

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.
- Acertified 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 PACorporation 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 PAPUBLIC 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: | (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)

PRIME TRANSPORT CARE 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)

PRIME TRANSPORT CARE 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?** ____NO **Previous Authority?** ____NO

If YES, at PUC No. A- _____

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

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

If YES, provide your PA Corporation Bureau Entity ID Number 14962766

(See checklist and indicate type of business entity registered)

1. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

_____	_____
ALI DAFAALLA	
_____	_____
_____	_____
_____	_____

2. **Mailing Address**

3 LAKE POINT DR	
Street Address	

HARRISBURG . PA, 17111	DAOUPHIN
City, State and Zip Code	County
_____	_____
717-71-00519	ALIBRAHIM15963@GMAIL.COM
Telephone Number	E-mail Address

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

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

3 LAKE POINT DR	
Street Address	

HARRISBUERG ,PA, 17111	DAOUPHIN
City, State and Zip Code	County
_____	_____
Telephone Number	E-mail Address

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

4. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing	

Attorney's Address	E-mail Address

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

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

_____ No _____ Yes, at No. _____

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

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

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Dauphin county and Lebanon County and Lancaster County to points in PA, and return.*
-

Examples:

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

2. **Certification:**

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

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

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

Verification of Application

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

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

Ali DAFALLA
(Print Name)

Ali
(Signature)

12/17/2025
(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.

Prime Transport Care LLC	Legal Name of Applicant	
Trade Name, if any		
3 LAKE POINT 17111 Street Address (principal place of business)	HARRISBURG City or Municipality Zip Code	Pa State

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.

ALI DAFAALLA
Phone number 717-710-0519
Address 3 LAKE POINT Harrisburg .17111

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

ALI DAFAALLA

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.

I have experience with US MEDICAL TRANSPORTATION LLC.

I have Certificate (PCR, First Aid).

- 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.
 1. Quick Quick Auto Repair ,550 north front street , Steelton , pa , 17113 is our primary maintenance shop, we will send our cars to this location for a regular maintenance check and repair as needed, and we do oil change regularly and get inspected annually.
Business phone number 615-892 -2401.
 2. Our car is located at our office parking lots and we have a car garage storing the equipment and tools that we have.
 3. We have laptop + Printer + chairs + Desk as an office supplier. We will add more equipment.
 4. Usually, the complete operation will be in following steps:
 5. We will be receiving notification when the ride is available from our brokers, sometime email notification or phone call.
 6. B- After we received the trip notification and soon as we excepted will get contacted to a dispatcher of that ride via email or phone call and get all the trips information indicated source and destination of the ride.
 7. We'll have our driver to attach the ride details on the apps or papers documents send to the driver by forward the email or print out the papers that we got it from the Broker.
 8. All above process also sometime can be communicated in text messages via phone or WhatsApp app messages.

9. 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:
In my business plan, we intend to employ **3** drivers to effectively cover the territory we will be serving. This number is based on several key factors can be change.
 - Territory Size and area are Coverage.
Depend or based anticipated trip volumes and peak period like one trip per day or more.
10. Our target area spans more driver and more area , requiring sufficient drivers to ensure timely and efficient service
 1. We are committed to maintaining a well-trained and reliable driver team to ensure safe, efficient, and customer-focused service.

4. 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	<u>SEATING CAPACITY*</u>	VEHICLE ID #	MILEAG E
2021	Toyota	Vinas	5 passenger	JTEAAAAH0MJ029635	134.6906

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

For now I have one Vehicles and one drivers.

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

I requested quote for the insurance and will submit the approval for that insurance when you requested. This includes general liability insurance and auto commercial insurance and work comp. I have attached the quote for each of insurance.

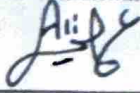
8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

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.

 1/28/2026
(Signature) (Date)
ALI DAFALLA
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash			
Other Current Assets (specify)		cash 5,100	
Total Current Assets			_____
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)			
Office Equipment			
	TOTAL ASSETS		_____

LIABILITIES

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



3060 South Church Street. P.O. Box 286
 Burlington, North Carolina 27216
 (Local) 336-584-8892
 (Toll-Free) 800-334-5579
 (FAX) 336-584-8880
 (Claims FAX) 336-538-0094
 CA License# 0778135

Wednesday, January 28, 2026

To: Krishna Khanal
 From: Josh Coleman
 Extension 8215
 jcoleman@gotapco.com

7606231
 Annapurna Insurance Agency LLC
 4502 Derry St
 Harrisburg, PA 17111

Applicant: **Fine Transportation Care LLC**

Quote ID: **AJVAK**

The insurer with whom this insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the department; and in the event of insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

We are pleased to offer the following quote through: Western World Insurance Company

General Liability:

- \$ 2,000,000 General Aggregate
- \$ Included Products/Completed Operations Aggregate
- \$ 1,000,000 Personal Injury/Advertising Injury
- \$ 1,000,000 Each Occurrence Limit
- \$ 100,000 Damage to Premises Rented to You
- \$ 5,000 Medical Payments
- \$ **0 BI/PD/P&AI Deductible Per Claimant

40030 - Ambulance-Non-Emergency Transportation
 Units 1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; WW266 Cross Suits Exclusion; WW172 Communicable Disease Excl.; WW220 Professional Liability Coverage; CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies) WW513 Loading and Unloading of Any Person(s) Sublimit Endorsement (\$5,000/\$5,000 limits) (7/25 edition); WW538 Human Trafficking Exclusion; WW536 Injury to Contractors, Subcontractors or Independent Contractors and Their Workers; CG2116 Excl Designated Professional Services;

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium:	\$1,691.00
Policy Fee:	\$130.00
Tax:	\$50.73
PSLA Stamping Fee:	\$20.00
Total:	<u>\$1,891.73</u>
Your Commission:	\$211.38

Comments:

COPY OF COMMERCIAL AUTO POLICY VEHICLE SCHEDULE MUST BE PROVIDED. Form WW541 Per & Polyfluoroalkyl Substances (PFAS) Exclusion Endorsement applies. Form WW534 Amendment of Employers Liability Exclusion applies. WW13 Classification Limitation applies.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, American Express, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the risk specific information, coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

Quote valid for 30 days.



Proposed Policy Period: 01/31/2026 - 01/31/2027

Insured Information

Business Name ALI IBRAHIM M DAFALLA
DBA PRIME TRANSPORT CARE LLC
City, St Zip Harrisburg, PA 17111
DOT N/A

Agent Information

Agency Name Annapurna Insurance Agency, LLC
Agent padam kadariya
Email Kadariyapadam@gmail.com

Coverage and Premium Information

		Annual Premium*
Liability	\$1,000,000 Combined Single Limit	\$13,530
Uninsured Motorists	\$100,000 Combined Single Limit	\$282
Underinsured Motorists	\$100,000 Combined Single Limit	\$282
Basic First Party Benefits		\$1,016

*Note: Your actual premium may vary due to driver quality, loss history, account risk characteristics, or other factors.

Total Annual Premium* \$15,110.00

Payment Plan Options

	Initial Due*	Est. Installment ‡
Pay in Full	\$15,110	N/A
2 Payments	\$7,555	\$7,555
4 Payments	\$3,778	\$3,778
6 Payments	\$3,022	\$2,418
11 Payments	\$3,022	\$1,209

‡ Rounded to next dollar. An additional \$8.00 fee per installment will apply unless enrolled in automatic electronic payments. Accepted payment types include bank account, credit or debit card.



Proposed Policy Period: 01/31/2026 - 01/31/2027

Vehicle Information

1	2021 TOYOTA VENZA	VIN: JTEAAAAHOMJ029635	
	Body Type: Sport Utility Vehicle	Radius: Up to 100 miles	
	Liability		\$13,530
	Uninsured		\$282
	Underinsured		\$282
	Basic First Party Benefits		\$1,016

Vehicle Total: \$15,110

Driver Information

#	First Name	Last Name	Date of Birth
1	ALI IBRAHIM	DAFAALLA	02/13/1995

Schedule of Forms & Endorsements

CA 0001	(10/2013)	Business Auto Coverage Form
CA 0180	(09/1997)	Pennsylvania Changes
CA 2018	(10/2013)	Professional Services Not Covered
CA 2106	(06/2012)	Pennsylvania Uninsured Motorists Coverage - Stacked
CA 2191	(06/2012)	Pennsylvania Underinsured Motorists Coverage - Stacked
CA 2402	(10/2013)	Public Transportation Autos
IL 0017	(11/1998)	Common Policy Conditions
IL 0021	(09/2008)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 0120	(05/2011)	Pennsylvania Changes - Defense Costs
IL 0910	(12/2003)	Pennsylvania Notice
M 3795	(03/1987)	Punitive Damage Exclusion Duty to Defend Amendment
M 4095b	(10/2008)	Pennsylvania Fraud Notice
M 4572	(12/1994)	Schedule of Forms and Endorsements at Policy Inception
M 4803	(02/1998)	Abuse or Molestation Exclusion
M 4959a	(03/2002)	Schedule of Covered Autos
M 5178b	(09/2009)	Pennsylvania Changes - Cancellation and Nonrenewal
M 5603	(03/2017)	Policy Jacket
M 5605	(02/2011)	Business Auto Coverage Declarations
M 5623	(04/2011)	Application of Policy - Financial Responsibility
M 5749	(01/2013)	Underinsured Motorists Coverage Amendatory Endorsement
M 5872	(04/2016)	Changes to Common Policy Conditions - Cancellation
R 1413e	(08/1998)	Pennsylvania Financial Responsibility Identification Card

Applicant Name: ALI IBRAHIM M
 DAFAALLA
 Quote Number: 17656598

 Billing Services:
 1-877-680-2442
 7:00 AM-7:00 PM Central Time, Mon-Fri
 billing@bhhomestate.com

Indicated Premium: \$15,110.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$3,022.00	\$3,022.00	\$3,778.00	\$7,555.00	\$15,110.00
Installments *					
Month 1	\$1,208.80	\$2,417.60			
Month 2	\$1,208.80		\$3,777.00		
Month 3	\$1,208.80	\$2,417.60			
Month 4	\$1,208.80				
Month 5	\$1,208.80	\$2,417.60	\$3,777.50	\$7,555.00	
Month 6	\$1,208.80				
Month 7	\$1,208.80	\$2,417.60			
Month 8	\$1,208.80		\$3,777.50		
Month 9	\$1,208.80	\$2,417.60			
Month 10	\$1,208.80				

*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

ALI IBRAHIM M DAFAALLA

Quote #: 17656598

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- Subject to no filings or MCS-90
- Compliance with UM/UIM Limit Requirements
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures
- Prompt reporting of all new drivers
- Commission: 12.5%
- All New Drivers must meet driver guidelines
- Subject to the drivers operating units with a GVW over 26,000 pounds having CDL experience as indicated

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

Subject to prior losses as presented

Completed and Signed Selection/Rejection forms as required by state law

Radius: 100% of operations within 100 miles; inform if different

Quote is valid through: 02/27/2026

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.

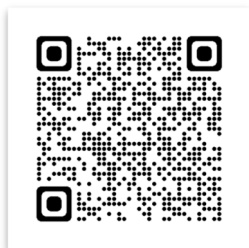
New BHHC Discount now available!

BHHC is now offering a premium discount of up to 5% to customers willing to share their electronic logging device (ELD)/telematics data with us.

The customer must have an ELD/telematics device through a participating telematics service provider (TSP) to qualify. The discount would be applied via a midterm endorsement once we can verify that the sign-up process has been completed by the customer. Premium will not go up midterm due to the customer sharing their data with us. However, the discount will be removed if we are unable to receive the customer's data.

Interested?

- 1.** Verify that the customer is willing to share their data and has eligible devices. The QR code and link below have a list of eligible TSPs.
- 2.** Email CVTechnology@bhhomestate.com with:
 - A.** Policy Number
 - B.** Insured Contact Name
 - C.** Insured Email Address
 - D.** Name of the insured's TSP (i.e. Motive, Samsara, Verizon, etc.)
- 3.** An email will go out to the insured from CVTechnology@bhhomestate.com with a link to complete sign-up. Make sure the insured completes sign-up since the discount will not be applied until we can verify sign-up has been completed.



OR

https://bit.ly/BHHC_TSP_List



PO Box 31145 • Omaha, NE 68131

Recurring Payments Authorization Form

Billing Services:
1-877-680-2442
7:00 AM-7:00 PM Central Time, Mon-Fri
billing@bhomestate.com

Insured Name: ALI IBRAHIM M DAFAALLA
Quote Number: 17656598
Agency Name: Annapurna Insurance Agency, LLC

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type: Enroll in Recurring Payments Change Recurring Payments Account Stop Recurring Payments
(only signature and date required)

Name on Account: _____ Account Holder Address: _____
City/State/ZIP: _____ E-mail Address for Receipts: _____

Enroll using a <u>Checking/Savings Account</u>		Account Type:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name:	_____			
Routing Number*:	_____	Account Number:	_____	
<i>*Please note that a routing number has exactly nine digits.</i>				
Enroll using a <u>Credit/Debit Card*</u>		Card Type:	Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>
			Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number:	_____	Expiration Date:	_____	
<i>*A nominal transaction and reversal may appear on your statement due to our validation process.</i>				

Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **E-MAIL WILL NOT BE ACCEPTED**

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

**** I authorize National Indemnity Company [on behalf of Berkshire Hathaway Homestate Companies] to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.****

AUTHORIZED SIGNATURE: _____ Date: _____



1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

01/28/2026
ALI IBRAHIM M DAFAALLA
3 Lakepoint Dr
Harrisburg, PA 17111

Billing services:
1-877-680-2442
Monday - Friday
7:00 AM - 7:00 PM Central Time

Claim reporting:
1-800-356-5750
24 hours a day
7 days a week

RE: Insurance Quote: 17656598
Proposed Term: 01/31/2026 - 01/31/2027
Writing Company: Berkshire Hathaway Homestate
Insurance Company

To ALI IBRAHIM M DAFAALLA:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.¹

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: ALI IBRAHIM M DAFAALLA
Address: 3 Lakepoint Dr
Harrisburg, PA 17111

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center
P.O. Box 105108 1-800-456-6004
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

¹

Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

Your biBERK Quote

Thank you for providing biBERK the opportunity to quote your Workers' Compensation insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.



Workers' Compensation

Quote ID: 58752913

ali dafaala

Policy Start Date: 1/31/2026

Policy End Date: 1/31/2027

9 Monthly Payments: \$425.19 / Month

Total Yearly Premium: \$4,502.00

Save \$7 per payment by selecting Autopay

Why biBERK insurance?

We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$38 billion a year to resolve claims.

- Outstanding customer service
- Online certificates of insurance
- Affordable payment plans

Customer Reviews

★★★★★ 4.9 / 5

Calculated from customer reviews over the past 12 months.

COVERAGES

- ✓ Workers' Compensation
- ✓ Employer's Liability Insurance
- ✓ Coverage for One Owner / Officer

EMPLOYER LIABILITY LIMIT

Each Accident	\$100,000
Each Employee	\$100,000
Policy Total	\$500,000

Disclaimer: The quoted premium and policy eligibility is subject to change if changes are made to the effective date, policy limits, application information, or as required by state law.

Your Worker's Compensation Quote ID: 58752913

Policy Details of Your Plan

Coverages

Specific events trigger coverage by this policy.

✓ **Workers' Compensation Policy**

Workers' Compensation insurance pays for lost income and medical benefits for employees who are injured on the job. The amount of coverage is set by state law. Worker's Compensation insurance is usually required for businesses with employees.

✓ **Employer's Liability Insurance**

Employer's Liability insurance is part of the standard Workers' Compensation policy, and typically pays for lawsuits related to on-the-job injuries that are not covered by Workers' Compensation (e.g., a claim for loss by a spouse when an employee is injured).

✓ **Covered Owners and Officers**

ali dafaala

Classification for owners/officers may have been adjusted to meet company minimum requirements. Final Audit will be conducted to determine actual remuneration by class code.

Coverage Details

Headquarters State: Pennsylvania

Description	Class Code	Premium Basis: Total Estimated Annual Payroll	Rate per \$100 of Payroll	Estimated Annual Premium
PARATRANSIT SERVICE	0828	\$52,957.00	7.66	\$4,054
PA: Variable Insurance Annual Premium				\$4,054
Fixed Insurance Premium				\$350
Total Estimated Annual Premium				\$4,404
PA: State Assessment			2.22	\$98
Total Estimated Annual Cost				\$4,502

Your Worker's Compensation Quote ID: 58752913

Injuries Not Covered by Workers' Compensation Insurance

Injuries sustained as a result of the actions below are not covered by workers' compensation insurance.

Activities not related to work responsibilities

Injuries from activities that don't benefit the employer are not covered. Examples include horseplay or fighting at work, voluntary recreational activities, and commuting to and from work.

Alcohol or drug use

In many states, injuries caused by an employee's intoxication from alcohol or other regulated and banned substances are not covered. In those states, employers can deny a claim if testing within a specified time period detects elevated levels of illegal substances.

Misconduct

Injuries resulting from violations of the law or of company rules and policies are not covered.

Self-inflicted harm

Injuries that employees cause to themselves are not covered. This includes injuries sustained by a person who initiates a physical altercation.

Your Worker's Compensation Quote ID: 58752913

Part of Berkshire Hathaway

You can insure your business with confidence when you work with biBERK. We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims. From jargon-free policies providing affordable, comprehensive coverage for your operations, people, and property, to attentive customer service, it's easy to understand why more businesses are turning to biBERK.

Cancellation Policy

You may cancel your policy with advance written notice or by talking with one of our insurance experts at 1-844-472-0967. Please note that policies cannot be canceled by voicemail or email, and be aware that state regulations or policy language may affect when we are able to offer cancellation. Also, a notice period may apply if you are in the for-hire transportation of goods or passengers industries and we have made a state or federal filing on your behalf. The notice period before your cancellation is subject to the minimums set by state or federal authorities and can be up to 35 days. Your policy is also subject to cancellation by us if a premium payment is not made by the due date. In addition, late payments are subject to a late fee, and a fee also will be assessed for checks that are returned for insufficient funds.

Terms and Conditions

Your annual premium is subject to change after coverage has been bound. Please be aware that the information submitted to us by you is subject to verification via an annual audit in accordance with the terms of your policy.

If you cancel the policy, you may be subject to a short rate penalty. This penalty is usually around 10% of the unearned premium. For example, if you cancel a few days in the penalty will be around 10% of the annual premium if you cancel halfway through it will be around 5%. The highest the penalty could be relative to the earned premium is 18.24 times.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon, Tennessee, or Vermont; in the District of Columbia, Louisiana, Maine, Virginia, and Washington, insurance benefits may also be denied.)

Your Worker's Compensation Quote ID: 58752913

Limits

The each accident limit is the maximum amount paid out for a covered loss resulting from a single event. The limit includes claim expenses such as defense cost.

Each Accident \$100,000

The each employee limit is the maximum amount paid out for a covered loss for an employee. The limit includes claim expenses such as defense cost.

Each Employee \$100,000

The total policy limit is the maximum amount paid out for all covered losses during the policy period. The limit includes claim expenses such as defense cost.

Policy Total \$500,000

Premium

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$425.19 (9 monthly payments of \$425.19) plus down payment of \$675.30

Yearly: \$4,502.00

Your Worker's Compensation Quote ID: 58752913

Why You Need Workers' Compensation Insurance

Workers' Compensation insurance, also called "workers' comp" or "workman's comp," is valuable to you and your employees as it provides financial protection in the event of a job-related accident or illness.

State Requirements

Workers' Compensation insurance is regulated on a state-by-state basis but is generally mandatory for businesses with employees. Benefits are set by state law.

Potential Lawsuits

Workers' Compensation insurance is highly recommended for all businesses with employees due to the possibility of costly lawsuits. Whether action taken against your business is substantiated or groundless, we provide legal counsel, saving you money and giving you peace of mind.*

Obtaining Contracts

Many clients in Transportation & Warehousing will require that you have a Certificate of Workers' Compensation Insurance before they will sign a contract with you.

Backed by Berkshire Hathaway

You can insure your business with confidence when you work with biBERK. We're backed by Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$30 billion a year to resolve claims. From jargon-free policies providing affordable, comprehensive coverage for your operations, people, and property, to attentive customer service, it's easy to understand why more businesses are turning to biBERK.

Your Worker's Compensation Quote ID: 58752913

Contact Details

Your contact information:

ALI DAFAALA

alibrahim15963@gmail.com

717-710-0519

Application Questions & Answers

Answers I provided to biBERK are true, correct and complete to the best of my knowledge.

**Note: some answer(s) may have been changed during quality assurance (QA) research.*

Question: Number of Employees

Answer: 0

Question: ZIP Code

Answer: 17111

Question: Business Industry

Answer: Paratransit (Disabled Persons)

Question: How is your business structured?

Answer: Individual

Question: What is your total estimated payroll for the next 12-months?

Answer: \$52,957.00

Question: Located In

Answer: I run my business out of my home

Question: When do you want your policy to start?

Answer: 01/31/2026

Your Worker's Compensation Quote ID: 58752913

Question: When did you start your business?

Answer: Started last year

Question: Do you have multiple locations in more than one state?

Answer: No

Question: How many owners/officers does your business have?

Answer: 1

Question: How many owners/officers do you want to cover with this policy?

Answer: 1

Question: In the past 3 years how many Workers' Compensation claims were reported?

Answer: 0

Question: Do you make any payments to workers using IRS Form 1099?

Answer: No

Question: How many years have you been in business?

Answer: 1

Question: Do you currently have a Workers' Compensation insurance policy in effect?

Answer: No

Question: When was your last Workers' Compensation insurance policy in effect?

Answer: No prior insurance

Question: Do the business owner(s) of this business have ownership in any other transportation business?

Answer: No

Question: Where does your business operate?

Answer: R

Your Worker's Compensation Quote ID: 58752913

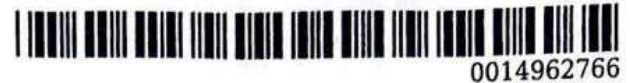
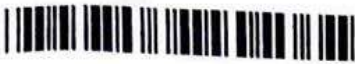
Question: How is your Business Structured?

Answer: Individual/Sole Proprietor

Policyholder Disclosure Notice of Terrorism Insurance Coverage

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.



0014962766



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0014962766
Date Filed: 10/29/2025

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name

Entity name Prime Transport Care, LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is
 850 WALNUT BOTTOM RD
 CARLISLE, PA 17013-3615
 CUMBERLAND

Organizers

Name of individual or organization	Address
ALI DAFAALLA	850 WALNUT BOTTOM RD CARLISLE, PA 17013-3615

Additional provisions, if any

Additional provisions

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

ALI DAFAALLA

10/29/2025

ALI DAFAALLA

Date

B0955-4430 10/29/2025 1:32 PM Received by Pennsylvania Department of State



MEMBERS 1st
FEDERAL CREDIT UNION

Account Statement

PRIME TRANSPORT CARE LLC
PRIME TRANSPORT CARE LLC
ALI IBRAHIM MO DAFALLA
ALI IBRAHIM MO DAFALLA
850 WALNUT BOTTOM RD
CARLISLE, PA 17013-3615

For Account: XXXXXXXX432

Reporting Period: 11/3/2025 to 12/17/2025

0000 BUSINESS SAVINGS

Post Date	Transaction Description	Amount	New Balance
11/05/25	Deposit Cash	\$5.00	\$5.00

0007 BUSINESS CHECKING

Post Date	Transaction Description	Amount	New Balance
11/05/25	Deposit Cash	\$95.00	\$95.00
11/14/25	Deposit Cash	\$4,650.00	\$4,745.00
11/14/25	Deposit	\$260.00	\$5,005.00
11/30/25	Dividends	\$0.09	\$5,005.09

Pennsylvania

visitPA.com USA

DRIVER'S LICENSE



Handwritten signature in Arabic script.

4d DLN: 34 303 820

3 DOB: 02/13/1995

1 DAFALLA
2 ALI IBRAHIM MOHAMED
3 LAKEPOINT DR
HARRISBURG, PA 17111

4b EXP: 02/14/2027

4a ISS: 01/09/2023

15 SEX: M 18 EYES: BRO

16 HGT: 5'-10"

9 CLASS: C

9a END: NONE

12 RESTR: NONE

DUPS: 00

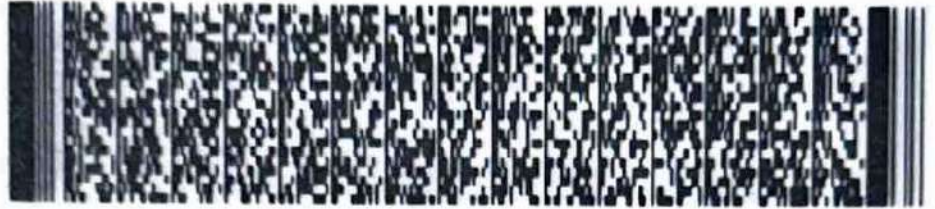


5 DD-2301000101602
700000001621

21 02501209858
22347



02/13/1995
Rev03/25/2022



Notify PennDOT if you
move within 15 days.
Visit us at www.dmv.pa.gov
or call us at 717-412-5300.
TTY callers - please dial
711 to reach us.



CLASS: C-Single/Comb < 26,001

END: None

RESTR: None

1787
PENNSYLVANIA



PENNSYLVANIA VEHICLE REGISTRATION

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

717
710
0519

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

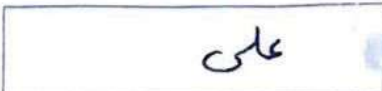
02 OF 02

T

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Mar 31, 2026 VALID: 04/04/2025

PLATE: MVV4353
TITLE: 85083834403 DA
VIN: JTEAAAH0M3029635
YR/MAKE: 2021/TOYOTA
TYPE: SW
WID: 25094 3433 000355
TITLE BRANDS: RECONSTRUCTED VEH
EMISSION INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: DAUPHIN



SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code

ALI IBRAHIM MOHAMED DAFALLA
3 LAKEPOINT DR
HARRISBURG PA 17111

