

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Remove and Restore Hauling Co.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.**

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" 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 Trucking" or "J. Doe Trucking" 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 14323970
(See checklist and indicate type of business entity registered)

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

To transport household goods in the Chester County, Delaware County, Montgomery County, Philadelphia, and surrounding areas within Pennsylvania.

Examples:

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

11. **Certification:**

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

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

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; 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.

Darren W Shank

(Print Name)

Darren W Shank

(Signature)

1/13/2026

(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.

Remove and Restore Hauling Co.

Legal Name of Applicant

Trade Name, if any

1020 Dogwood Ln

West Chester

PA

19382

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.

Darren Shank
Owner
1020 Dogwood Ln, West Chester, PA 19382
(484) 272-7150

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

N/A

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I).

See attached pay stubs from "610 Hauling LLC" aka College Hunks Hauling Junk and Moving.

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

Our home office is located at 1020 Dogwood Ln, West Chester, PA 19382. All electronic records are maintained in a shared folder and physical records are maintained in a locked file cabinet accessible by Darren Shank and Vijay Venugopalan. Our 2019 Isuzu NPR 16 foot enclosed box truck with a lift gate is parked in a commercial lot with permission at 1313 Wilmington Pike, West Chester, PA 19382. We do not plan to offer storage services at this time. Our company phone number (484) 272-7150 relays calls/texts to both Darren and Vijay's cell phone to ensure prompt customer service. Services requests are posted to a CRM system which schedules jobs on a shared calendar. Driver communication is facilitated via phone calls and text messages.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

We will operate with 2 drivers (Darren and Vijay) until our volume reaches a point that requires us to purchase another truck, at which point we plan to hire and train 2 more people in accordance with our attached policy "Driver Policies and Procedures".

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
2019	Isuzu	NPR	3	54DC4W1B2KS800208	149,982

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

See attached "Vehicle Safety Program"

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

We have contacted Progressive and they will be able to increase the coverage of our commercial auto policy to meet the requirements for both personal bodily injury and cargo for an estimated additional \$1,300 annually (discounted because we have a general liability policy through a different carrier). We currently offer a junk removal and general labor service that cover our expenses, we'd like to expand our service offering to include local full service moves.

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

____ YES NO

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

Verification of Statement

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

Darren W. Shank

(Signature)

Darren W Shank, Owner

(Name and Title, printed or typed)

1/13/2026

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 12/31/2025
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$8,913.02	
Other Current Assets (specify)	_____	
Total Current Assets		<u>\$8,913.02</u>
Tangible Assets		
Motor Vehicle Equipment	\$20,000.00	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
	TOTAL ASSETS	<u>\$28,913.02</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	\$276.85	
Other Liabilities (Attach schedule)	\$953.46	See Stetson Insurance Funding
Total Current Liabilities		<u>\$1,230.31</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		
	TOTAL LIABILITIES	<u>\$1230.31</u>

Company Code Loc/Dept Number Page
 KD / KAH 25452145 01/001 1051333 1 of 1
 College Hunks Hauling Junk
 308 Westtown Rd
 West Chester, PA 19382

Earnings Statement



Period Starting: 11/29/2020
 Period Ending: 12/12/2020
 Pay Date: 12/18/2020

Taxable Filing Status: Single
 Exemptions/Allowances:

Federal: Std W/H Table
 State: 0
 Local: 0

Tax Override:
 Federal:
 State:
 Local:

Social Security Number: XXX-XX-XXXX

Darren Shank
 404 Forge Ln
 Exton, PA 19341

Earnings	rate	hours/units	this period	year to date
Regular	10.0000	27.50	275.00	5500.00
Overtime			0.00	1170.00
Credit card tips owed		0.00	75.75	1248.95
Bonus		0.00	9.50	34.50
Commission			0.00	197.19
Gross Pay			\$360.25	\$8,150.64

Other Benefits and Information	this period	year to date
Total Hours Worked	27.50	613.50

Deposits	transit/ABA	amount
account number		
XXXXXX7934	XXXXXXXXXX	317.81

Statutory Deductions	this period	year to date
Federal Income	0.00	321.02
Social Security	-22.34	505.34
Medicare	-5.22	118.18
Pennsylvania State Income	-11.06	250.23
Pennsylvania State UI	-0.22	4.89
W Goshen T Local Income	-3.60	81.50
Voluntary Deductions	this period	year to date
Miscellaneous	0.00	25.00
Net Pay	\$317.81	

Your federal taxable wages this period are \$360.25

College Hunks Hauling Junk
 308 Westtown Rd
 West Chester, PA 19382

Pay Date: 12/18/2020

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX7934	XXXXXXXXXX	317.81

THIS IS NOT A CHECK

Darren Shank
 404 Forge Ln
 Exton, PA 19341

Company Code KD/KAH25452145 Loc/Dept 01/001 Number 2195991 Page 1 of 1
 610 Hauling Llc
 308 Westtown Rd
 West Chester, PA 19382-4946

Earnings Statement



Period Starting: 12/12/2021
 Period Ending: 12/25/2021
 Pay Date: 12/30/2021

Taxable Filing Status: Single
 Exemptions/Allowances:

Federal: Std W/H Table
 State: 0
 Local: 0

Tax Override:

Federal:
 State:
 Local:

Social Security Number: XXX-XX-XXXX

Darren Shank
 404 Forge Ln
 Exton, PA 19341

Earnings	rate	hours/units	this period	year to date
Regular	11.0000	9.25	101.75	8933.00
Overtime			0.00	193.13
Credit card tips owed		0.00	50.25	2741.08
Commission			0.00	4923.85

Gross Pay **\$152.00** **\$16,791.06**

Statutory Deductions	this period	year to date
Federal Income	0.00	856.77
Social Security	-9.43	1041.05
Medicare	-2.20	243.47
Pennsylvania State Income	-4.67	515.48
Pennsylvania State UI	-0.09	10.08
W Goshen T Local Income	-1.52	167.90

Voluntary Deductions	this period	year to date
Uniform	0.00	12.00
Miscellaneous	0.00	10.00

Net Pay **\$134.09**

Other Benefits and Information	this period	year to date
Total Hours Worked	9.25	851.75

Deposits account number	transit/ABA	amount
XXXXXXXX7934	XXXXXXXXXX	134.09

Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$152.00

610 Hauling Llc
 308 Westtown Rd
 West Chester, PA 19382-4946

Pay Date: 12/30/2021

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXXXX7934	XXXXXXXXXX	134.09

THIS IS NOT A CHECK

Darren Shank
 404 Forge Ln
 Exton, PA 19341

Company Code KD / KAH 25452145 Loc/Dept 01/001 Number 3500015 Page 1 of 1
 610 Hauling Llc
 308 Westtown Rd
 West Chester, PA 19382-4946

Earnings Statement



Period Starting: 03/19/2023
 Period Ending: 04/01/2023
 Pay Date: 04/07/2023

Taxable Filing Status: Single

Exemptions/Allowances:

Federal: Std W/H Table
 State: 0
 Local: 0

Tax Override:

Federal: 0.00 Addnl
 State:
 Local:

Social Security Number: XXX-XX-XXXX

Darren Shank
 404 Forge Ln
 Exton, PA 19341

Earnings	rate	hours/units	this period	year to date
Regular	13.0000	4.00	52.00	689.00
Credit card tips owed		0.00	35.00	301.75
Commission		0.00	31.70	336.10
Gross Pay			\$118.70	\$1,326.85

Other Benefits and Information	this period	year to date
Total Hours Worked	4.00	53.00

Statutory Deductions	this period	year to date
Federal Income	0.00	0.00
Social Security	-7.35	82.26
Medicare	-1.72	19.24
Pennsylvania State Income	-3.64	40.73
Pennsylvania State UI	-0.08	0.93
W Goshen T Local Income	-1.19	13.27
Net Pay	\$104.72	

Deposits account number	transit/ABA	amount
XXXXXX7934	XXXXXXXXXX	104.72

Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$118.70

610 Hauling Llc
 308 Westtown Rd
 West Chester, PA 19382-4946

Pay Date: 04/07/2023

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX7934	XXXXXXXXXX	104.72

THIS IS NOT A CHECK

Darren Shank
 404 Forge Ln
 Exton, PA 19341



Driver Policies and Procedures

This document establishes Remove and Restore Hauling Co.'s policies and procedures for driver qualification, screening, training, and safety.

1. Driver Hiring Standards

All drivers must meet the following minimum qualifications prior to hire:

- Be at least **18 years of age**
- Possess a **valid driver's license** appropriate for the vehicle class
- Have a minimum of **two (2) years of driving experience**
- Be legally authorized to work in the United States
- Be physically capable of safely performing duties, including lifting and vehicle operation
- Maintain an **acceptable driving history** (as determined by company review of MVR)

Disqualifying driving history may include:

- DUI/DWI offenses within the past 5 years
- Reckless driving convictions within the past 3 years
- Patterns of moving violations indicating unsafe driving
- Any license suspension or revocation within the past 3 years

These standards are applied consistently to all prospective drivers.

2. Criminal Background Check System

Remove and Restore Hauling Co. conducts **criminal background checks** on all prospective drivers in accordance with applicable federal, state, and local laws.

- Background checks are performed through Pennsylvania Access to Criminal History (epatch.pa.gov)
- Checks include review of felony and misdemeanor convictions
- Disqualifying offenses may include, but are not limited to:
 - Violent crimes



- Theft, fraud, or dishonesty-related offenses
 - Any offense that presents a risk to customer safety or property
 - Each case is evaluated on its circumstances, severity, and relevance to driving duties
 - Results are documented and retained in the driver's personnel file
-

3. Driver Training Program

All drivers must complete a **comprehensive training program** prior to operating company vehicles independently. The program includes:

1. **Orientation**
 - Overview of company policies, procedures, and expectations
 - Review of the Driver Hiring Standards document
2. **Vehicle Operation and Safety**
 - Defensive driving techniques
 - Pre-trip and post-trip vehicle inspections
 - Load securement and protection of household goods
3. **Customer Service and Professional Conduct**
 - Professional interaction with customers
 - Proper handling and transport of customer belongings
 - Incident reporting procedures
4. **Ongoing Training**
 - Refresher courses as needed
 - Updates on regulatory changes or safety protocols

Documentation of training completion is maintained in each driver's personnel file.

4. Driver License Check System

Remove and Restore Hauling Co. maintains a system to **verify and monitor driver license status**:

- Verification of valid driver's license at time of hire
- Review of license endorsements appropriate for vehicle class
- Initial and periodic checks of Motor Vehicle Records (MVRs) for prospective or active drivers through a Pennsylvania Department of Transportation Individual Driver Record Search



- Immediate notification requirement from drivers for any changes in license status
- Documentation of all checks is retained in personnel files

This system ensures that only properly licensed and qualified drivers operate company vehicles.

5. Alcohol and Drug Use Policy

Remove and Restore Hauling Co. enforces a strict **drug- and alcohol-free workplace**:

- Drivers are prohibited from operating company vehicles under the influence of alcohol, illegal drugs, or any substance that impairs driving ability
 - Drivers must report any prescribed medications that could affect safe vehicle operation
 - Reasonable-suspicion testing may be conducted when warranted
 - Violations of this policy may result in disciplinary action, up to and including termination
 - Training on this policy is included as part of the driver orientation program
-



Driver Disclosure and Acknowledgment Form

This form acknowledges that the undersigned driver has received, reviewed, and agrees to comply with the Remove and Restore Hauling Co. Driver Policies and Procedures, including hiring standards, background check procedures, training requirements, license verification, and alcohol and drug use policies.

Driver Disclosures

I acknowledge that:

1. The information I provided to Remove and Restore Hauling Co. during the hiring process, including employment history, driving record, and background information, is true and accurate.
 2. I hold a valid driver's license appropriate for the vehicle(s) I am authorized to operate and will immediately notify the company of any suspension, revocation, restriction, expiration, or change in my driving privileges.
 3. I authorize Remove and Restore Hauling Co. to obtain and review my motor vehicle record and criminal background check in accordance with company policies.
 4. I understand that I am prohibited from operating company vehicles under the influence of alcohol, illegal drugs, or any substance that may impair safe operation, and I will report any medications or conditions that could affect my driving.
-

Acknowledgment of Policies

I acknowledge that I have received, read, and understand the Driver Policies and Procedures and agree to comply with all requirements, including:

- Safe operation of company vehicles
- Compliance with all traffic laws and regulations
- Proper handling and protection of customer property
- Reporting of accidents, citations, or safety incidents
- Participation in training programs as required



Remove and Restore Hauling Co.
1020 Dogwood Ln
West Chester, PA 19382

Failure to comply with these policies may result in disciplinary action, up to and including termination.

Certification and Signature

Driver Name (Printed): _____

Driver Signature: _____

Date: _____

Company Representative Name (Printed): _____

Company Representative Signature: _____

Title: _____

Date: _____

Note: This signed form will be retained in the driver's personnel file as documentation of acknowledgment and compliance with Remove and Restore Hauling Co. policies and requirements.



Vehicle Safety Program

This document outlines the **Vehicle Safety Program** of Remove and Restore Hauling Co., designed to ensure all company vehicles are safe and comply with Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

1. Vehicle Maintenance Plan

Remove and Restore Hauling Co. maintains a **maintenance plan** for safe and reliable operation of all company trucks. The plan includes:

a. Daily Pre-Trip Check

- Driver checks brakes, lights, turn signals, horn, mirrors, tires, and fluid levels.
- Vehicle is not operated if any defects are found.

b. Regular Maintenance

- Oil changes, brake inspection, and other manufacturer-recommended maintenance are performed on schedule.
- Worn or damaged parts are repaired or replaced promptly.

c. Annual State Inspection

- Vehicles receive PennDOT-required safety inspections.
- Inspection records are kept in the **Vehicle Maintenance Log**.

All inspections and maintenance are documented in the **Vehicle Maintenance Log**, reviewed periodically by management.



2. Continuous Compliance with 67 Pa. Code, Chapter 175

a. Driver Inspections

- Drivers perform pre-trip and post-trip checks to ensure compliance with PA equipment standards.
- Any issues are reported immediately; vehicle is removed from service until corrected.

b. Maintenance Records

- Repairs and inspections are logged in the **Vehicle Maintenance Log** and reviewed regularly.

c. Driver Training

- Drivers are trained on PA equipment regulations and reporting procedures.

d. Corrective Actions

- Any noncompliant vehicle is repaired before returning to service.
- Records of all corrective actions are maintained.

e. Management Oversight

- Management audits vehicles and logs periodically to ensure ongoing compliance.
-

Certification

Remove and Restore Hauling Co. certifies that this Vehicle Safety Program is implemented and maintained to ensure safe operation and compliance with Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175) for all company trucks in the specified classification.



Driver Vehicle Maintenance Acknowledgment Form

This form acknowledges that the undersigned driver has received, reviewed, and agrees to comply with the Remove and Restore Hauling Co. Vehicle Safety Program, including the vehicle maintenance plan for all company vehicles.

Driver Acknowledgment

I acknowledge that:

1. I have received training on the company's vehicle safety program and understand the importance of daily pre-trip inspections, regular maintenance, and annual PennDOT safety inspections.
 2. I am responsible for performing pre-trip and post-trip checks to ensure safe operation and compliance with Pennsylvania equipment standards (67 Pa. Code, Chapter 175).
 3. I will immediately report any defects, malfunctions, or safety issues to management.
 4. I understand that all inspections and maintenance activities are documented in the Vehicle Maintenance Log, and that I am required to follow the program consistently.
-

Certification and Signature

Driver Name (Printed): _____

Driver Signature: _____

Date: _____

Company Representative Name (Printed): _____

Company Representative Signature: _____

Title: _____

Date: _____

Note: This signed form will be retained in the driver's personnel file to document acknowledgment and compliance with the Remove and Restore Hauling Co. Vehicle Safety Program and applicable PA regulations.



We are pleased to introduce you to Stetson Insurance Funding, LLC ("Stetson") an affiliate of Ryan Specialty that facilitates its premium finance requests.

Stetson has teamed up with FIRST Insurance Funding ("FIRST"), one of the largest premium finance companies in North America. Under this collaboration*, FIRST is the lender, as listed on the Premium Finance Agreement, and the loan will be serviced by FIRST.

Stetson will be your Agency's primary point of contact throughout the life of the loan and provide ongoing support to your Agency.

GUIDELINES TO OBTAIN FINANCING WITH STETSON:

- 1. Request changes and provide updates to the premium finance agreement by:**
 - Visiting our website at www.stetsonfunding.com
 - Emailing us at quotes@stetsonfunding.com
 - Calling us at 1-866-856-1112
- 2. Loan Down Payment:**
 - **Commercial Lines** – Your Agency collects the down payment from the Insured and sends it to the General Agent or Carrier.
 - **Personal Lines** – The Insured can pay the down payment to your Agency or to FIRST via electronic check by calling 1-800-837-2513; please reference the quote number on the attached Premium Finance Agreement.
- 3. Return the signed Premium Finance Agreement, along with the ACH Authorization for Direct Debit, if applicable, to agreements@stetsonfunding.com**
 - FOR PERSONAL LINES ONLY: Stetson must also receive the Truth-In-Lending Disclosures page. If multiple borrowers are listed on the Premium Finance Agreement, each borrower must sign the Premium Finance Agreement and initial the Truth-In-Lending Disclosures page.
- 4. Stetson coordinates with FIRST to finalize the loan and fund accordingly. Note that all loan installment payments are due to FIRST.**

Thank you for your business.

We look forward to exceeding your premium finance expectations!

**This information does not apply to premium finance requests submitted directly to FIRST.*

INTERACTIVE VOICE RESPONSE: 866.373.3866 | MAIN: 866.856.1112
CUSTOMERSERVICE@STETSONFUNDING.COM | STETSONFUNDING.COM

LENDER:
 FIRST Insurance Funding
 450 Skokie Blvd, Ste 1000
 Northbrook, IL, 60062-7917
 P:(800) 837-3707, F:(800) 837-3709

PREMIUM FINANCE AGREEMENT

Stetson Insurance Funding, LLC
 10150 York Road, Fifth Floor
 Hunt Valley, MD, 21030
 P: (866) 373-3866

Personal Commercial Additional Premium



Quote #: 86225745

<p>INSURED/BORROWER (Name and Address as shown on Policy) Remove And Restore Hauling, Co. 1020 Dogwood Ln West Chester, PA 19382-7375</p>	<p>Customer ID: 21313191</p>	<p>AGENT or BROKER (Name and Business Address) Adelic Risk Advisors LLC Adelic Risk Advisors LLC 6555 N Longshore St., Suite 200 Dublin, OH 43017</p>
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LOAN DISCLOSURE

Total Premiums, Taxes, and Fees	Down Payment	Unpaid Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
2,046.75	699.19	1,347.56	0.00	1,347.56	82.63	1,430.19	14.485 %

YOUR PAYMENT SCHEDULE WILL BE: *Mail Payments to: FIRST Insurance Funding, PO Box 7000, Carol Stream, IL 60197-7000*

Number of Payments	Amount of Each Payment	First Installment Due	10/17/2025
9	158.91	Installment Due Dates	17th (Monthly)

Certain information contained in the Loan Disclosure section may change in accordance with Section 19 of this Agreement.

INSURED'S AGREEMENT:

- 1. SECURITY INTEREST.** INSURED/BORROWER ("Insured") grants and assigns FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("LENDER") a first priority lien on and security interest in the financed policies and any additional premium required under the financed policies listed in the Schedule of Policies, including (a) all returned or unearned premiums, (b) all additional cash contributions or collateral amounts assessed by the insurance companies in relation to the financed policies and financed by LENDER hereunder, (c) any credits generated by the financed policies, (d) dividend payments, and (e) loss payments which reduce unearned premiums (collectively, the "Financed Policies"). If any circumstances exist in which premiums related to any Financed Policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.
- 2. FINANCE CHARGE.** The finance charge begins accruing on the earliest effective date of the Financed Policies. The finance charge is computed using a 365-day calendar year.
- 3. LATE PAYMENT.** For commercial loans, a late charge will be assessed on any installment at least 5 days in default, and the late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less. For personal loans, a late charge will be assessed on any installment 10 days in default, and the late charge will be the lesser of \$10 or 5% of the delinquent installment.
- 4. PREPAYMENT.** If Insured prepays the loan in full, Insured is entitled to a refund of the unearned finance charge computed according to the Rule of 78s.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
WEB1150022-GENLIAB	C02463-MESA UNDERWRITERS SPECIALTY INS CO G04068-RT Connector [ME:25.000 %, CX:0] [AU, 90%PR] A/F [1,347.56]	GL	12	9/17/2025	1,725.00
				ERN TXS/FEES	150.00
				FIN TXS/FEES	71.75
				Earned Broker Fee	100.00
				TOTAL	2,046.75

Q# 86225745, PRN: 091625, CFG: STETSON-MOONSTONE DP CONFIG, RT: Stetson-Geico, DD: N/A, BM: ACH, Qtd For: A82510 Original, Memo 0

- 5. PROMISE TO PAY.** In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies (or their authorized representative) or the Agent or Broker listed above, Insured unconditionally promises to pay LENDER, the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, subject to all the provisions of this Agreement.
 - 6. POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (a) cancel the Financed Policies in accordance with the provisions contained herein, (b) receive all sums assigned to LENDER, and (c) execute and deliver on behalf of Insured all documents relating to the Financed Policies in furtherance of this Agreement. This right to cancel will terminate only after all of Insured's indebtedness under this Agreement is paid in full. Insured is responsible for repayment of the Amount Financed plus interest and other charges permitted under this Agreement, including the Down Payment if owed and payable directly to LENDER, irrespective of whether LENDER exercises this right to cancel the Financed Policies.
 - 7. SIGNATURE & ACKNOWLEDGEMENT.** Insured has received, reviewed, and signed a copy of this Agreement. By signing below, you certify that you have the requisite authority to (a) enter into this Agreement on behalf of Insured (if applicable, including as agent, trustee, executor, or otherwise in a representative capacity) and any other insureds named on the Financed Policies, and (b) jointly and severally agree on behalf of all insureds named on the Financed Policies to all provisions set forth in this Agreement. Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.
- NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) You have the right to prepay the loan in full and receive a refund of any unearned finance charge. (4) Keep a copy of this Agreement to protect your legal rights. (5) See last page of Agreement for your consent to electronic statement and notice delivery.**

Signed by:

 EDD6462370B241F...
 Signature of Insured or Authorized Agent

9/16/2025
 Date

9/16/2025
 Date

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

- 8. APPLICATION OF PAYMENTS.** (a) Payments received by LENDER from Insured shall be applied first to installments, then to any unpaid fees. The payment of installments is prioritized over the payment of fees, which means when LENDER receives partial payments or overpayments of any installment(s), amounts previously applied to fees may be reallocated to enable a full installment(s) to be paid. This payment application method may cause fees to reappear as unpaid and owing after the payment period in which the fees were originally assessed and paid, but does not increase or otherwise change the amount of fees that Insured may be required to pay under this Agreement. (b) Any returned premium received by LENDER from the Financed Policies will be applied to reduce the total unpaid balance under this Agreement, which shall not relieve Insured of its obligation to pay any remaining installments due but may reduce the amount of such installments.
- 9. EFFECTIVE DATE.** This Agreement will not become effective until it is accepted in writing by LENDER. LENDER will send a Notice of Acceptance to Insured to confirm this Agreement is effective.
- 10. DEFAULT/CANCELLATION.** Insured is in default under this Agreement if (a) the Down Payment, if to be collected by LENDER, or any payment is not received by LENDER when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against Insured, or (c) Insured fails to comply with any of the terms of this Agreement. If Insured is in default, LENDER has no further obligation under this Agreement to pay premiums on Insured's behalf, and LENDER may pursue any of the remedies provided in this Agreement or by law. If a default by Insured results in a cancellation of the Financed Policies, Insured agrees to pay a cancellation charge for commercial loans, which will be the maximum permitted by law. No cancellation charge shall apply to personal loans. If cancellation or default occurs, Insured agrees to pay interest on the unpaid balance due at the contract rate until the balance is paid in full.
- 11. LIMITATION OF LIABILITY.** Insured understands and agrees that LENDER or its assignee is not liable for any losses or damages to Insured or any person or entity upon the exercise of LENDER's right of cancellation, except in the event of willful or intentional misconduct by LENDER.
- 12. INSUFFICIENT FUNDS CHARGE.** If Insured's payment is dishonored for any reason and if permitted by law, Insured will pay LENDER an insufficient funds charge equal to the maximum fee permitted by law for commercial loans and \$10 for personal loans.
- 13. LENDER'S RIGHTS AFTER THE POLICIES ARE CANCELLED.** After any Financed Policy is cancelled by any party or if a credit is otherwise generated, LENDER has the right to receive all unearned premiums and other funds assigned to LENDER as security herein and to apply them to Insured's unpaid balance under this Agreement or any other agreement between Insured and LENDER. Receipt of unearned premiums does not constitute payment of installments to LENDER, in full or in part. Any amounts received by LENDER after cancellation of the Financed Policies will be credited to the balance due with any excess paid to the Insured; the minimum refund is \$1.00. Any deficiency shall be immediately paid by Insured to LENDER. Insured agrees that insurance companies may rely exclusively on LENDER's representations about the Financed Policies.
- 14. ASSIGNMENT.** Insured may not assign any Financed Policy or this Agreement without LENDER's prior written consent. LENDER may transfer its rights under this Agreement without the consent of Insured.
- 15. AGENT OR BROKER.** Insured agrees that the Agent or Broker issuing the Financed Policies or through whom the Financed Policies were issued is not the agent of LENDER, except for any action taken on behalf of LENDER with the express authority of LENDER, and LENDER is not bound by anything the Agent or Broker represents to Insured, orally or in writing, that is not contained in this Agreement. Where permissible by law, LENDER may pay some portion of the finance charge or other form of compensation to the Agent or Broker executing this Agreement for aiding in the administration of this Agreement. In NY, the Agent or Broker may assess a fee to Insured for obtaining and servicing the Financed Policies pursuant to NY CLS Ins § 2119. Any questions regarding this payment should be directed to the Agent or Broker.
- 16. COLLECTION COSTS.** Insured agrees to pay reasonable attorney fees, court costs, and other collection costs to LENDER to the extent permitted by law if this Agreement is referred to an attorney or collection agent who is not a salaried employee of LENDER to collect money that Insured owes.
- 17. GOVERNING LAW.** The loan terms subject to this Agreement are governed by applicable federal law and Illinois law (to the extent not preempted by federal law), without regard to principles of conflicts of law or choice of law. If any court finds any term herein to be invalid, such finding will not affect the remaining provisions.
- 18. WARRANTY OF ACCURACY.** Insured represents and warrants that to the best of its knowledge: (a) the Financed Policies are in full force and effect and that the Insured has not and will not assign any interest in the Financed Policies except for the interest of mortgagees and loss payees, (b) the Down Payment and any past due payments have been paid in full to the Agent or Broker or Lender in cash or other immediately available funds, (c) all information provided herein or in connection with the Agreement is true, correct, and not misleading, (d) Insured is not insolvent nor presently involved in any insolvency proceeding, (e) Insured has no indebtedness to the insurance companies issuing the Financed Policies, (f) there is no provision in the Financed Policies that would require LENDER to notify or obtain consent from any other party to effect cancellation of the Financed Policies, and (g) Insured has disclosed if he or she is a covered member of the armed forces or a dependent of a covered member as defined in the Military Lending Act.
- 19. ADDITIONAL PREMIUMS.** (a) Insured expressly agrees to (i) fully and timely comply with all audits by the insurance companies issuing the Financed Policies, (ii) timely provide complete and accurate payroll information, if applicable, and (iii) pay to the insurance companies any additional amount due in connection with the Financed Policies. The Amount Financed shall be applied to the Financed Policies' premium amounts and Insured shall be responsible for any additional premiums or other sums. (b) Insured, or Agent or Broker, may request that LENDER finance additional policies and/or additional premiums (the "Additional Premiums") for Insured during the term of this Agreement. If LENDER agrees, LENDER will send a Notice of Acceptance to Insured to confirm its approval to finance the Additional Premiums. For commercial loans, this Agreement shall be deemed amended on the date of the Notice of Acceptance to consolidate the Additional Premiums with Financed Policies into a single and indivisible loan transaction subject to this Agreement (with applicable changes to the payment schedule), and the Additional Premiums shall be "Financed Policies" on the date of the Notice of Acceptance. For personal loans, LENDER (or Agent or Broker on LENDER's behalf) will provide a separate Premium Finance Agreement to Insured for any Additional Premiums.
- 20. CORRECTIONS.** LENDER may insert the names of insurance companies or policy numbers in the Schedule of Policies, if this information is not known at the time Insured signs this Agreement. LENDER is authorized to correct patent errors or omissions in this Agreement.
- 21. NON-WAIVER.** Not Applicable.

AGENT OR BROKER REPRESENTATIONS AND WARRANTIES

Unless previously disclosed in writing to LENDER or specified in the Schedule of Policies, the Agent or Broker executing this Agreement expressly represents, warrants, and agrees as follows: (1) Insured has received a copy of this Agreement and has authorized this transaction, the signer of this Agreement (whether Insured or its agent) has valid authority to bind Insured and any other insureds named under the Financed Policies to the terms of this Agreement, including the Power of Attorney provision, Insured's signature is genuine, and the Down Payment has been received from Insured (unless the Down Payment was made to Lender), (2) the information contained in the Schedule of Policies including the premium amount is correct and accurately reflects the necessary coverage, (3) the Financed Policies (a) are in full force and effect, (b) are cancellable by Insured or LENDER (or its successors or assigns), (c) will generate unearned premiums which will be computed on the standard short rate or pro rata basis, and (d) do not contain any provisions which affect the standard short rate or pro rata premium computation, including but not limited to direct company bill, audit, reporting form, retrospective rating, or minimum or fully earned premium, (4) the Agent or Broker is either the insurer's authorized policy issuing agent or the broker placing the coverage directly with the insurer, except where the name of the Issuing Agent or General Agent is listed in the Schedule of Policies, (5) to the best of the Agent or Broker's knowledge, there are no bankruptcy, receivership, or insolvency proceedings affecting Insured, (6) Agent or Broker will hold harmless and indemnify LENDER and its successors and assigns against any loss or expense (including attorney's fees, court costs, and other costs) incurred by LENDER and resulting from Agent or Broker's violations of these Representations and Warranties or from Agent or Broker's errors, omissions, or inaccuracies in preparing this Agreement, and will promptly reimburse LENDER for any loss or expense incurred in connection with any incidence of fraud or lack of valid authority on behalf of Insured or any other named insureds with respect to the terms of this transaction, the Agreement, or the Financed Policies, (7) Agent or Broker will (a) hold in trust for LENDER any payments made or credited to Insured through or to Agent or Broker by the insurance companies or LENDER, and (b) pay these monies and the unearned commissions to LENDER upon demand to satisfy the outstanding indebtedness under this Agreement, and (8) to fully and timely assist with all payroll audits.