and are in force and effect, that the policies listed in this agreement are not currently nor have they ever been the subject of any other premium finance agreement, that the down payment as shown in the contract has been paid (in good funds), that all policies therein were issued by the agency, and that all information, including the cancellation provisions effecting the return premium, for any of the policy(ies) listed has been accurately represented in the quote and any and all fully earned provisions that exist in the policies named in this loan have been disclosed. The Agent warrants that the above contract evidences a bona fide and legal transaction, that the Borrower's business is not cannabis related, the Borrower is of legal age and as the capacity to contract, and if signed in corporate capacity, that the signatory has the authority to sign on behalf of such entity, that the Borrower has not filed for or is not preparing to file for bankruptcy protection, that the Borrower's signature is genuine, and that Agent has delivered a copy to the Borrower. Agent agrees that if any warranties contained in this Agreement are found to be untrue, it will immediately remit to Lender the full amount then remaining unpaid on this premium finance agreement. Upon termination of this Agreement or cancellation or rescission of any scheduled policies, the Agent agrees to pro-rata return any and all premiums, commissions, premium finance fees, risk management fees, and, Broker fees to Lender within ten (10) business days of receipt or according to applicable state law. Agent agrees to indemnify Lender against any damages, costs or expenses incurred in connection with any untrue, misleading or fraudulent representation or warranty made by Agent hereunder.

X _____
PRINT NAME OF AGENT OR BROKER

X _____
SIGNATURE OF AGENT OR BROKER

WITNESSETH:**DISCLOSURE STATEMENT**

Ameris Bank will hereinafter be referred to as "Lender", this Premium Finance Agreement will hereinafter be referred to as "Agreement", and the person/entity listed on Page 1 of the finance agreement under the section titled "Borrower" shall be hereinafter referred to as "Borrower". Lender has appointed Capital Premium Financing, LLC "Capital" as Servicer and as its agent to service, administer, collect and otherwise to enforce the rights and interests of Lender in this Agreement. That in consideration of the payment by the Lender to the respective insurance companies, or their agents, of the balance of the premiums upon the policies herein before described in this Agreement (which policies have been issued and delivered to the Borrower at his request), the Borrower promises to pay to the Lender the amount shown in the completed schedule in this Agreement under the caption "Total of Payments", with service charge thereon as in said Schedule of Policies provided; and the Borrower agrees to the following terms set forth by the Lender:

1. To secure all liabilities owed from the Borrower to the Lender, the Borrower assigns to the Lender all of their right, title, and interest in the insurance policies listed in this Agreement, and all rights therein including all dividends, payments on claims, unearned premiums and unearned commissions.
2. The Borrower hereby irrevocably appoints the Lender as its attorney-in-fact with full power and authority to cancel the policies listed in this Agreement for default in payment. The insurance companies and/or its Agents listed in this Agreement are hereby authorized and directed, upon the request of the Lender, to cancel said policies and to pay to the order of the Lender all gross, unearned premiums, commissions and fees thereon without proof of default hereunder or of breach hereof. *Interest will continue to accrue on unpaid balances, and the Borrower shall remain liable for any deficiency together with interest at the highest allowable legal rate.* In the event of any negligence or breach of any of the terms of this agreement, including but not limited to the exercise of the power of attorney contained herein, by the Lender, Borrower's recovery is limited to the finance charge received in the Agreement by the Lender. Borrower waives any claim to special, consequential, incidental or like damages. Borrower authorizes Lender to file a UCC financing statement to perfect Lender's security interest.
3. If any installment due hereunder is not paid within five (5) days of the due date, Borrower agrees to pay a delinquency and collections charge of 5% of the delinquent installment, or the maximum allowed by applicable law. If any installment due hereunder is not paid within fifteen (15) days of the due date, Borrower acknowledges and agrees that Lender may send notice of cancellation to the insurer which issued each of the policies listed in this Agreement. If the Lender incurs collections costs for amounts due from Borrower, the Borrower agrees to pay reasonable attorney fees and other collection costs up to the maximum allowed by law. This contract will be construed by the laws of the state of issuance. *Borrower consents to jurisdiction in the civil courts of Salt Lake County, Utah and waives any right to claim lack of personal jurisdiction in such court, for any proceedings to enforce the obligations of this Agreement.*
4. The Borrower agrees that the Lender may endorse the Borrower's name on any check or draft for all monies that become due from the company and apply the same as payment of this agreement, returning any excess amount equal to or greater than one dollar (\$1.00) to the Borrower.
5. In the event the payment made to Lender is returned because of insufficient funds, the Borrower agrees to pay the Lender all non-sufficient fund charges up to the maximum allowed by law. All checks are accepted subject to collection. No payment of any kind is deemed made until funds have cleared and been received. If the policy(ies) is cancelled due to Borrower's default, Borrower will pay a cancellation charge of \$15, or the maximum amount allowed by law.
6. If a policy listed in this Agreement is not issued at the time this Agreement is executed, the Borrower gives the Lender the authority to fill in the name of the insuring company or authorized agent, policy number, and the due date of the first payment. Upon request of the Borrower, the Lender may advance to the Borrower's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Borrower's present contract.
7. The Borrower recognizes and agrees that the Lender is a lender and not an insurer and that the Lender assumes no liability hereunder as an insurer. The Borrower agrees that all payments hereunder shall be made directly to the Lender or a third party designated by Lender and payment by the Borrower to any other person, firm, insurance agent, or insurance company shall not constitute payment to the Lender. Borrower further agrees and understands that the intermediary broker, Agent, or insurance company whose name appears on the Premium Finance Agreement is not a representative of the Lender and has no authority to promise anything on behalf of the Lender. Furthermore, the Borrower understands that the Lender makes no warranties or representations concerning the financed coverage nor has it played any part in the selection, structuring, or acquisition of Borrower's insurance coverage.
8. The Lender shall have the right to accept any payment or payments from the Borrower after the notice of cancellation has been sent to the insurance company(ies) and may apply them as a reduction of the indebtedness hereunder, and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of the Lender to reinstate such insurance or constitute a waiver of any default hereunder. In the event the Lender requests reinstatement of such insurance, the Lender assumes no responsibility that such request will be received or honored by the insurance company, and the Borrower must verify the existence of coverage directly with the insurance company or its agent.
9. Interest on the loan is earned each month according to the policy effective date based on the Rule of 78's or as otherwise required by law. If the Borrower pays off the balance prior to maturity, they may receive a refund of a portion of the total finance charges. No refund need be made if it is less than \$1.00 or maximum allowable by applicable law. Payment due dates will start on the date provided in Box 12 and continue each consecutive monthly, quarterly, semiannually, or annual payments as specified in Box 11.
10. In all cases, the Agreement is subject to approval and acceptance by the Lender. Lender may decline the loan, known as a Premium Finance Agreement, for any reason at its discretion. No contract is deemed in force until the Lender issues a notice of acceptance.
11. Borrower shall not assign the policy (except to mortgagees) without prior written consent of Lender. Lender shall assign this loan to a funding source, at its discretion, payoff and reassign same, including the terms and conditions herein, to an alternative funding source, at any time during the term of this Agreement.
12. The money advanced by the Lender is only for the premium as determined at the time this Agreement is accepted by Lender. Lender's payment shall not be applied by the insurance company to pay for any additional premiums owed by Borrower for any reason whatsoever. Borrower agrees to pay the insurance company directly for any additional premiums which become due for any reason including, but not limited to an audit. Lender may however, at its option, finance the additional premium according to the written agreement as stated above in section 6.
13. *In the event of Fraud or any other type of misrepresentation, the Lender has the right to declare a default in the loan at any time at its discretion. Any default under any Agreement between the Borrower and the Lender shall be deemed and is a default under all agreements between such parties. All unearned premiums due to the Borrower whether from the insurance financed pursuant to this Agreement or any other agreement between Borrower and the Lender shall be security for and collateralize all loans made to the Borrower. Additionally, in the event of a default by the Borrower, the Lender may treat all assets of the Borrower as collateral under this Agreement, and may declare the remaining principal amount, with all accrued interest and fees, immediately due and payable.*
14. The Borrower recognizes and agrees that their insurance Agent may add a fee to the base annual percentage rate as compensation for administering of the premium finance agreement where allowed by law. All parties to this transaction agree that these fees will be earned on a pro-rata basis.
15. *This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Agreement including signature pages received by electronic or facsimile transmission shall constitute effective execution and delivery of this Agreement and may be used in lieu of the original Agreement for all purposes. Electronic or written signatures of the parties shall be deemed to be original.*

THE BORROWER REPRESENTS AND WARRANTS AS FOLLOWS:

That all financial information or financial representations given to Lender are true and correct in all respects, and fully and accurately present the financial conditions reflected therein. The execution, delivery and performance of this Agreement by Borrower is within the requisite corporate or limited liability company power, and has been duly authorized. This Agreement, when duly executed and delivered, and accepted by the Lender will constitute legal, valid, and binding obligations of Borrower and will be applicable to and secure the payment and performance of this Agreement.

There are no actions, suits, or proceedings pending or to the knowledge of Borrower, threatened against or affecting the Borrower, or involving the validity or enforceability of this Agreement. There are no liens on or security interest in the collateral. That (a) all the Borrowers or insureds are listed on the Agreement and that if all are not listed, then the one who is listed is authorized to act on behalf of all the Borrowers or insureds; (b) Borrower's business is not cannabis related; (c) no other party is entitled to any notice other than the one set forth on the face of the Agreement; (d) the Lender may, at its option, advance the premiums which are the subject of the Agreement to the insurance company, the intermediary broker or the Agent/Broker; (e) the Agreement contains the entire agreement between parties; (f) The Agent/Broker is the agent of the Borrower and that the Agent/Broker does not have the authority to make any representations on behalf of the Lender. Borrower is not in default with respect to any order, writ, injunction, decree or demand of any court or any Governmental Authority. The Borrower is not a Debtor under any bankruptcy proceedings of Title 11 of the U.S. Statutes nor have any such proceedings been threatened. Borrower is not insolvent and is not the subject of any actions or receiverships. Borrower is not in any default with any other lender.

POLICY AMOUNT FINANCED BREAKDOWN

Capital Premium Financing, LLC
 Insured Name: Care Cruiz Home Care LLC

Quote: **7698090.1**

POLICY PREFIX AND NUMBER	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS IS PAID	TYPE OF COVERAGE	DOWN PAYMENT AMOUNT PER POLICY	AMOUNT FINANCED PER POLICY
TBD	National Liability & Fire Ins Co Risk Placement Services 400 Southpointe Blvd Suite 220 cannonsburg, PA 15317	AUTO PHYSICAL DAMAGE AND LIABILITY	\$4,431.00	\$13,293.00
TOTALS:			\$4,431.00	\$13,293.00



STELLA'S PERSONAL AUTO INSURANCE INFORMATION



Stella Obiakor

CARECRUIZ HOMECARE AGENCY LLC 87 STAMBAUGH AVE. #7 SHARON PA 16146

IMPORTANT NOTICE

**REGARDING YOUR FINANCIAL RESPONSIBILITY
INSURANCE IDENTIFICATION CARD**

State Farm is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact State Farm or your Agent for a replacement.

The I.D. card information may be used for the vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

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143020 7 08-25-2022 (01pcpa1h)

**PENNSYLVANIA FINANCIAL RESPONSIBILITY
IDENTIFICATION CARD**

NAIC
NUMBER
25178

State Farm Mutual Automobile Insurance Company

AGENT **ROB HOY**

3DA7-8DF



PHONE NO. (330)534-8600

POLICY NUMBER
737 4778-027-38

EFFECTIVE DATE
OCT 27 2023

EXPIRATION DATE
APR 27 2024

OBIAKOR, STELLA C
90 WICK AVE
HERMITAGE PA 16148-1811

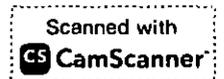
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VOL

NOT VALID MORE THAN 1 YEAR
EFFECTIVE DATE

Applicable with respect to the following Motor
Year Make
2020 ACURA MDX

Vehicle Identification Number CAR N
5J8YD4H38LL036410 001

SEE IMPORTANT MESSAGE ON REVERSE SIDE



IMPORTANT NOTICE

REGARDING YOUR FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

State Farm is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact State Farm or your Agent for a replacement.

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143020 7 08-25-2022 (01pcpa1h)

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC
NUMBER
25178

State Farm Mutual Automobile Insurance Company

AGENT ROB HOY

3DA7-80F

PHONE NO. (330)534-8600

POLICY NUMBER
737 4778-027-38

EFFECTIVE DATE
OCT 27 2025

EXPIRATION DA
APR 27 2026

DBIAKOR, STELLA C
90 WICK AVE
HERMITAGE PA 15148-1811

MUTL
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NOT VALID MORE THAN 1 YEAR FF
EFFECTIVE DATE

Applicable with respect to the following Motor Vehicle
Year Make
2020 ACURA MDX

Vehicle Identification Number
5J8Y04H28LL016410

CAR NO.
001

SEE IMPORTANT MESSAGE ON REVERSE SIDE

State Farm





COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

October 29, 2025

Docket No. A-2025-3058089

CARECRUIZ HOMECARE AGENCY LLC
87 STAMBAUGH AVENUE, SUITE 7
SHARON, PA 16146

RE: Application of Carecruiz Homecare Agency, LLC, 87 Stambaugh Ave., Suite 7, Sharon, Mercer County, PA 16146. 724-536-4172

To Whom It May Concern:

On October 22, 2025, the application of CARECRUIZ HOMECARE AGENCY, LLC, was received by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Stella Obiakor, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response via the Commission's e-file website (information available at <https://www.puc.pa.gov/filing-resources/>), or to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

Matthew L. Homsher

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2025-3058089
CARECRUIZ HOMECARE AGENCY, LLC
Data Request

1. Your response to question #5 of the applicant's verified statements is inadequate. It is required that you provide fully responsive replies to the entirety of the Commission's information request. If a question has multiple parts then please ensure you have responded to EACH part. Your response should be detailed and include sufficient information to determine your fitness to provide safe, efficient, and reasonable transportation.

Additionally, please review the requirements of the following chapters of 52 Pa Code and provide a revised compliant plan for drivers. Although you may outsource the checks, you are still required to formulate an acceptable policy and to ensure that it complies with the Commission's requirements. You are also responsible for providing evidence of those policies. Failure to provide a compliant policy will result in the dismissal of your application.

- § 29.503. Driver Age
- § 29.504. Driver history. (record retention)
- § 29.505. Criminal history. (schedule and record retention)

2. In the response to the Commission's insurance inquiry you stated that active commercial insurance exists. Please provide the Commission with the name of the coverage provider and state the amount of the monthly/annual premiums.
3. Please correct you submitted vehicle list to include the requested vehicle identification number (VIN) and not the internal company designation. Additionally, your vehicle assets do not appear to be reflected in your balance sheet. Why are they absent? Please provide a balance sheet which includes your vehicles (or an explanation as to why the vehicles are not included). Vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). You should also ensure that any vehicle financing is accurately reflected in the statement of financial position's liabilities.
4. Finally, in order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration.

You are strongly encouraged to enlist professional financial assistance if you experience difficulty in completing your statement of financial position. Be advised that failing to provide an acceptable financial statement which is supported by evidence is sufficient grounds for the denial of your application.

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

FROM:

CARELUTZ HOME CARE Agency LLC

87 Stambaugh Ave. Suite 7

Sharon, PA 16148

Docket NO. A-2025-3058089



CMPC

717-705-1952

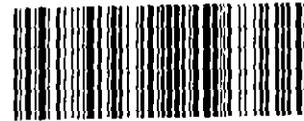
To: PUC MASTER

Agency: PUC

Floor

External Carrier: US POSTAL

11/17/2025 10:20 09 AM



9510815061185319777068

TO:

Commonwealth of PA

400 North Street

Harrisburg PA 17120



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EXPECTED

SHIP TO:



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