

INTER STATES NEMT LLC

A-2026-3060731

Responses to Data Request

1. Your proposed service area must be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc. Vague descriptions such as, “Central PA” are unacceptable and insufficiently specific. YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Answer:

Between points in the counties of Cumberland, Perry, Dauphin, York, and Adams.

2. Your response to Question #5 of the Verified Statements is insufficient. You are expected to provide a PLAN which is fully responsive to each portion of the question and to ensure that it satisfies the requirements of 52 Pa Code. You may defer the actual checks to a third-party, but you must understand for yourself when and what must be checked. Please review the requirements of the following chapters of 52 Pa Code and provide a evidence of compliant plan that can be reviewed by this office for compliance. For driver hiring/retention policies ensure that you specifically addresses the following: • § 29.503. Driver age • § 29.504. Driver history (schedule and record retention) • § 29.505. Criminal history (schedule and record retention)

Answer:

Please find attached *Drivers-Hiring-Policy*

3. Please provide a complete response to Question #6 of the applicant’s verified statements. You have not answered several portions of the questions.

Answer:

Inter States NEMT plans to start with 2 vehicles:

1. *Toyota Sienna*
2. *Toyota Prius V*

These vehicles are loan free and has transferable title under my name, Ibrahim Elbasheer. Which I am going to transfer to Inter States NEMT after insurances is being determined. And, appropriate for our initial service area (within 50 miles) because they’re reliable, and fuel-efficient. The Sienna can accommodate more passengers or medical equipment if needed, while the Prius V offers flexibility for smaller trips.

YEAR	MAKE	Model	Seats	VEHICLE ID #	MILEAGE
2011	Toyota	Sienna	7	5TDKA3DC9BS003619	245,474
2012	Toyota	Prius V	5	JTDZN3EU2C3134310	219,111

This number of vehicles allows us to: - Serve multiple clients within the local area - Handle routine trips (e.g., medical appointments, transfers) - Maintain flexibility for growth as the business expands

4. Please provide a copy of your pre/post trip vehicle inspection procedure and your vehicle safety program. You state that, your safety program is designed to ensure safe operation of vehicles and to maintain compliance with the requirements of 67 Pa. Code Chapter 175” – do you have an example of your written policy on this or your maintenance schedules that can be reviewed by the Commission? Do you have any special procedures in place to that are tailored to provide the extra oversight that may be required to safely maintain the approximately 15-year-old year high mileage vehicles you intend to utilize?

Answer:

Please find attached file *Vehicle-Maintenance-Plan*

5. What is your projected annual cost for commercial paratransit coverage and which companies have you received quotes from? Will your premiums be paid in advance or in monthly installments?

Answer:

Insurance will be determined by considering customers’, brokers’, and contractors’ coverage requirements. Please find attached commercial insurance quotes from New America Insurance, Progressive, and Union Bay Risk:

- New America Insurance: *Gmail - Commercial Insurance Info*
- Progressive: *Customize Your Coverages 500*
- Progressive: *Customize Your Coverages 1793*
- Union Bay Risk: *Union Bay Risk*

6. Please review the following criteria and submit a revised compliant Balance Sheet along with the requisite supporting information (as thoroughly described below):
 - a. The statement presented must be DATED and comprised of information which is less than 6 months old.
 - b. The submission MUST be comprised of information which is accurate as of the date provided.
 - c. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
 - d. ALL relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).
 - e. The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (INTER STATES NEMT LLC), and not the individual member(s). Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of INTER STATES NEMT LLC. Vehicles must be registered to INTER STATES NEMT LLC. Property must be titled to INTER STATES NEMT LLC. If these items are not in the name of INTER STATES NEMT LLC, should NOT be included on the balance sheet.

Answer:

Please find attached financial details files:

- *Statement of Financial Position (Balance Sheet)*
- *Account Statement*
- *Members 1st BUSINESS CHECKING*

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority. Finally, in order to fully assist the Commission in verifying your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc. You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application

Answer:

Acknowledged and feasible.

Inter States NEMT, LLC

Drivers Hiring Policy

Inter States NEMT LLC strictly adheres to Pennsylvania Code Title 52 Chapter 29 for driver hiring. This policy ensures all drivers meet rigorous age, licensing, background check, and safety qualification standards before transporting passengers.

Here is a detailed breakdown of the driver hiring policy applicable to Inter States NEMT LLC:

1. **Applicability (§ 29.501)**

- **Determination:** This subchapter applies to Inter States NEMT LLC because it is a “contract carrier” transporting passengers in “paratransit service” .
- **Vehicle Scope:** These rules apply to vehicles with a designed seating capacity less than 15 passengers (including the driver) .

2. **Driver Hiring & Qualifications Policy**

- Here are the specific requirements for hiring and maintaining drivers based on the provided sections:

(a) Basic Requirements

- **Valid License (§ 29.502):** Drivers must have a current, valid driver’s license.
- **Age Restrictions (§ 29.503):** General Rule: Driver must be at least 21 years of age.
- **Paratransit Exception (Ages 18-20):** Inter States NEMT LLC may hire drivers aged 18-20 ONLY if all four of the following conditions are strictly met:
 - **EMSVO Certification:** The driver must be registered as a certified emergency medical services vehicle operator (EMSVO) with the Pennsylvania Department of Health.
 - **On-Board Certification:** The driver must carry the Department-issued registration of their EMSVO certification in the vehicle at all times.
 - **Carrier Verification:** The company must verify the driver is in good standing with the Department of Health and maintain records of the EMSVO certificate registration starting the date the certificate is issued.
 - **Incident Notification:** The company must notify the Commission’s Bureau of Technical Utility Services within 3 calendar days if a driver under 21 is involved in: (i) any accident, (ii) a moving violation, (iii) reckless driving, or (iv) DUI.

(b) Driving History (Background Checks) The requirements differ based on the type of service, but since this is NEMT, we look at the specific rules for “paratransit service,” which falls under the general “Common or contract carrier” rules, not the stricter “Call or demand” rules.

- **Initial Check (§ 29.504(a)(1)):** Before allowing a person to drive, the company must obtain and review a driver history from every state where the person held a license in the preceding 3 years.

- Annual Check (§ 29.504(a)(2)): The company must obtain a new driver history report at least once every 12 months from the date of the last report.
- Record Keeping (§ 29.504(a)(3)): A copy of the driver history must be kept for at least 2 years.

(c) Criminal History

- Initial Check (§ 29.505(a)(1)): Before allowing a person to drive, the company must obtain a criminal history record from the Pennsylvania State Police and every other state where the person resided in the last 12 months.
- Frequency of Check (§ 29.505(a)(2)): The company must obtain a new criminal history record from the Pennsylvania State Police every 2 years from the date of the last check.
- Disqualification Criteria (§ 29.505(a)(3)): A person may not be permitted to drive if they were convicted of a felony or misdemeanor (in PA or another jurisdiction) that relates adversely to their suitability to provide service safely and legally.
- Record Keeping (§ 29.505(a)(4)): A copy of the criminal history must be kept for at least 3 years.

(d) Substance Abuse Prohibitions

- Alcohol (§ 29.506): Drivers may not use alcohol, be under the influence, or have any measured alcohol concentration or detected presence of alcohol while on duty.
- Controlled Substances (§ 29.507): Drivers may not use a controlled substance, be under the influence, or have any measured concentration or detected presence of a controlled substance while on duty.

3. Special Rules for Larger Vehicles (less than 15 passengers) - § 29.508

- This is a critical section for NEMT providers. If Inter States NEMT LLC uses vans or vehicles with a seating capacity less than 15 passengers (including the driver) , the driver must comply with stricter Federal Motor Carrier Safety Regulations (FMCSRs) in addition to the rules above:
 - Physical Qualification: The driver must be physically qualified in accordance with 49 CFR 391.41—391.49 (requiring a medical examiner’s certificate).
 - Hours of Service: The driver must comply with the hours of service provisions of 49 CFR 395.5 and 395.8 (maximum driving time and maintaining a record of duty status/logs).
 - Time Records: If the driver qualifies for the 100 air-mile exemption (49 CFR 395.1(e)), they are exempt from keeping a full logbook, but the company must keep time records as specified in 49 CFR 395.1(e)(5).

In conclusion, Inter States NEMT LLC’s hiring policy mandates pre-employment verification of age (21+ or 18+ with EMSVO requirements), a 3-year multi-state driving record, and a PA State Police criminal history with 12-month residency checks to disqualify candidates with certain convictions. For less than 15 passenger vehicles, a valid DOT Medical Examiner’s Certificate is required. Ongoing monitoring includes annual driving record checks, biennial criminal history re-checks, and accident/violation reporting within 3 days for drivers under 21. Record retention spans 2-4 years. A zero-tolerance policy strictly prohibits alcohol and controlled substances while on duty.

Inter States NEMT, LLC

Vehicle Maintenance Plan

Policy Statement: Inter States NEMT LLC is committed to ensuring the safety, reliability, and regulatory compliance of all fleet vehicles through a structured preventive maintenance program. Regular maintenance protects passenger safety, extends vehicle life, and demonstrates our dedication to professional service standards.

Designated Service Provider: All PennDOT inspections, scheduled maintenance, and repairs for the Carlisle office fleet will be performed at Bobby Rahal Toyota, located at 6711 Carlisle Pike, Mechanicsburg, PA 17050. Service appointments can be scheduled by calling +17172574728 .

Procedures:

- 1. Pre-Trip Inspections** Before operating any vehicle, drivers must complete a Driver Vehicle Inspection Report (DVIR) covering:
 - Tires (pressure, tread wear, damage)
 - All lights (headlights, brake lights, turn signals, interior)
 - Fluid levels (oil, coolant, brake fluid, washer fluid)
 - Brakes (pedal feel, responsiveness)
 - Wheelchair lifts, ramps, and securement systems (full cycle test)
 - Interior cleanliness and sanitization
 - First aid kit and emergency equipment
- 2. Defect Reporting** Any mechanical defect or safety issue discovered during inspection or operation must be reported immediately to the Fleet Manager. Unsafe vehicles shall not be operated. All defects must be documented and repair appointments scheduled promptly at Bobby Rahal Toyota .
- 3. Scheduled Maintenance** Vehicles shall receive professional servicing based on the following structured intervals :

Interval	Maintenance.Required
Weekly (500 miles)	Inspect tires, battery terminals, belts/hoses; top off fluids
Monthly (2,000-3,000 miles)	Oil change (conventional), inspect filters, exhaust, ADA equipment
Quarterly (6,000-7,500 miles)	Rotate tires, check brakes/coolant, wheel alignment, load-test wheelchair lifts
Annually (24,000 miles)	Comprehensive PennDOT safety inspection at Bobby Rahal Toyota; service transmission and brake fluids

- 4. PennDOT Inspections** All vehicles must pass annual Pennsylvania state safety inspections performed by certified technicians at Bobby Rahal Toyota. Inspection certificates shall be maintained in each vehicle and copies kept in fleet records .

5. **Accessibility Equipment Maintenance** Wheelchair lifts, ramps, and securement systems receive specialized attention:
 - Daily: Functional testing before first trip
 - Weekly: Hinge lubrication and visual inspection
 - Monthly: Professional inspection of hydraulic systems, chains, and safety locks
 - Semi-annually: NMEDA-certified technician inspection
6. **Cleanliness** Drivers must maintain clean vehicle interiors and exteriors. Trash shall be removed daily. Vehicles shall be washed regularly to protect finish and present a professional appearance .
7. **Accident/Incident Reporting** Any vehicle damage, regardless of severity, must be reported to management immediately. Following any incident, vehicles shall be inspected by Bobby Rahal Toyota before returning to service .
8. **Recordkeeping** All maintenance, inspection, and repair records shall be maintained digitally using fleet management software. Documentation includes service dates, technician names, work performed, and parts used. Records shall be retained for audit purposes and to track vehicle lifecycle costs .



Commercial Insurance Info

1 message

New America <newamericains@gmail.com>

Thu, Mar 12, 2026 at 11:02 AM

To: Ibrahim Yousif <ib.yousif@gmail.com>

Good morning Ibrahim,

Your annual premium for this commercial auto quote is \$17,950 for the year, the 20% down payment is \$3,590 and the 10 monthly installments will be \$1,436. This quote is for \$500,000 combined single limit of liability, \$100,000 in un/underinsured motorist covera - there is no comprehensive or collision quoted.

The commercial general liability quote is \$1,236.61 for the year. The 20% down payment is \$423.32 and the monthly installments will be \$86.52.

Total needed to get started would be \$4,013.32 and the total monthly installments would be \$1,522.52

This quote is good for 30 days so if you have any questions at all please let me know!

Thank you!
Katie

--



New America Insurance Agency LLC
PO Box 748
Columbia Station OH 44028
440-934-7766

START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETAILS	PAYMENT	COM
-----------------------	--------------------------	-------------------------	--------------------------	-----------------------	-------------------------------	-------------------------	---------------------

Named Insured: Inter States NEMT LL
Quote Number: CA116110053

Customize Your Coverages

\$500.00

Discounts Fees

per 6 months

Or save \$64.00 by paying in full: \$436.00

[View bill plan options](#)

[Finish & Buy](#)

View page by

[Coverage Category](#)

[Cost Breakdown](#)

Quote provided by: United Financial Casualty Compar

Coverages applied to all vehicles

Bodily Injury and Property Damage Liability

\$15k/\$30k/\$5k

\$344.00

Uninsured Motorist Bodily Injury*

\$15k/\$30k

\$10.00

[Edit coverage questions](#)

Non stacked

Underinsured Motorist Bodily Injury*

\$15k/\$30k

\$20.00

[Edit coverage questions](#)

Non-stacked

First Party Benefits

Basic; Not covered by worker's compensation [\[Edit\]](#)

Medical Expense Benefits

\$5,000

\$41.00

Extraordinary Medical Expense Benefits

Not Selected

\$0.00

To qualify for Extraordinary Medical Expense, select a Medical Expense limit of \$100,000.

Income Loss Benefits

Not Selected

\$0.00

Funeral Expense Benefits

\$0.00

Accidental Death Benefits

\$0.00

*Coverage not applicable to trailers

Coverages for your vehicles

VEHICLE 1

\$231.00

VEHICLE 2

\$239.00



2012 TOYOTA PRIUS V

2011 TOYOTA Sienna

\$0

\$0

\$0

\$0

\$0

\$0

\$27

\$28

**An alternative limited Fire & Theft option is available please call Progressive at 1-888-892-5420 to learn more.

Special coverages related to your business

Any Auto Liability

Hired Auto Liability

Employer Non-Owned Auto Liability

Non-Owned Trailer Physical Damage

\$500.00

Discounts Fees

per 6 months

Or save \$64.00 by paying in full: \$436.00

[View bill plan options](#)

[Back](#)

[Finish & Buy](#)

[Save & Return Later](#)

[Terms of Use](#) / [Privacy Policy](#) / [Do Not Sell or Share My Personal Information \(CA Residents Only\)](#) / [CA Notice at Collection](#)

NEED HELP?

CALL US

[1-877-656-7707](tel:1-877-656-7707)

- OR -

[Request a Call](#)

START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETAILS	PAYMENT	COM
-----------------------	--------------------------	-------------------------	--------------------------	-----------------------	-------------------------------	-------------------------	---------------------

Named Insured: Inter States NEMT LL
 Quote Number: CA116110053

Customize Your Coverages

\$1,792.00

Discounts Fees

per 6 months

Or save \$230.00 by paying in full: \$1,562.00

[View bill plan options](#)

[Finish & Buy](#)

View page by

[Coverage Category](#)

[Cost Breakdown](#)

Quote provided by: United Financial Casualty Compar

Coverages applied to all vehicles

Bodily Injury and Property Damage Liability

\$1 million CSL

\$1,203.00

Uninsured Motorist Bodily Injury*

\$1 million CSL

\$102.00

[Edit coverage questions](#)

Non stacked

Underinsured Motorist Bodily Injury*

\$1 million CSL

\$198.00

[Edit coverage questions](#)

Non-stacked

First Party Benefits

Basic; Not covered by worker's compensation [\[Edit\]](#)

Medical Expense Benefits

\$100,000

\$122.00

Extraordinary Medical Expense Benefits

\$1 million

\$43.00

To qualify for Extraordinary Medical Expense, select a Medical Expense limit of \$100,000.

Income Loss Benefits

\$1,000 per month, \$5,000 max

\$16.00

Funeral Expense Benefits

\$2,500

\$8.00

Accidental Death Benefits

\$25,000

\$25.00

*Coverage not applicable to trailers

Coverages for your vehicles

VEHICLE 1

\$864.00

VEHICLE 2

\$898.00



2012 TOYOTA PRIUS V

2011 TOYOTA Sienna

Not selected

\$0

Not selected

\$0

Not selected

\$0

Not selected

\$0

Not selected

\$0

Not selected

\$0

Selected w/ \$0 Deducti

\$22

Selected w/ \$0 Deducti

\$23

**An alternative limited Fire & Theft option is available please call Progressive at 1-888-892-5420 to learn more.

Special coverages related to your business

Any Auto Liability

Hired Auto Liability

Employer Non-Owned Auto Liability

Non-Owned Trailer Physical Damage

\$1,792.00

Discounts

Fees

per 6 months

Or save \$230.00 by paying in full: \$1,562.00

[View bill plan options](#)

[Back](#)

[Finish & Buy](#)

[Save & Return Later](#)

[Terms of Use](#) / [Privacy Policy](#) / [Do Not Sell or Share My Personal Information \(CA Residents Only\)](#) / [CA Notice at Collection](#)

NEED HELP?

CALL US

[1-877-656-7707](tel:1-877-656-7707)

- OR -

[Request a Call](#)



Proposed Policy Period: 03/13/2026 - 03/13/2027

Insured Information

Business Name INTER STATES NEMT, LLC
DBA
City, St Zip Carlisle, PA 17013
DOT N/A

Agent Information

Agency Name Union Bay Risk Advisors, LLC
Agent Bhanu Pratap
Email bpratap@unionbayrisk.com

Coverage and Premium Information

		Annual Premium*
Liability	\$500,000 Combined Single Limit	\$10,814
Uninsured Motorists	\$35,000 Combined Single Limit	\$98
Underinsured Motorists	\$35,000 Combined Single Limit	\$98
Basic First Party Benefits		\$853

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

Total Annual Premium* \$11,863.00

Payment Plan Options

	Initial Due*	Est. Installment ‡
Pay in Full	\$11,863	N/A
2 Payments	\$6,169	\$5,694
4 Payments	\$3,215	\$2,883
6 Payments	\$2,373	\$1,899
11 Payments	\$2,373	\$950

‡ 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: 03/13/2026 - 03/13/2027

Vehicle Information

1	2011 TOYOTA SIENNA	VIN: 5TDKA3DC9BS003619	
	Body Type: Minivan	Radius: Up to 50 miles	
	Liability		\$10,814
	Uninsured		\$98
	Underinsured		\$98
	Basic First Party Benefits		\$853

Vehicle Total: \$11,863

Driver Information

#	First Name	Last Name	Date of Birth
1	FATIMA SIFYAN	AHMED	████████
2	IBRAHIM	ELBASHEER	████████

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 2192	(06/2012)	Pennsylvania Uninsured Motorists Coverage - Nonstacked
CA 2193	(06/2012)	Pennsylvania Underinsured Motorists Coverage - Nonstacked
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: INTER STATES
 NEMT, LLC
 Quote Number: 17855920

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

Indicated Premium: \$11,863.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$2,373.00	\$2,373.00	\$3,215.00	\$6,169.00	\$11,863.00
Installments *					
Month 1	\$948.64	\$1,897.68			
Month 2	\$949.04		\$2,882.60		
Month 3	\$949.04	\$1,898.08			
Month 4	\$949.04				
Month 5	\$949.04	\$1,898.08	\$2,882.70	\$5,694.00	
Month 6	\$949.04				
Month 7	\$949.04	\$1,898.08			
Month 8	\$949.04		\$2,882.70		
Month 9	\$949.04	\$1,898.08			
Month 10	\$949.04				

*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.

INTER STATES NEMT, LLC

Quote #: 17855920

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:

- Our policy must schedule all owned power units, and any other power units operating under the insured's authority
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy
- No short-term leases or trip-leases of 30 days or less. Inform if different
- 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 50 miles; inform if different

Quote is valid through: 04/12/2026

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@bhhomestate.com

Insured Name: INTER STATES NEMT, LLC
Quote Number: 17855920
Agency Name: Union Bay Risk Advisors, 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

03/13/2026
INTER STATES NEMT, LLC
154 W Penn St # Unt # A
Carlisle, PA 17013

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: 17855920
Proposed Term: 03/13/2026 - 03/13/2027
Writing Company: Berkshire Hathaway Homestate Insurance Company

To INTER STATES NEMT, LLC:

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: IBRAHIM Y ELBASHEER
Address: 154 W Penn St # Unt # A
Carlisle, PA 17013

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

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	11,600	
Other Current Assets (specify)	0	
Total Current Assets		11,600
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	0
Office Equipment		
TOTAL ASSETS		11,600

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	5,450	
Total Current Liabilities		5,450
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		5,450



MEMBERS 1st
FEDERAL CREDIT UNION

Account Statement

INTER STATES NEMT LLC
IBRAHIM ELBASHEER
IBRAHIM ELBASHEER
154 W PENN STREET UNIT A
CARLISLE, PA 17013

For Account: XXXXXXXX [REDACTED]

Reporting Period: 2/1/2026 to 3/10/2026

0000 BUSINESS SAVINGS

Post Date	Transaction Description	Amount	New Balance
03/08/26	Deposit Transfer through Home Banking: From Share 0007	\$5.00	\$5.00

0007 BUSINESS CHECKING

Post Date	Transaction Description	Amount	New Balance
03/08/26	Deposit by ATM: #005809 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE	\$5.00	\$5.00
03/08/26	Withdrawal Transfer through Home Banking: To Share 0000	-\$5.00	\$0.00
03/08/26	Deposit by ATM: #005812 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE	\$700.00	\$700.00
03/08/26	Deposit by ATM: #005813 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE	\$5,450.00	\$6,150.00
03/10/26	Deposit Cash	\$5,450.00	\$11,600.00



BUSINESS CHECKING

\$6,150.00

Available Balance

Overall Balance: \$6,150.00

Checking Account #: *****[REDACTED]

Routing Number #: [REDACTED]

DETAILS

Recent Transactions

posted

03/12/2026 ELBASHEER RTN CHK# 115 STOP PAYMENT	-\$5,450.00	
	\$6,150.00	
03/10/2026 CASH DEPOSIT	\$5,450.00	
	\$11,600.00	
03/08/2026 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE	\$5,450.00	



Account Activity



Mobile Deposit



Pay & Transfer



MyConcierge™



Chat



03/08/2026	TRANSFER TO SHARE 0000	-\$5.00	▼
03/08/2026	MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE	\$5.00	▼
		\$5.00	

VIEW ALL TRANSACTIONS

Actions

Transfer Funds >

Make a Deposit >

Pay a Bill >

Stop Payments >

Order Checks >



Account Activity



Mobile Deposit



Pay & Transfer



MyConcierge™



Chat



Overdraft Services



Manage Checking



Direct Deposit



Account Activity



Mobile Deposit



Pay & Transfer



MyConcierge™



Chat