

April 18, 2026

Secretary, PA Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Appeal for Docket # A-2025-3058351

Dear Secretary:

Please regard this letter as an official, written Petition for Reconsideration from Staff Action (Petition). I am requesting reconsideration be granted in the issuance of a PA – PUC number for the following reasons:

1. An original application and fee of \$350 was submitted in November of 2025 but was denied because the vehicle was insured under a business name of Carriage Concierge Transportation Services LLC but the registration was under David and Kimberly Conroy. The docket number for this is A-2025-3058351.
2. Due to the issue in #1 and per the guidance of Tatjana Roth, we withdrew the original application and filed a TNC application under my name and an additional \$350 was paid. It was then determined that I do not qualify for this and was issued a denial on March 23, 2026. Ms. Roth suggested that I file an amendment to A-2025-3058351 (original application) and request that the \$350 sitting in docket # A-2026-3061159 (TNC application) be transferred and to reopen the original taxi application. I sent this amendment request letter via Fed Ex on April 8, 2026. Prior to the PA-PUC receiving this correspondence, I was issued a denial letter. Ms. Roth emailed on Thursday, April 9, 2026 stating we were denied because an amendment was not received after her courtesy email of March 24th providing instructions to file this. In her email, there was no mention of a deadline date for the amendment. I had sent this out on April 8, 2026 and am attaching a copy of the receipt as proof. The insurance and registration now match under the name of David Conroy.

I am respectfully asking that the \$350.00 which was applied and sitting with Docket # A-2026-3061159 be transferred to the original taxi application amendment in which I submitted. I

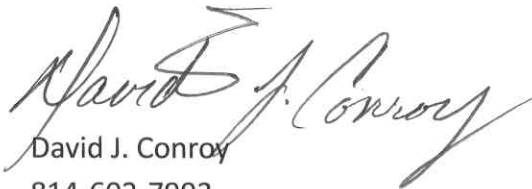
would like to clarify that the registration and insurance have both been corrected to reflect as specified previously.

To date, I have already invested approximately \$700 in the application process with a portion of it being on the advice of your agency. As a small business owner, I am trying to establish a legitimate and compliant operation without incurring excessive additional costs that may hinder my ability to move forward.

I respectfully ask that the Commission take into consideration that at this stage my business is small and owner-operated focusing on providing reliable, transportation services. While future growth may lead to expansion, including additional vehicles, that is not the current structure or intent of the business. I am asking that the fee from the TNC application be transferred and the amendment to the original application be processed in hopes of receiving a PA-PUC number. This application is being submitted under my name and both my insurance and registration are listed under my name as instructed.

Thank you for your time and consideration of this appeal. I sincerely hope for a favorable review so I can establish my business and serve the community.

Sincerely,

A handwritten signature in cursive script that reads "David J. Conroy". The signature is written in black ink and is positioned above the printed name and phone number.

David J. Conroy
814-602-7993

Verification

Verification: I, David J. Conroy, 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 manner. I understand the statements herein are made subject to penalties of 18 Pa. C.S. 4904 (relating to unsworn falsification to authorities).

Signed: David J. Conroy
Date: 4/14/26



5755 Peach St
Erie, PA 16509-2607
814.866.5679

April 8, 2026 5:14 PM
Receipt #: ERIK00224742

FedEx Express \$11.90
FedEx 2Day
870459364560

Recipient Address
Secretary PA Public Utility Commiss
400 North Street
2nd Floor
HARRISBURG, PA 17120, US
000-000-0000
Scheduled Delivery Date: 04/10/2026
Pricing Option: One Rate
Package Information: FedEx Envelope
Additional Services:
FEDEX_ONE_RATE
EMAIL_NOTIFICATION
Package Weight: .30 lb (S)
Declared Value: \$100

Express Subtotal \$11.90
Tax \$0.00
Total \$11.90

***** PURCHASE *****
APPROVED

Total: \$11.90

Card Type: MASTERCARD

Card Type: MASTERCARD
Card Entry: CHIP
Acct #: *****4593
Approval Code: 062341

***** EMV PURCHASE *****
App Label: Mastercard Debit
Mode: Issuer
AID: A0000000041010
TVR: 8000008000
IAD: 01146010012200000000000000000000FF
TSI: 6800
ARC: 00
AC: B7BB1FF21282AFDE
CVM: 1E0300

Total Tender \$11.90

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April 5, 2026

Secretary PA Public Utility Commission
400 North Street
Harrisburg, PA 17120

Amendment to Original Application

Docket: A-2026-3061159

Please find attached a taxi application to be filed under docket # A-2026-3061159. This is to be considered an amendment and I am requesting that the \$350.00 fee that is sitting with this docket be switched over to the attached taxi application. I have been corresponding with Tatjana Roth and have attached our correspondence as documentation for the change. I am looking to obtain a PA-PUC number in order to transport, as a common carrier, by motor vehicle, persons upon call or demand, from points in Erie County, to points in Pennsylvania, and return. Please process attached application.

Thank you for your attention to this matter, and I look forward to your response.

Sincerely,



David J. Conroy
dkkj.conroy@yahoo.com
(814) 602-7993



Fw: your TNC application at A-2026-3061159 David J Conroy

David Conroy <carriageconciierge@yahoo.com>

Tue, Mar 24, 2026 at 12:44 PM

Reply-To: David Conroy <carriageconciierge@yahoo.com>

To: "livras415@gmail.com" <livras415@gmail.com>

[Yahoo Mail: Search, Organize, Conquer](#)

----- Forwarded Message -----

From: "Roth, Tatjana" <taroth@pa.gov>

To: "David Conroy" <carriageconciierge@yahoo.com>

Sent: Tue, Mar 24, 2026 at 12:07 PM

Subject: RE: [External] Re: your TNC application at A-2026-3061159 David J Conroy

At this point, I feel that the best route to go will be to file a taxi application under docket A-2026-3061159. It would be named "amendment to original application".

Look at your car registration and enter on line 1 of our application the name or names that appear on that registration. Check with your insurance company if your policy and therewith the Form E that we need on file from them will match the name/names of line 1 of our application. Again, this all needs to match exactly. If your trade name does not cause any issues with insurance and registration, use it and add it to line 2 of the application.

We will use the \$350 payment for your TNC application and apply it to that new taxi application you will be sending. Be sure you send it under docket A-2026-3061159 because that is where that payment sits. Otherwise, you will be charged again.

APPLICATION CHECKLIST

Motor Common Carrier of Persons upon Call or Demand Taxi 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. If you are seeking to provide service within the City and County of Philadelphia, you must apply to the Philadelphia Parking Authority.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;" *transfer - Amendment Docket: A-2026-3061159*
- 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 Preparing and Filing the Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service).

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing local transportation on either an exclusive or a nonexclusive basis, where the service is characterized by the fact that passengers normally hire the vehicle and its driver either by telephone call or by hail, or both. **Applicants seeking to provide service between points within the City and County of Philadelphia, must apply to the Philadelphia Parking Authority by calling 215-683-9434 or the website at www.philapark.org**
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). |

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Amendment to original
Application
A-2026-3061159

Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

David John Conroy

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

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

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

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

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number _____
(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).**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. **Mailing Address**

11511 Tamarack Drive
Street Address

Waterford PA 16441
City, State and Zip Code

Eric
County

814-602-7993
Telephone Number

d.k.k.f.conroy@yahoo.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 from Mailing Address)

Same as mailing
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, as a common carrier, by motor vehicle persons upon call or demand from points in Erie County, to points in Pennsylvania, and return.

Examples:

- To transport people upon call or demand in the city of Reading, Berks County.
- To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi 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.

David Conway
(Print Name)

David Conway 4/6/26
(Signature) (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).

Revised 7/17/17

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.

David John Conway

Legal Name of Applicant

Trade Name, if any

11511 Tamarack Road

Street Address (principal place of business)

Wintford

City or Municipality

PA

State

110441

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.

N/A.

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.

25 years Pharmaceutical Sales experience

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.

Home office @ home address

Will have rides text, email, call, Facebook scheduling or Square App.

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.

Unknown - dependent on growth of business

- projected 50K in first year gross

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

| YEAR | MAKE | MODEL | SEATING CAPACITY* | VEHICLE ID # | MILEAGE |
|------|------------|-----------|-------------------|--------------|---------|
| 2023 | Mitsubishi | Outlander | 5 | NBX5452 | 39,655 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi service.

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).
 - c. Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

- 3,000 mile oil changes
- Reports on potential repair issues - each service
- Brake and tire checks on each service call
- Fluids & filters on each service call

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

obtained Commercial liability insurance

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.

David Conway
(Signature)

4/6/26
(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
 As of (date) April 8, 2020
 (Must be less than 6 months old)

ASSETS

| | | |
|----------------------------------|---------------------|------------------|
| Current Assets | | |
| Cash | \$ 11,000 | (See attached) |
| Other Current Assets (specify) | | |
| Total Current Assets | | \$ 11,000 |
| Tangible Assets | | |
| Motor Vehicle Equipment | 0 | |
| Property (buildings, land, etc.) | 0 | |
| Office Equipment | 0 | |
| | TOTAL ASSETS | \$ 11,000 |

LIABILITIES


| | | |
|--|--------------------------|---------------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | 0 | |
| Credit cards/revolving credit | 0 | |
| Other Liabilities (Attach schedule) | 0 | |
| Total Current Liabilities | | 0 |
| 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 | 0 |

[Back to Account Summary](#)

Account Overview

Account

Clearly Better... *0883

Available Balance:  \$11,000.00

Paperless Settings

Statements: [Enrolled](#)

[Transactions](#)

[Account Details](#)

[Account Services](#)

 Filter

Export 

November 20, 2025

From Checking

Online Transfer

+\$10,000.00

\$11,000.00

November 18, 2025

Dda Deposit

Deposit

+\$1,000.00

\$1,000.00

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PENNSYLVANIA VEHICLE REGISTRATION

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

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

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

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

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Jan 31, 2027 VALID: Feb 26, 2026

PLATE:
TITLE:
VIN: JA4T5VA94PZ026951
YR/MAKE: 2023 / MITSUBISHI
TYPE: SW
WID: 26057 3410 047304 001

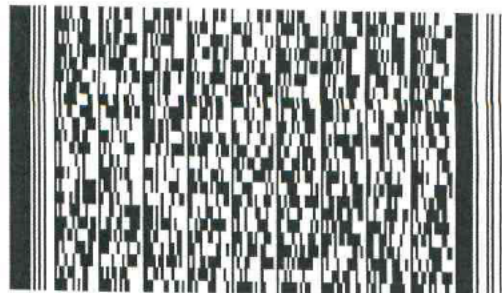
Detach Here

Kimberly Joanne Conroy
David John Conroy
SIGNATURE

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

EMISSION INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY : BRID

KIMBERLY JOANNE CONROY
DAVID JOHN CONROY
11511 TAMARACK RD
WATERFORD PA 16441-3861



Named insured

DAVID J CONROY
11511 TAMARACK RD
WATERFORD, PA 16441

Policy number: 872260349

Underwritten by:
United Financial Casualty Company
April 7, 2026
Policy Period: Apr 6, 2026 - Oct 6, 2026
Page 1 of 2

progressivecommercial.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

This form is nonparticipating with regard to paying dividends to policyholders.

Your coverage began the later of April 6, 2026 at 12:01 a.m. or the effective time shown on your application. This policy period ends on October 6, 2026 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852PA (10/20), 1652PA (02/19), 5701 (02/19), Z311 (02/19), 4881PA (02/19), 4852PA (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

Outline of coverage

| Description | Limits | Deductible | Premium |
|--|--|------------|----------------|
| Liability To Others | | | \$1,984 |
| Bodily Injury Liability | \$50,000 each person/\$100,000 each accident | | |
| Property Damage Liability | \$25,000 each accident | | |
| Uninsured Motorist - Nonstacked | \$50,000 each person/\$100,000 each accident | | 47 |
| Underinsured Motorist - Nonstacked | \$50,000 each person/\$100,000 each accident | | 93 |
| Basic First Party Benefit - Full Tort | | | 55 |
| Medical Expense Benefit Without Workers Comp | up to \$25,000 | | |
| Income Loss Benefit Without Workers Comp | up to \$2,500 each month/\$50,000 maximum | | 24 |
| Comprehensive | | | 284 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 2,148 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Rental Reimbursement | | | 24 |
| See Auto Coverage Schedule | | | |
| Subtotal policy premium | | | \$4,659 |
| Other Filing Fee | | | 35 |
| Total 6 month policy premium and fees | | | \$4,694 |

Rated drivers

1. DAVID J CONROY

2. KIMBERLY J CONROY

Auto coverage schedule

1. **2023 MITSUBISHI OUTLANDER** Stated Amount: * \$27,512 (including Permanently Attached Equip)
 VIN: **JA4T5VA94PZ026951** Garaging Zip Code: 16441 Radius: 50 miles
 Personal use: Y Body type: Sport Utility Vehicle

| | | | | | | |
|-------------------------|-----------------------------|----------------|----------------------|-------------------|---------------------|------------------------------|
| Liability Premium | Liability Premium | UM Premium | UIM Premium | PIP Premium | Income Loss Premium | |
| | \$1984 | \$47 | \$93 | \$55 | \$24 | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | | |
| | \$1,000 | \$284 | \$1,000 | \$2148 | | |
| Other Coverages Premium | Rental Limit | Rental Premium | | | | |
| | \$50 per day Max \$1,500 | \$24 | | | | Auto Total \$4,659 |

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Loss Payee information

1. Loss Payee Auto 1 FARMERS NATION BANK
 20 S BROAD STREET
 CANFIELD, OH 44406
 2023 MITSUBISHI OUTLANDER (JA4T5VA94PZ026951)

Penalty for Insurance Fraud

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice of personal use surcharge

A surcharge in the amount of 10% of your premium for coverage under Liability to Others, Damage to your Auto and First Party Benefits has been added to your policy because an insured vehicle is used for personal purposes. This surcharge remains in effect as long as you use the vehicle for personal purposes.

Information Regarding Your Premium

A surcharge of \$1,434.00 due to moving violations or accidents is included in the total policy premium.

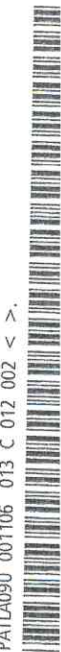
Company officers

Cory W. Fincher

President

Patricia M. Brown

Secretary





COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

Original Taxi Application
A-6328403
A-2025-3058351

CARRIAGE CONCIERGE TRANS SER LLC
11511 TAMARACK ROAD
WATERFORD PA 16441

Re: Application of Carriage Concierge Transportation Services LLC

**THIS APPLICATION HAS BEEN ASSIGNED PUC DOCKET NUMBER
A-2025-3058351. PLEASE USE THIS NUMBER WHEN CONTACTING THE PUC.**

To Whom It May Concern:

The application cited above has been captioned as attached and will be published in the Pennsylvania Bulletin of December 20, 2025. The application will be submitted for review provided no protests are filed on or before January 6, 2026.

If protests are filed, the application will be assigned to an Administrative Law Judge for hearing. Parties to the application proceeding will be advised concerning the process set for their case.

Questions concerning publication and protests may be directed to your Compliance Specialist, Kevin Morgan, below by telephoning direct (717) 787-2687.

Sincerely,

Compliance Specialist Kevin Morgan
Transportation Compliance Specialist
Bureau of Technical Utility Services

Enclosure

Sweers.

January 20th -



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

April 9, 2026

A-6328758
A-2026-3061159

DAVID J CONROY
T/A CARRIAGE CONCIERGE TRANSPORTATION SERVICES
11511 TAMARACK ROAD
WATERFORD PA 16441

Re: Application of David J Conroy, t/a Carriage Concierge Transportation Services for a Transportation Network Company license, 11511 Tamarack Road, Waterford, Erie County, Pennsylvania 16441. (814) 602-7993

To whom it may concern:

The purpose of this Letter is to advise you that your application at Docket No. A-2026-3061159 has been **DENIED** by the Pennsylvania Public Utility Commission (Commission). The Commission has determined that a Certificate of Public Convenience shall not be granted for the following reason(s):

- **Failure to maintain a digital network;** An applicant seeking a license for Transportation Network Service must maintain a digital network (such as a mobile app or website) to facilitate prearranged rides. The applicant provided no evidence that it maintains a digital network for the facilitation of prearranged rides.
- **Failure to provide an official company website;** An applicant seeking a license for Transportation Network Service must maintain a publicly accessible Internet website, as per 66 C.S. § 2604. The applicant's provided website was a link to their Facebook page. It is the Commission's determination that their website is a social media channel, and not an official company-maintained online domain.
- **Failure to comply with 66 C.S. § 2604.1(a)(6);** An applicant must provide proof that the transportation network company meets all the requirements of subsection (b). Applicant failed to provide proof that they have acceptable policies/plans that meet all the requirements found in 66 C.S. § 2604.1(b).
- **Failure to provide evidence of applicant's financial fitness;** The financial data provided failed to identify the account holder. Therefore, the information is deemed unacceptable and no other evidence was provided to prove the applicant's financial position.

For this reason(s), your application is **DENIED** and **DISMISSED**.

APPEAL RIGHTS

If you disagree with this determination, you may send a Petition for Reconsideration from Staff Action (Petition) to: Secretary, PA Public Utility Commission, 400 North Street, Harrisburg, PA 17120. Such a Petition is a written statement asking the Commission to change its determination.

The Petition must be filed with the Commission within twenty (20) days of the date of this letter. If no timely request for reconsideration is made, this action will be deemed to be the final action of the Commission.

The Petition **MUST** include: (1) a written statement (divided into numbered paragraphs) outlining the reasons for the request, (2) the case docket number(s) (they are provided for you at the top right-hand corner of this letter), (3) the name of the person on whose behalf the petition is made, (4) copies of relevant documentation, and (5) a verification with original signature. *See* 52 Pa. Code §§1.31 and 5.44. Below is a sample Verification:

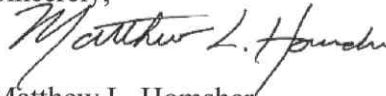
VERIFICATION

I, (YOUR NAME GOES HERE), 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).

(SIGN AND DATE)

If you believe that you have received this letter in error, please contact the Compliance Office of the Motor Carrier Services in the Bureau of Technical Utility Services at 717-787-3834 within ten (10) days of the date of this letter.

Sincerely,



Matthew L. Homsher
Secretary

ALL Parties to proceedings pending before the Commission are advised to 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.