

Reconsideration Request

A-6428676
A-2026-3060731

**INTER STATES NEMT LLC
154 W PENN ST UNIT A CARLISLE PA 17013**

Dear Commissioners,

I respectfully request reconsideration of the denial of Inter States NEMT, LLC's application. The denial was based on financial fitness concerns arising from my March 16, 2026, response. I believe those concerns stem from incomplete context regarding banking holds and a technical filing error, which I clarify below.

1. Technical Filing Issue

The Commission's denial references my March 16 response. However, that submission was initially rejected two days after filing due to a technical issue (multiple PDFs rather than a single combined file). I promptly corrected this by merging all documents into one PDF and resubmitting. I respectfully ask the Commission to consider the resubmitted package as timely and in good faith.

2. Explanation of the \$5,450 Discrepancy – No Current Liability

The denial noted an undated balance sheet showing \$11,600 cash and \$5,450 in current liabilities, but supporting bank evidence showed only \$6,150 cash after a \$5,450 bank deduction for a returned check.

Explanation:

- The \$11,600 represented my business account balance at the submission time (in the Account Statements) *before* a bank held on a \$5,450 check deposit.
- I began by depositing \$5,450 (via check from my personal Wells Fargo account) plus \$700 cash into the business account.
- Because the business account was less than 30 days old, the bank placed a hold on the *check* portion, making those funds temporarily unavailable. I **resolved** the hold issue, and I stopped the check at Wells Fargo, withdrew \$5,450 in cash from my personal account, and deposited that cash into the business account at Member 1st.
- The amount of \$5,450 was counted twice in the final \$11,600 (one time as a check and again as a cash deposit). That is the reason I reported a **liability** of \$5,450 because it would be withdrawn after the hold is removed.

- **The Outcome:** The business account now holds \$6,150 in fully available cash, and there is **zero current liability**. The previously shown liability was the same check amount, which no longer exists.

Please see the attached:

- updated bank statements and
- Letter from the bank regarding the check.

3. Vehicle Transfer Fees

The denial cited impending vehicle transfer fees. I have obtained a binding quote from Sollenberger's Messenger Service (Carlisle, PA):

- Toyota Sienna: \$496
 - Toyota Prius V: \$509
- Total transfer fees: \$1,005**

These fees are fixed and will be paid from the business account's \$6,150 cash balance before operations begin.

Please see attached:

- Tite Transfer Quote;
- Financial sheet (Transfer Costs);
- Kelly Blue Book Pricing reports.

4. Vehicle Condition

The denial expressed concern about high-mileage, 14-year-old vehicles. Both vehicles:

- Hold current Pennsylvania inspection stickers.
- Are actively used daily for Uber/Lyft rideshare, demonstrating ongoing reliability.
- Upcoming required services are due July 1st.

Please see attached:

- Pennsylvania Inspection
- Uber/Lyft account video links
 - Uber (https://youtube.com/shorts/OpSmu22_II4?si=FPM5dnZSJCCmFZU5)
 - Lyft (<https://youtube.com/shorts/o4hLeDL8p3w?si=M3xujQavU9-ZFkZA>)

Request

I ask the Commission to reconsider my application based on the corrected financial picture: **\$6,150 available cash, \$0 current liabilities, known transfer fees of \$1,005, and vehicles that are currently PA-inspected and actively in service.** I am happy to provide:

denial letter,
updated bank statements,
Letter from the bank regarding the check,
financial details,
Title Transfer Quote,
repair estimate,
Pennsylvania Inspection,
Kelly Blue Book Pricing reports,
and insurance quotes.

Thank you for your time and reconsideration.

Sincerely,
Ibrahim Elbasheer
Inter States NEMT, LLC

VERIFICATION

I, Ibrahim Elbasheer, hereby state that the facts above set forth are true and correct (or 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). (Applicant is not now engaged in intrastate transportation of property or passengers for compensation in this Commonwealth except as authorized by the Pennsylvania Public Utility Commission certificate or permit and will not engage in the transportation for which approval is herein sought, unless and until the transportation is authorized by your Honorable Commission.)

Inter States NEMT LLC
Ibrahim Elbasheer

Signature: _____  Date: 4/2/2026



MEMBERS 1st
FEDERAL CREDIT UNION
 PO Box 8893 • Camp Hill, PA 17001
 800.237.7288 • members1st.org

DATE FROM	DATE TO	PAGE	ACCOUNT NUMBER
03/01/2026	03/31/2026	1 of 3	XXXXXXXX272

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

ACCOUNT BALANCES AT A GLANCE

Your account falls within the Medium Volume Business tier.

CHECKING	6,150.17
SAVINGS	5.00
CERTIFICATES	0.00
LOANS	0.00

BUSINESS CHECKING (0007)

Eff. Date	Post Date	Description	Deposits	Withdrawals	Balance
			BEGINNING BALANCE:		\$0.00
03/08	03/08	Deposit at ATM #005809 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE PA	5.00		5.00
03/08	03/08	Withdrawal Members 1st Online Transfer To Share 0000		5.00	0.00
03/08	03/08	Deposit at ATM #005812 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE PA	700.00		700.00
03/08	03/08	Deposit at ATM #005813 MEMBERS 1ST FCU 814 WEST HIGH ST CARLISLE PA	5,450.00		6,150.00
03/10	03/10	Deposit	5,450.00		11,600.00
03/12	03/12	Withdrawal ELBASHEER RTN CHK# 115 STOP PAYMENT		5,450.00	6,150.00
03/31	03/31	Deposit Dividend Annual Percentage Yield Earned 0.04% from 03/01/26 through 03/31/26	0.17		6,150.17
			ENDING BALANCE:		\$6,150.17

Total Deposits	11,605.17	Average Daily Balance	5,112.90
Total Withdrawals	5,455.00		

BUSINESS SAVINGS (0000)

Eff. Date	Post Date	Description	Deposits	Withdrawals	Balance
			BEGINNING BALANCE:		\$0.00
03/08	03/08	Deposit Members 1st Online Transfer From Share 0007	5.00		5.00
			ENDING BALANCE:		\$5.00

Total Deposits	5.00
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YTD SUMMARY

TOTAL DIVIDENDS PAID

0000 BUSINESS SAVINGS	0.00
0007 BUSINESS CHECKING	0.17

Total Year to Date Dividends Paid (Includes Closed Shares) 0.17

ACCOUNT ANALYSIS STATEMENT

Medium Volume Business

Total Balance at a Glance:

Business Checking:	6,150.17
Business Savings:	5.00
Certificates:	0.00
Loans:	0.00

Account Charges:

	Count	Unit Cost	Charge
Checks Deposited:	0	--	--
Checks Paid:	0	--	--
Total Items Processed:	0	--	--
Items Processed Free:	250	--	--
Items Processed Fee:	0	0.30	0.00
Rolled Coins Processed:	0	--	--
Rolled Coins Processed Free:	200	--	--
Rolled Coins Handling Fee:	0	0.10	0.00
Zero Balance Accounts (ZBA) Accounts:	--	--	0.00
Business Online Banking/Entitlements:	--	--	0.00
Business Online Banking Lite:	--	--	0.00
Subsidiary Management:	--	--	0.00
ACH Origination Services:	--	--	0.00
ACH Origination Items Processed:	0	0.00	0.00
Same Day ACH Items Processed:	0	0.00	0.00
Wire Services:	--	--	0.00
Wire Transfers (Domestic):	0	0.00	0.00
Wire Transfers (International):	0	0.00	0.00
Business Bill Pay Items Processed:	0	0.00	0.00
Lockbox Services:	--	--	0.00
Ancillary Item Fee:	--	--	0.00
Positive Pay:	--	--	0.00
Remote Deposit Fee:	--	0.00	0.00
Mobile Remote Deposit Capture Fee:	--	--	0.00
Sweep Services:	--	--	0.00
Sweeps:	0	5.00	0.00
Total Charges:	--	--	0.00
Flat Fee:	--	--	0.00

This fee will be deducted from your business checking account on 04/15/2026. If funds are not available, these funds will be deducted from your business savings.

Thank you for your business relationship.



MEMBERS 1st
FEDERAL CREDIT UNION

PO Box 8893
Camp Hill, PA 17001-8893
(800) 283-2328
MEMBERS1ST.ORG

03/12/2026

Member ID: XXXXXXXX272

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

Dear Inter States Nemt Llc

The enclosed photocopy was returned to us unpaid due to:

Stopped Payment

The amount of the item(s) has been deducted from your account.

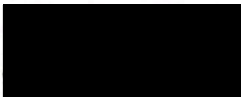
If you have questions please contact us at (800) 283-2328.

Sincerely,

Items Processing Department
Members 1st FCU

0601/4532

Rev. 12/24



This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

Non Negotiable
Return Reason-
Stop Payment

STOP PAYMENT

956600000087320
1231382241 03/11/2026

IBRAHIM ELBASHEER
FATIMA S AHMED
2430 BERRYHILL ST
HARRISBURG, PA 17104-2011

COPY

3/7/2026

115
8-50/310 0223

Pay to the
Order of

Inter States NEMT LLC

\$ 5450.00

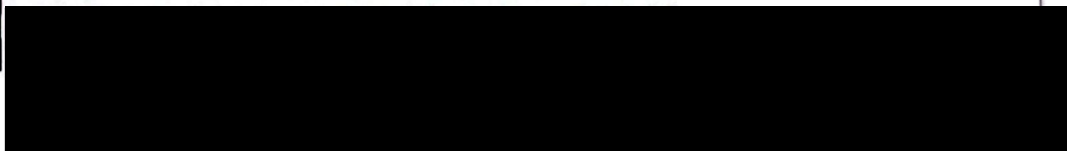
Five thousand four hundred and fifty and 00/100



Wells Fargo Bank, N.A.
Pennsylvania
wellsfargo.com

Add to the Capital

[Signature]



061000146 03/10/2026
000002272008825
321270742 03/11/2026
000008860975092 RR - C
061000146 03/12/2026
2294999815 RR - C
231382241 03/12/2026
956300000003420

031000503
19591580
031000503

>231382241 03/09/2026
956300000003420
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061000146 03/10/2026

CHECK HERE IF MOBILE DEP
NOT STAMP OR SIGN BELOW THIS LINE
DO NOT WRITE BELOW THIS LINE

061000146 03/10/2026

↓ Do not endorse or write below this line. ↓

Financial Details
Inter States NEMT, LLC

4/2/2026

Title Transfer Costes

Toyota Sienna		
VIN: [REDACTED]	Amount	Costs
Price (KBB Value)	4355	
Less Trade In	0	
Less Rebates	0	
Add warranty	0	
Taxable amout	4355	\$ 261.30
Tite	72	\$ 72.00
Lien	0	\$ -
Registration	48	\$ 48.00
County Fee	5	\$ 5.00
Antique/Classic	0	\$ -
Notary	5	\$ 5.00
Electronic Fee	14	\$ 14.00
Document Fee	51	\$ 51.00
Temp Tag Fee	40	\$ 40.00
Total		\$ 496.30

Toyota Pruis V		
VIN: [REDACTED]	Amount	Costs
Price (KBB Value)	4565	
Less Trade In	0	
Less Rebates	0	
Add warranty	0	
Taxable amount	4565	\$ 273.90
Tite	72	\$ 72.00
Lien	0	\$ -
Registration	48	\$ 48.00
County Fee	5	\$ 5.00
Antique/Classic	0	\$ -
Notary	5	\$ 5.00
Electronic Fee	14	\$ 14.00
Document Fee	51	\$ 51.00
Temp Tag Fee	40	\$ 40.00
Total		\$ 508.90

Insurance:		
Union Bay Risk Advisors		
Start	2373	\$ 2,737.00
monthly (for 11 months)	950	\$ 950.00

Inspection and services:		
Inspection	161.62	\$ 323.24
Oil Change	77.93	\$ 155.86

Summary:

Due to start:

Insurance	\$ 2,737.00
Tite Transfer	\$ 1,005.00
Total	\$ 3,742.00

Monthly after Start:

Insurance	\$ 950.00
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Due in three months

Oil Change	\$ 155.86
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Due July 1st

Inspection	\$ 323.24
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Ibrahim Elbasheer _____



Date:4/2/2026

Inter States NEMT LLC

TITLE TRANSFER PRICE QUOTE

PRICE	\$	<u>4,000</u>	
LESS TRADE IN	\$	<u> </u>	
LESS REBATES	\$	<u> </u>	
ADD WARRANTY	\$	<u> </u>	
TAXABLE AMOUNT	\$	<u>4,000</u>	X 6% = \$ <u>240.00</u>
TITLE (UNLESS SURVIVING SPOUSE) (\$72.00)	\$	<u>72.00</u>	
LIEN (\$36.00 IF APPLICABLE)	\$	<u> </u>	
REGISTRATION OR/AND TRANSFER TAG (\$11.00)	\$	<u>48.00</u>	
COUNTY FEE (\$5.00 IF PARTICIPATING COUNTY)	\$	<u>5.00</u>	
ANTIQUE/CLASSIC (\$102.00 IF APPLICABLE)	\$	<u> </u>	
NOTARY	\$	<u> </u>	5.00
ELECTRONIC FEE (NOT ANTIQUE/CLASSIC)	\$	<u> </u>	14.00
DOCUMENT FEE (PLUS \$2.00 IF 2 PPL)	\$	<u> </u>	51.00
TEMP TAG FEE (\$40.00 IF WE ISSUED TAG)	\$	<u> </u>	40.00
TOTAL	\$	<u>475.00</u>	

Repair Estimate

03/17/2026

1:11 PM

Estimate#: AP1535374	Estimate Date:	Odometer:
Vehicle: Prius Prime/Hybrid 10/22	VIN: [REDACTED]	License#: LTK0419
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

Operation: OFSGM OEM Oil & Filter Change V 12/16

Qty	Part Number	Part Description	Part Price	Ext Price
1	TO04152-YZZA6	REPLACEABLE ELEMENT	7.03	7.03
1	TO90430-12031	GASKET	1.95	1.95
5	TO00279-0W201-01	GTMO 0W20 BK SP WTY	5.90	29.50

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	ENGINE DEGREASER	0.09	0.99

Misc Code	Misc Description	Ext Price
77	ENV/DISPOSAL/RECY	1.05

LABOR \$: 33.00
PARTS \$: 38.48
GOG \$: 0.99
MISC \$: 1.05
TAX \$: 4.41
SUBTOTAL \$: 77.93

Operation: STATEINSP STATE INSPECTION ALL

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	STATE INSP STICKER	1.30	13.00

CUSTOMER COPY

Repair Estimate

03/17/2026

1:11 PM

Estimate#: AP1535374	Estimate Date:	Odometer:
Vehicle: Prius Prime/Hybrid 10/22	VIN: [REDACTED]	License#: LTK0419
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

Toyota of York
1000 York Road
York, PA 17403
Estimate valid for 30 days
Prices are subject to change

LABOR \$:	24.00
PARTS \$:	0.00
GOG \$:	13.00
MISC \$:	0.00
TAX \$:	2.22
SUBTOTAL \$:	39.22

Operation: EMITEST EMISSION TEST ALL

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	PARSONS TRANSACTION FEE	0.18	1.80

LABOR \$:	40.15
PARTS \$:	0.00
GOG \$:	1.80
MISC \$:	0.00
TAX \$:	2.52
SUBTOTAL \$:	44.47

TOTAL LABOR \$:	97.15
TOTAL PART \$:	38.48
TOTAL GOG \$:	15.79
TOTAL MISC \$:	1.05
TOTAL TAX \$:	9.15
ESTIMATE TOTAL \$:	161.62

Customer Signature	
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ESTIMATE PROVIDED BY:

CUSTOMER COPY

Repair Estimate

03/17/2026

1:11 PM

Estimate#: AP1535374	Estimate Date:	Odometer:
Vehicle: Prius Prime/Hybrid 10/22	VIN: [REDACTED]	License#: LTK0419
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

BOBBY RAHAL TOYOTA
 6711 CARLISLE PIKE
 MECHANICSBURG, PA 17050

ESTIMATE VALID FOR 30 DAYS
 PRICES ARE SUBJECT TO CHANGE

REPLACEABLE ELEMENT	UNIT	PRICE	TOTAL
REPLACEABLE ELEMENT	1.00	7.00	7.00
REPLACEABLE ELEMENT	1.00	1.35	1.35
REPLACEABLE ELEMENT	5.00	29.50	147.50
1.0 ENGINE DEGRADATION	0.00	5.89	5.89
77	CHASSIS/POSSADRECY		1.00
	LABOR \$		21.00
	PARTS \$		23.48
	GOOD \$		0.00
	WECO \$		1.00
	TAX \$		8.41
	SUBTOTAL \$:		77.83
Operation: STATE INSPECTION ALL			
1.0 STATE INSP STICKER	1.00	13.00	13.00

CUSTOMER COPY

Repair Estimate

03/17/2026

1:09 PM

Estimate#: AP1535372	Estimate Date:	Odometer: 209,540
Vehicle: Sienna 11/20	VIN: [REDACTED]	License#: KLY3212
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

Operation: OFSGM OEM Oil & Filter Change 2.7L 11/12

Qty	Part Number	Part Description	Part Price	Ext Price
1	TO04152-YZZA1	REPLACEABLE ELEMENT	7.03	7.03
1	TO90430-12031	GASKET	1.95	1.95
5	TO00279-0W201-01	GTMO 0W20 BK SP WTY	5.90	29.50

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	ENGINE DEGREASER	0.09	0.99

Misc Code	Misc Description	Ext Price
77	ENV/DISPOSAL/RECY	1.05

LABOR \$: 33.00
PARTS \$: 38.48
GOG \$: 0.99
MISC \$: 1.05
TAX \$: 4.41
SUBTOTAL \$: 77.93

Operation: STATEINSP STATE INSPECTION ALL

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	STATE INSP STICKER	1.30	13.00

CUSTOMER COPY

Page 1

Repair Estimate

03/17/2026

1:09 PM

Estimate#: AP1535372	Estimate Date:	Odometer: 209,540
Vehicle: Sienna 11/20	VIN: [REDACTED]	License#: KLY3212
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

LABOR \$:	24.00
PARTS \$:	0.00
GOG \$:	13.00
MISC \$:	0.00
TAX \$:	2.22
SUBTOTAL \$:	39.22

Operation: EMITEST EMISSION TEST ALL

Qty	G.O.G. & Supplies	Unit Price	Ext Price
1.0	PARSONS TRANSACTION FEE	0.18	1.80

LABOR \$:	40.15
PARTS \$:	0.00
GOG \$:	1.80
MISC \$:	0.00
TAX \$:	2.52
SUBTOTAL \$:	44.47

TOTAL LABOR \$:	97.15
TOTAL PART \$:	38.48
TOTAL GOG \$:	15.79
TOTAL MISC \$:	1.05
TOTAL TAX \$:	9.15
ESTIMATE TOTAL \$:	161.62

Customer Signature	
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ESTIMATE PROVIDED BY:

CUSTOMER COPY

Page 2

Repair Estimate

03/17/2026

1:09 PM

Estimate#: AP1535372	Estimate Date:	Odometer: 209,540
Vehicle: Sienna 11/20	VIN: [REDACTED]	License#: KLY3212
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

BOBBY RAHAL TOYOTA
6711 CARLISLE PIKE
MECHANICSBURG, PA 17050

ESTIMATE VALID FOR 30 DAYS
PRICES ARE SUBJECT TO CHANGE

CUSTOMER COPY

Page 3

Pennsylvania Inspection

Toyota Sienna 2011:



Toyota Prius V 2012:





2011 Toyota Sienna Pricing Report

Style: Minivan 4D

Mileage: 245,474

KBB.com Consumer Rating: 4.4/5

Vehicle Highlights

Fuel Economy: City 19/Hwy 24/Comb 21 MPG

Engine: 4-Cyl, 2.7 Liter

Transmission: Automatic, 6-Spd w/Overdrive

Drivetrain: FWD

Country of Assembly: United States

Country of Origin: Japan

EPA Class: Minivan

Max Seating: 7

Doors: 4

Body Style: Van

Sell to Private Party



Valid for ZIP code 17013 through 03/13/2026

Your Configured Options

Our pre-selected options, based on typical equipment for this car.

✓ Options that you added while configuring this car.

Exterior Color

✓ White

Entertainment and Instrumentation

AM/FM Stereo

CD/MP3 (Single Disc)

Bluetooth Wireless

Engine

4-Cyl, 2.7 Liter

Transmission

Automatic, 6-Spd w/Overdrive

Drivetrain

FWD

Braking and Traction

Traction Control

Stability Control

ABS (4-Wheel)

Comfort and Convenience

Keyless Entry

Air Conditioning

Air Conditioning, Rear

Power Windows

Power Door Locks

Cruise Control

Steering

Power Steering

Tilt & Telescoping Wheel

Safety and Security

Dual Air Bags

Side Air Bags

F&R Head Curtain Air Bags

Knee Air Bags

Seats

Quad Seating (4 Buckets)

Lighting

Daytime Running Lights

Exterior

Second Sliding Door



2012 Toyota Prius v Pricing Report

Style: Two Wagon 4D

Mileage: 219,111

KBB.com Consumer Rating: 4.5/5

Vehicle Highlights

Fuel Economy: Gas - City 44/Hwy 40/Comb 42 MPG | Electric - MPGe

Engine: 4-Cyl, Hybrid, 1.8 Liter

Transmission: Automatic, CVT

Drivetrain: FWD

Country of Assembly: Japan

Country of Origin: Japan

EPA Class: Midsize Station Wagons

Max Seating: 5

Doors: 4

Body Style: Wagon

Sell to Private Party



Valid for ZIP code 17013 through 03/13/2026

Your Configured Options

Our pre-selected options, based on typical equipment for this car.

✓ Options that you added while configuring this car.

Exterior Color

✓ White

Engine

4-Cyl, Hybrid, 1.8 Liter

Transmission

Automatic, CVT

Drivetrain

FWD

Entertainment and Instrumentation

CD/MP3 (Single Disc)

AM/FM Stereo

Bluetooth Wireless

Wheels and Tires

Alloy Wheels

Braking and Traction

Hill Start Assist Control

Traction Control

Stability Control

ABS (4-Wheel)

Comfort and Convenience

Keyless Start

Air Conditioning

Power Windows

Power Door Locks

Cruise Control

Anti-Theft System

Steering

Power Steering

Tilt & Telescoping Wheel

Safety and Security

Backup Camera

Dual Air Bags

Side Air Bags

F&R Head Curtain Air Bags

Exterior

Rear Spoiler

Seats

Power Seat



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	01/01/2001
2	IBRAHIM	ELBASHEER	08/23/1983

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