

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

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

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

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

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

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

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

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

Foreign Corporations – apply for a Certificate of Authority

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

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

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

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
 - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
 - Transportation of people to correctional facilities for visitation.
 - Transportation of people in wheelchair and stretcher vans.

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

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

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

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (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)

PEACE & BLESSING HOME CARE SERVICES INC

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

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

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** ___ NO

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

13872908

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

(See checklist and indicate type of business entity registered)

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

FAYIZ MUSTAFA

6. **Mailing Address**

12002 FERNDAL STREET

Street Address
PHILADELPHIA PA 19116

City, State and Zip Code
PHILADELPHIA

County
267-984-0007

Telephone Number
fayiz@peaceblessinghomecareservices.com

E-mail Address

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

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

Street Address

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**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

E-mail Address

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

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

No Yes, at No. _____

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

TO TRANSPORT WHEELCHAIR AND OR AMBULATORY CLIENTS BETWEEN POINTS IN PHILADELPHIA COUNTY. THE TRANSPORTATION CONTRACTS WOULD BE THRU BROKERS NOT MY HOME HEALTH AGENCY.

Examples:

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

11. **Certification:**

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

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

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

Verification of Application

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

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

FAYIZ MUSTAFA

(Print Name)

FAYIZ MUSTAFA

03/14/2026

(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.

PEACE & BLESSING HOME CARE SERVICES INC

Legal Name of Applicant

Trade Name, if any

12002 FERNDALE STREET

PHILADELPHIA

PA

19116

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.

FAYIZ MUSTAFA 12002 FERNDALE STREET PHILA PA 19116
267-984-0007

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

N/A

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.

CURRENTLY I HAVE BEEN RESEARCHING AND HAVE FOUND AN OPPORTUNITY TO SHADOW A TRANSPORTATION COMPANY. I HAVE HAD A PASSION FOR HELPING OTHERS
I PLAN ON GETTING MY CPR AND EMSVO CERTIFICATION
I ALSO PLAN ON ONLY HIRING EXPERIENCED INDIVIDUALS
I CURRENTLY OWN OTHER BUSINESSES IN PHILADELPHIA SUCH AS A SUPERMARKET AND TAKE PRIDE IN ASSISTING MY COMMUNITY

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.

MY OFFICE IS IN A SECURED BUILDING WITH TWO COMPUTERS, A PHONE, FAX LINE, PRINTER/SCANNER, AS WELL AS A VISUAL SCREEN THAT WILL BE ATTACHED TO TRACK MY VEHICLE FOR LOCATION AS WELL AS BEING ABLE TO KEEP UP WITH ANY CHANGES THAT MAY OCCUR DURING THE DAY. WE PLAN TO KEEP OUR TRIP SHEETS IN A LOCKED SECURE CABINET AS WELL AS IN THE COMPUTER ON "MEDIROUTES", WHICH IS AN ONLINE DISPATCHING SYSTEM THAT CAN PROVIDE EACH TRANSPORT AND INCLUDE BUT NOT LIMITED TO TIME, DATE, LOCATION, AND SIGNATURES; THESE TRIPS WILL ALSO BE DOWNLOADED ON A DRIVE AS WELL AS A USB. WE WILL BE ABLE TO PROVIDE ALL INFORMATION NECESSARY IN EVENT OF A SPOT INSPECTION. COMMUNICATION IS RECEIVED THRU TELEPHONE, TEXT, OR ELECTRONIC DEVICES AS WELL AS OUR ONLINE PLATFORM THRU MEDIROUTES. EMPLOYEE INFORMATION AND BACKGROUND CHECKS WILL ALSO BE KEPT ELECTRONICALLY AS WELL AS IN A LOCKED SECURED LABELED CABINET AND AVAILABLE UPON REQUEST IF NECESSARY

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.

I plan to start with two(2) drivers.
please see exhibit a attached for additional responses

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

I AM CURRENTLY IN THE MARKET FOR A VEHICLE BUT HAVE NOT SECURED ONE AS OF YET

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

A.) VEHICLES WILL HAVE A DAILY CHECKSHEET FOR DRIVERS TO COMPLETE PRE AND POST TRIP. WE ARE PARTNERED WITH A LOCAL MECHANIC SHOP TO COMPLETE VEHICLE MAINTENANCE. ANY VEHICLE FOUND WITH AN ISSUE, WILL IMMEDIATELY REMOVED AND REPLACED WITH ANOTHER VEHICLE.

B.) SUPERVISORS WILL EXAMINE VEHICLES WITH CHECKSHEET AND MECHANIC SHOP WILL BE GIVEN PA PROTOCOLS TO ENSURE REGULATIONS ARE MET.

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

I AM VERY FAMILIAR WITH NREMT COMMERCIAL INSURANCE QUOTES AND HAVE A LICENSED AND INSURED AGENT READY TO INSURE MY VEHICLE UPON PURCHASE. I WILL BE ABLE TO FINANCE MY PREMIUM MONTHLY AND BE ABLE TO INSURE THRU CARDIGAN, NATIONALITY LIABILITY, OR PA ASSIGNED RISK

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.

FAYIZ MUSTAFA
 (Signature)
 FAYIZ MUSTAFA

 (Name and Title, printed or typed)

03/14/2026
 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) 03/14/2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	20000	
Other Current Assets (specify)	<u>2500 (BANK)</u>	
Total Current Assets		<u>22500</u>
Tangible Assets		
Motor Vehicle Equipment	<u>0.</u>	
Property (buildings, land, etc.)	<u>0</u>	
Office Equipment		<u>5000</u>
TOTAL ASSETS		<u>27,500.</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>0</u>	
Credit cards/revolving credit	<u>0</u>	
Other Liabilities (Attach schedule)	<u>0</u>	
Total Current Liabilities		<u>0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0</u>	
Long term commercial loan	<u>0</u>	
Other Liabilities (Attach Schedule)	<u>0</u>	
Total Long-Term Liabilities		<u>0</u>
TOTAL LIABILITIES		<u>0</u>

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

FAYIZ MUSTAFA

03/14/2026

- § 29.503. Age restrictions AND § 29.504.

Driver history The Paratransit Driver should have a high school education. Those with a GED equivalent will be considered.

- Must have a current, valid driver's license.
- Must be knowledgeable of safe moving and lifting techniques to ensure safety of self and others.
- Must be knowledgeable in the correct use of hydraulic wheelchair lift.
- Must be knowledgeable in the correct use of safety straps used in securing patients while in the vehicle.
- Must successfully complete the Company's probationary program.

a) Common or contract carriers.

(1) A common or contract carrier may not permit a person to operate a vehicle in its authorized service until it has obtained and reviewed a driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years.

(2) Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. Compliance with this subsection does not relieve a common or contract carrier of the responsibility to ensure its drivers hold a current, valid driver's license.

(3) A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years. Prior to permitting a person to act as a driver, a carrier shall obtain and review a driving history research report for the person from the Department of Transportation and other relevant sources. A person with more than three moving violations in the 3-year period prior to the check or a major violation in the 3-year period prior to the check may not be a driver.

(One year after engaging a driver and every second year thereafter, a carrier shall conduct the driving history check required under this subsection and verify that a driver continues to be eligible to be a driver.

(3) A copy of the driver's history shall be maintained for each driver for at least 2 years.

Age restrictions.

(a) A common or contract carrier may permit a person to operate a vehicle in its authorized service if that person is at least 23 years of age.

(b) A common or contract carrier providing paratransit service may permit a person to operate a paratransit vehicle in its authorized service if that person is at least 23 years of age if the following conditions are met:

(1) The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

(2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code B 1023.21(h) (relating to general rights and responsibilities).

(3) The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.

(4) The carrier shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver:

(i) an accident, regardless of the severity of the accident.

(ii) a driving-related violation such as a moving violation.

(iii) reckless driving. (iv) driving under the influence of alcohol or drugs.

AFTERCARE IS NOT PROVIDED. DRUG AND ALCOHOL SCREENING WILL BE PERFORM VIA LABCORP.

DRIVER MINIMUM AGE IS 23.

- § 29.505. Criminal history.

PRIOR TO PROVISIONAL OFFER OF EMPLOYMENT, THE PROSPECTIVE EMPLOYEE, OF WHOM, IS 23 YEARS OR OLDER MUST GO THROUGH THE FOLLOWING PRE- SCREENING PROCESS: -

MEDICHECK EXCLUSION LIST -FBI FINGERPRINTS (IF HAVE NOT LIVED IN PA FOR TWO (2) YEARS) –

CHILD ABUSE CLEARANCE –

DRIVING RECORD After hire, employees will be screened monthly to ensure they do not appear on exclusion list for Medicare, Medicaid, or any other federal health plan program. If determined, they appear on this list, or do not pass background check and/or any other

clearance, the person will be terminated from their position within thirty (30) days. We will perform self-audits on a quarterly basis to ensure proper handling and to comply with regulations as per Policy.

Statement Date: 02/01/26 through 02/28/26

Primary Account: XXXX1171

For information regarding your account,
please call Customer Service at 800.385.8664.

Temp Return Service Requested

Account Statement



005808



PEACE & BLESSING HOME CARE SERVICES
12002 FERNDAL ST
PHILADELPHIA PA 19116-4004

1-FULT-DDAs-14 20260302
001-001-005808 000197854-2

BUSINESS CHECKING

Account XXXX1171

Prior Statement Balance	Total Deposits/Credits	Total Checks/Debits	Ending Statement Balance
\$2,540.00	\$0.00	\$0.00	\$2,540.00

Account Activity

Date	Description	Deposits/Credits	Checks/Debits	Balance
01/31	ENDING BALANCE FROM PRIOR STATEMENT			2,540.00
	No Activity During This Statement Cycle			
02/28	ENDING BALANCE			2,540.00

Service Fee Balance Information

02/01/26 through 02/28/26

Average Ledger Balance	\$2,540.00	Minimum Ledger Balance	\$2,540.00
Average Collected Balance	\$2,540.00		

Service Fees

	Total For This Period	Total Year to Date
Total Overdraft/OD Fees (Paid Items)	\$0.00	\$0.00
Total Non-Sufficient Funds/NSF Fees (Returned Items)	\$0.00	\$0.00

Overdraft Elect™

Current Overdraft Elect™ Limit* \$0.00 (Current limit applies through the next statement cycle provided the account is in good standing.)

*Overdrafts may be created by check, ATM or everyday debit card, in-person withdrawal, ACH, transfer, fees, or other electronic means. Fulton Bank's current Non-Sufficient Funds (NSF) Fee or Overdraft (OD) Fee is charged to your account for each NSF or overdraft transaction, whether returned or paid. For each consecutive business day (following three consecutive business days) that you have a negative balance, we will charge you an Extended Overdraft Fee. Additional information on the program is available on the bank's website and at financial center locations, and the fees are listed on the Small Business/Non-Profit Service Fee Disclosure or the Commercial Service Fee Disclosure.

TAP INTO BIGGER PROFITS

Accept multiple forms of payment and give your customers a better experience—all while growing your sales.

Visit fultonbank.com/payments to learn more.



RECONCILEMENT FORM

TO RECONCILE YOUR CHECKING ACCOUNT:

1. Enter and subtract any service charges in your checkbook.
2. Enter and add any interest in your checkbook.
3. Compare the checks listed on this statement against your checkbook, and list in the columns those that are still outstanding.
4. Verify deposits entered in your checkbook with those on this statement, and list in the columns those not shown on the statement.

CHECKS OUTSTANDING	
NUMBER	AMOUNT
TOTAL OUTSTANDING	



ENTER ENDING BALANCE AS PER BANK STATEMENT		
ADD ANY DEPOSITS NOT CREDITED		
SUBTOTAL		
SUBTRACT CHECKS OUTSTANDING		
BALANCE SHOULD AGREE WITH YOUR CHECKBOOK		



The following disclosures apply only if you have a consumer account:

IMPORTANT NOTICE FOR CONSUMER ACCOUNTS

If this is not a correct statement, or if your address has changed, please notify us at once, but in any event no later than thirty (30) days from the date of mailing of this statement.

PREAUTHORIZED TRANSFERS

You may contact us at 1-800-385-8664 to determine whether your transfer occurred.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address listed on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

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

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR LINE OF CREDIT ACCOUNT STATEMENT

If you have a Line of Credit account shown on this combined statement and you think your Line of Credit statement is wrong, or if you need more information about a transaction, write us, on a separate sheet, at the address listed on the first page of this statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST Line of Credit statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

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

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

IMPORTANT INFORMATION ABOUT YOUR LINE OF CREDIT CHARGES

If you have a Line of Credit account shown on this combined statement, we compute the interest (finance) charge on your account by applying the periodic rate to the "average daily balance" of your account (including current transactions). To get the "average daily balance," we take the beginning balance of your account each day, add any new advances and subtract any payments, credits, unpaid interest (finance) charges, and unpaid insurance premiums. This gives us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance," which is shown on this statement as "balance subject to interest rate."

If more than one daily periodic rate is in effect during a billing cycle, we compute the interest (finance) charge by (1) multiplying the average daily balance for the portion of the billing cycle each daily period rate was in effect by the number of days the applicable periodic rate was in effect, (2) multiplying each of the results by the applicable daily periodic rate, and (3) adding these products together.

If an "interest charge adjustment" is shown on this statement, we computed this portion of the interest (finance) charge by multiplying the principal amount to which the adjustment applies by the periodic rate which applied in the billing cycle for which the adjustment was made and by the number of days for which the adjustment was made.

RECEIPT OF PAYMENT INSTRUCTIONS

Mailed loan payments must be sent to the bank to the address listed on the first page of this statement and must include the account number or payment coupon. Payments must be received by mail, via transfer from a bank deposit account, or in person to bank personnel at any of our branch locations Monday through Friday (excluding holidays) during our normal business hours up through 5:00 p.m. Eastern Time to be credited as of that date. Payments made after 5:00 p.m., or on Saturdays, Sundays, or holidays may not be credited until the following business day.

Notice of Negative Information: We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

The following disclosure applies only if you have a commercial account:

REPORTING ERRORS AND DISCREPANCIES FOR COMMERCIAL ACCOUNTS

Subject to any different rights you have under the Electronic Funds Transfer Act with respect to the time you have to review statements and report unauthorized activity and errors, you have agreed to act with reasonable promptness in examining your account records and to notify us of any errors in writing of discrepancies, unauthorized payments (including payments with forged or missing signatures) or alterations that you discover. To do so, contact us at 1-800-385-8664. Whether you have acted with reasonable promptness will depend upon the circumstances. However, you will not be deemed to have acted with reasonable promptness if you notify us in writing more than thirty (30) days from the date the statement reflecting the error, discrepancy, unauthorized payment or alteration is first mailed, delivered or made available to you.

VEHICLE INSPECTION REPORT

This report is due semi-annually. A separate report must be completed for each unit. After completion this report should be forwarded to:

Date: _____

Vehicle unit number: _____ License number: _____

Mileage: _____ Branch and Department number: _____

Driver: _____

Reporting office: _____ Department: _____

Year: _____ Make: _____ Model: _____

Serial number: _____

4-cylinder 6-cylinder _____ other Cruise Tilt wheel

INSPECT AND CIRCLE ONE:

Lights

Head: OK Out Back-up: OK Out

Parking: OK Out Side: OK Out

Tail: OK Out Flashers: OK Out

Direction OK

al:

Tires

Front left: Good Fair Poor Front Right: Good Fair Poor

Rear left: Good Fair Poor Rear Right: Good Fair Poor

Conventional spare: Good Fair Poor Snow Tires: Good Fair Poor

Mini spare: Yes No Good Fair Poor

Note and explain uneven wear:

Brakes

Check for master cylinder leaks. If unusual conditions, explain:

Check brake pedal: High Low

Check brake fluid: Full Low

Comments:
