



COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

May 5, 2026

Docket No. A-2026-3062228

**KINDRIDE MEDICAL TRANSPORT LLC
209 JACOB DR
PITTSBURGH PA 15235**

RE: Application of Kindride Medical Transport LLC, 209 Jacob Dr., Pittsburgh, Allegheny County, PA 15235. 412-927-9906

To Whom It May Concern:

On May 5, 2026, the application of KINDRIDE MEDICAL TRANSPORT LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/>**

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

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

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads 'Matthew L. Homsher'.

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3062228
KINDRIDE MEDICAL TRANSPORT LLC
Data Request

1. Before your application can be processed further, you are required to provide an acceptable description of the proposed service area. Your request should be limited to a scope which can be supported by your present resources and financial position. As your business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Descriptions of territory which include language such as, “and surrounding counties” are insufficiently specific. 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.

YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Example:

- a. Between points in Pennsylvania
 - b. between points in the counties of X, Y, and Z.
 - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
 - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** *and* to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
 - a. In reference to Question #5
 - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**

- § 29.503. Driver Age
 - § 29.504. Driver history (schedule and record retention)
 - § 29.505. Criminal history (schedule and record retention)
3. Is the cited vehicle registered to KINDRIDE MEDICAL TRANSPORT LLC? PennDOT will require proper registration to issue the requisite commercial license plate.
 4. Provide a detailed explanation as to why your vehicle valuation is listed at \$30,000 when KBB.COM (Kelley Blue Book) provides a valuation of **\$7,875 - \$8,675** based upon your VIN, location, and with the benefit of having a condition rating of “VERY GOOD.”
 5. Please provide information on your insurance policy, or policy quotes. Include the provider’s name, policy limits, and annual costs. Do/will you pay your premiums in monthly installments, or do/will you pay the entire premium in advance?
 6. Please provide a full disclosure of your federal conviction – to include the dates of incarceration, crimes incarcerated for, and an explanation of when federal custody/supervision ended. Please also include a copy of your current driver’s License.
 7. Please review the below criteria and submit a revised compliant Statement of Financial Position (**utilizing the previously provided form**) **and provide evidence to support the statement (required):**
 - 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 (**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 (KINDRIDE MEDICAL TRANSPORT LLC). Any property and accounts listed MUST be registered or titled to**

the applicant. Bank accounts must be in the name of KINDRIDE MEDICAL TRANSPORT LLC. Vehicles must be registered to KINDRIDE MEDICAL TRANSPORT LLC. Property must be titled to KINDRIDE MEDICAL TRANSPORT LLC. Relevant Vehicle and facility leases should also be properly shown and allocated. If these items are not in the name of KINDRIDE MEDICAL TRANSPORT LLC, they should NOT be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your updates). 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/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, 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, as is failure to provide the requested supporting documentation.

Advertisement

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VIN: 2C4RDGEG5DR650254

Values

Your Offers and Values



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You are not obligated to accept either the Instant Cash Offer or the Kelley Buys Your Car Offer. Offers are good for seven (7) days, additional inspections required. You will still receive your Trade-In Value and Private Seller Exchange Suggested Listing Price Range, so you can compare and choose the option that's best for you.

Private Party And Trade-In Ranges

The Private Party Range gives you an estimate if you decide to sell your car directly to another person instead of trading it in. The Trade-In Range gives you an idea of what you can expect to get for your car this week at a dealership.

Private Party Trade-In

Private Party Range
\$7,875 - \$8,675
Private Party Value
\$8,275



i Important info & Definitions

Based on Very Good Condition
Valid for ZIP Code 15235 through 05/05/2026

Don't overpay for car insurance.
[Get a policy built just for you.](#)



INSURANCE QUOTE

This Quote describes the coverage terms and conditions being offered. Please review carefully as the terms and conditions may differ from those requested. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient for your client's coverage needs.

This quote is comprised of this cover letter and the accompanying attachments

Date Quoted: 05/06/26 Unless otherwise specified, this quote will expire in thirty days.

Tuscano Quote #: GS1349585

From Jamie Willcox

To: Lorraine Toboz
993012 Panichelle Financial Group LLC dba Panichelle Insurance

Applicant: Kind Ride LLC

Issuing Carrier: Scottsdale Insurance Company
A.M. Best Rating: A+ XV

Coverage: Commercial General Liability

Policy Term Quoted: 12 months

Minimum Earned Premium: 25.00%

Premium: \$ 1,654.00
Other Charges: \$ 49.62 Surplus Lines Tax
\$ 20.00 PA Stamp Fee
\$ 125.00 Policy Fee

Grand Total: \$ 1,848.62
Commission:

Billing Terms: Premium will be agency-billed. Once coverage is bound, earned premium will accrue and minimum premiums will apply. Your agency is responsible for collecting and remitting payment to Tuscano; however, the policyholder may pay the premium online at www.tuscano.com/Pay/Information using the above noted Tuscano quote#.

If you are using premium finance offered by Tuscano, please return the signed finance contract with your bind request. You are responsible for collecting the down payment and remitting it to Tuscano when due.

The insurer with whom this insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the department; and in the event of insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association

Tuscano Quote# GS1349585

Terms/Conditions/Endorsements and Exclusions: See Attached Company-issued quote

Additional Terms:

PLEASE BE ADVISED OF THE FOLLOWING:

- A written request to bind coverage is required
- Completion of the online PA Surplus Lines Affidavit is required if bound

ITEMS REQUIRED PRIOR TO BINDING:

- Fully Completed & Signed Application:
Acord 125/126 & Transportation Supplemental
- No known loss letter:
Dated from business inception to present
- Completed & Signed Terrorism Disclosure Form
- Also Needed:
Confirmation of commercial auto coverage in place with limits equal to or greater than Liability limits

Thank you for the opportunity to quote this risk for your client. This quote is based on the insurer's agreement to quote and is issued by Tuscano without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding. Coverage cannot be considered bound until confirmed by the W.N. Tuscano Agency, Inc. Please advise in writing when coverage is desired, and we will confirm when bound.

Commercial Insurance Quote Proposal

To: Panichelle Financial Group LLC
Contact Name:
Contact Email:
Contact Phone:

From: WN Tuscano Agency (Greensburg, PA)
Address: PO BOX 1027 Greensburg PA 15601-5027
Contact Name:
Contact Email:
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A (Excellent), FSC XV

Commission: 10%

Minimum Earned: 25%

**Minimum and Advance
 Premium:** 100%

These terms are valid for 60 days from APRIL 29,2026. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	KIND RIDE LLC
Proposed Policy Period:	04/29/2026 To 04/29/2027
Quote Number:	QT-09478366
Agent Reference Number:	
Renewal of #:	NEW

Premium Summary

LIABILITY	\$	1,654.00
Sub Total Premium:	\$	1,654.00
Grand Total:	\$	1,654.00

Terrorism: Terrorism coverage can be purchased for an additional premium of \$83.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<p>Subject to following terms and conditions:</p> <ul style="list-style-type: none"> Completed, signed and dated ACORD application. Completed, signed and dated supplemental application. Confirm Automobile Liability coverage is in place with limits equal to or greater than Liability limits chosen. No known loss letter signed by the insured. Signed TRIA form at time of binding, rejecting or accepting coverage.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
209 JACOBI DR FLD SEURGH PA 15235						
1 / 1	MH	68001	TAXICAB COMPANIES+	1 / PER VEHICLE/EA CH	\$1054.43 (First)	\$1,054

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
ERRORS & OMISSIONS COVERAGE PART	GLS (HI) 172s	\$1,000,000	\$2,000,000		\$250
LOADING OR UNLOADING OF PASSENGERS - LIMITED LIABILITY COVERAGE	GLS-724	\$5,000	\$10,000		\$100
SEXUALLY ABUSIVE ACTS - LIMITED LIABILITY COVERAGE	GLS-621	\$100,000	\$300,000		\$250

Final Liability Premium:

\$1,654

Forms and Endorsements

Common Policy

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

NOTX0650CW 02-26 NOTICE-FRAUD WARNINGS

UTS-COVPG 03-21 COVER PAGE

OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 08-96 SCHEDULE OF LOCATIONS

IL 00 17 11-98 COMMON POLICY CONDITIONS

IL 02 46 09-07 PENNSYLVANIA CHANGES-CANCELLATION AND NONRENEWAL

IL 09 10 07-02 PENNSYLVANIA NOTICE

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

UTS-9g 06-22 SERVICE OF SUIT CLAUSE

Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 00 70 01-26 EXCLUSION-WAR

CG 21 06 12-23 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

GLS-106s 12-13 TOTAL LIQUOR LIABILITY EXCLUSION

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-172s 09-23 ERRORS AND OMISSIONS COVERAGE PART

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY

GLS-328s 06-25 INJURY TO EMPLOYEE AND WORKER EXCLUSION

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

Forms and Endorsements

~~GLS-47s-10-07 MINIMUM-AND-ADVANCE PREMIUM ENDORSEMENT~~

GLS-537 02-19 CONTROLLED SUBSTANCE EXCLUSION

GLS-570 05-23 CONTRACTORS SPECIAL CONDITIONS

GLS-621 06-22 SEXUALLY ABUSIVE ACTS - LIMITED LIABILITY COVERAGE

GLS-666 06-22 PFC/PFAS EXCLUSION

GLS-690 08-25 EXCLUSION-TOTAL AIRCRAFT, AUTO OR WATERCRAFT WITH LIMITED EXCEPTIONS

GLS-724 11-23 LOADING OR UNLOADING OF PASSENGERS-LIMITED LIABILITY COVERAGE

UTS-303g 01-09 FUNGI OR BACTERIA EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-611 07-22 EXCLUSION-BIOMETRIC INFORMATION

UTS-632 03-23 EXCLUSION-DESIGNATED CHEMICALS, COMPOUNDS, ENERGY, MATERIAL OR SUBSTANCES

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

KindRide Medical Transport LLC

Balance Sheet

(As of May 2026)

ASSETS

Current Assets

Cash in PNC Business Account: \$10,085.05

Total Current Assets: \$10,085.05

Tangible Assets

Wheelchair Accessible 2013 Dodge Grand Caravan

(ADA equipped with commercial wheelchair lift, L-track wheelchair securement system, keeper-style restraints, over-center belt tie-downs, and occupant restraint equipment designed for safe wheelchair passenger transportation): \$29,995.00

NEMT Equipment

(wheelchair securement system, safety gear, first aid supplies, fire extinguisher): \$2,500.00

Office Equipment

(computer, phone, printer, administrative tools): \$1,200.00

Total Tangible Assets: \$33,695.00

TOTAL ASSETS: \$43,780.05

LIABILITIES

Current Liabilities

Commercial General Liability Insurance

(12-Month Policy Premium): \$1,848.62

Commercial Auto Liability and Physical Damage Insurance

(12-Month Policy Premium): \$12,093.00

Estimated Short-Term Operating Expenses

(fuel, maintenance, start-up costs): \$1,200.00

Total Current Liabilities: \$15,141.62

Long-Term Liabilities

Vehicle Loan: \$0.00

(Vehicle owned free and clear)

TOTAL LIABILITIES: \$15,141.62

OWNER'S EQUITY

Total Assets: \$43,780.05

Minus Total Liabilities: \$15,141.62

Owner's Equity: \$28,638.43

I certify that the above information is true and correct to the best of my knowledge and reflects the current financial position of KindRide Medical Transport LLC.

Respectfully submitted,

Don Lyles

Owner

KindRide Medical Transport LLC

INSURANCE QUOTE

This Quote describes the coverage terms and conditions being offered. Please review carefully as the terms and conditions may differ from those requested. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient for your client's coverage needs.

This quote is comprised of this cover letter and the accompanying attachments

Date Quoted: 05/07/26

Unless otherwise specified, this quote will expire in thirty days.

Tuscano Quote #: AU262370

From Dana Crouse

To: Lorraine Toboz
993012 Panichelle Financial Group LLC dba Panichelle Insurance

Applicant: Kind Ride LLC

Issuing Carrier: National Liability & Fire Ins
A.M. Best Rating: A++ XV

Coverage: Auto Liability & Physical Damage

Policy Term Quoted: 12 months

Premium: \$ 12,093.00

Grand Total: \$ 12,093.00

Commission:

Billing Terms:

Premium will be agency-billed. Once coverage is bound, earned premium will accrue and minimum premiums will apply. Your agency is responsible for collecting and remitting payment to Tuscano; however, the policyholder may pay the premium online at www.tuscano.com/Pay/Information using the above noted Tuscano quote#.

If you are using premium finance offered by Tuscano, please return the signed finance contract with your bind request. You are responsible for collecting the down payment and remitting it to Tuscano when due.

Tuscano Quote# AU262370

Terms/Conditions/Endorsements and Exclusions: See Attached Company-issued quote

Additional Terms:

PLEASE BE ADVISED OF THE FOLLOWING:

- A written request to bind coverage is required
- Quote is based on clean MVR; premium is subject to change if any accidents or driving violations
- All drivers must be reported prior to driving; confirm insured is aware of this stipulation.
- Subject to no undisclosed losses

ITEMS REQUIRED WITHIN THE NUMBER OF DAYS SPECIFIED:

- Completed & Signed Apps or Supplements attached to the quote - within 7 days

Please refer to cover memo.

Thank you for the opportunity to quote this risk for your client. This quote is based on the insurer's agreement to quote and is issued by Tuscano without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding. Coverage cannot be considered bound until confirmed by the W.N. Tuscano Agency, Inc. Please advise in writing when coverage is desired, and we will confirm when bound.

Account Summary For Kind Ride LLC

Quote #: 18034142
 Status: Pending
 Policy Type: AP

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	7,746
7	UM - BI - NonStacked	1,000,000 CSL	595
7	UIM - BI - NonStacked	1,000,000 CSL	1,123
	FPB Basic		511
7	FPB Additional		662
7	Physical Damage	See Specific Unit	1,456
	Total Ins Value	40,000	
Total			\$12,093.00

Revision: 73PA2025R01

Vehicle Information

NICO-Rate Version: 8.8.1.383

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>FPB Basic</u>	<u>FPB Addl</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>All/Lessor</u>	<u>Unit Sub Total</u>
1 2014 DODGE GRAND CARAVAN (50254) Comp/Coll \$40,000 Radius: Up to 25 Miles	7,746	595	1,123	511	662	1,456	N/A	N/A	12,093
	Deductible: 500/500								



Quote #: 18034142

FIRST PARTY BENEFITS NOTICE

The options that you requested for Pennsylvania First Party Benefits are reproduced below. These options determined your policy premium, but your policy may be changed by contacting the party listed below. Changing these indications may result in changes to your premium. The State of Pennsylvania requires you to purchase a minimum of \$5,000 for the Medical Expense Benefit. All of the other options listed below (including a higher limit of Medical Expenses) are choices you may make. The premium associated with each option is also listed.

If you are satisfied with your level of First Party Benefits this notice may be disregarded.

FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT** *Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.*
- B. INCOME LOSS BENEFIT** *Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.*
- C. ACCIDENTAL DEATH BENEFIT** *A death benefit paid in the event of the death of an insured person due to a covered auto accident.*
- D. FUNERAL BENEFIT** *Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.*

BENEFIT LEVEL OPTIONS: (Coverage is comprised of a selection from each one of A, B, C, and D or one selection from E. Coverage is also comprised of a selection from F.)

- A. MEDICAL EXPENSES:** (indicates the option you selected)
- \$5,000 per person, per accident (Minimum) \$ 511 Premium
 - \$10,000 per person, per accident \$ 764 Premium
 - \$25,000 per person, per accident \$ 984 Premium
 - \$50,000 per person, per accident \$ 1,753 Premium
 - \$100,000 per person, per accident (Maximum) \$ 1,932 Premium

- B. INCOME LOSS:** (indicates the option you selected, if any)
- None - Rejected per month / per accident, per person (Minimum)
 - \$1,000 / \$5,000 per month / per accident, per person \$ 97 Premium
 - \$1,000 / \$10,000 per month / per accident, per person \$ 179 Premium
 - \$1,000 / \$15,000 per month / per accident, per person \$ 194 Premium
 - \$1,500 / \$25,000 per month / per accident, per person \$ 243 Premium
 - \$2,500 / \$50,000 per month / per accident, per person (Maximum) \$ 323 Premium

C. ACCIDENTAL DEATH: (indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$5,000 per person, per accident \$ 6 Premium
- \$10,000 per person, per accident \$ 8 Premium
- \$25,000 per person, per accident (Maximum) \$ 15 Premium

D. FUNERAL EXPENSE: (indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$1,500 per person, per accident \$ 3 Premium
- \$2,500 per person, per accident (Maximum) \$ 4 Premium

OR

E. COMBINATION BENEFITS: Single Limit for all coverages, with specific benefit limits as shown

(indicates the option you selected, if any)

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,683 Premium
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,862 Premium
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ 3,219 Premium

AND

F. EXTRAORDINARY MEDICAL BENEFIT (EMB): (indicates the option you selected, if any)

In accordance with Pennsylvania Law your First Party Benefits coverage may be extended to provide an extraordinary medical benefit (EMB) which will pay the medical and rehabilitation costs for you and your family members residing in your household which are more than \$100,000 for each person injured as the result of an automobile accident, up to a lifetime benefit limits of \$1,000,000 for each person. Since you are only required to carry \$5,000 medical expense coverage under your First Party Benefits and EMB coverage only pays expenses that exceed \$100,000, you may have a gap in coverage between your requested First Party Benefits and EMB coverage. We recommend you consider this when you make your medical expense selections.

- I purchased no EMB coverage.
- I purchased EMB coverage at the following limit:
 - \$100,000
 - \$300,000
 - \$500,000
 - \$1,000,000

If you desire to change your coverage please contact:

W. N. Tuscano Agency, Inc.
950 Highland Ave

Driver Information for Kind Ride LLC

NICO-Rate for Pennsylvania
National Liability & Fire Insurance Company

Quote #: 18034142

Revision: 73PA2025R01

<u>Driver</u>	<u>Date of Birth</u>
1 Don Lyles	3/12/1974

Kind Ride LLC

Quote #: 18034142

Schedule of Forms & Endorsements

CA 0001 (03/2010) Business Auto Coverage Form
CA 0180 (03/2021) Pennsylvania Changes
CA 2018 (12/1993) Professional Services Not Covered
CA 2192 (06/2012) Pennsylvania Uninsured Motorists Coverage - Nonstacked
CA 2193 (06/2012) Pennsylvania Underinsured Motorists Coverage - Nonstacked
CA 2237 (03/2006) Pennsylvania Basic First Party Benefits
CA 2238 (03/1995) Pennsylvania Added and Combination First Party Benefits Endorsement
CA 2402 (12/1993) Public Transportation Autos
IL 0120 (05/2011) Pennsylvania Changes - Defense Costs
IL 0910 (12/2003) Pennsylvania Notice
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 5479 (04/2010) Towing and Storing Costs
M 5605 (02/2011) Business Auto Coverage Declarations
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement
M 5872 (09/2020) Changes to Common Policy Conditions - Cancellation
M 5910 (05/2020) Stated Amount Insurance
M 5952 (03/2019) Punitive Damage Exclusion
M 5978 (05/2020) Communicable Disease Exclusion
M 5986 (10/2020) Commercial Policy Jacket
M 6018 (04/2023) Exclusion - PFAS (Perfluoroalkyl and Polyfluoroalkyl Substances)
R 1413e (08/1998) Pennsylvania Financial Responsibility Identification Card

KindRide Medical Transport LLC
209 Jacob Drive
Pittsburgh, PA 15235

Date: May 15, 2026

Pennsylvania Public Utility Commission
Bureau of Technical Utility Services

RE: Compliance Statement – 52 Pa. Code § 29.505 Criminal History Requirements

To Whom It May Concern:

I understand the requirements under 52 Pa. Code § 29.505 regarding criminal history reviews and background checks for drivers operating under Pennsylvania Public Utility Commission authority.

I respectfully provide the following information for disclosure and review purposes as the owner and proposed driver for KindRide Medical Transport LLC.

I was incarcerated beginning April 25, 2013, and released on May 14, 2020. During that time, I was housed at the following federal facilities:

- FCI Loretto, PA 15940 (2014–2015)
- FPC Montgomery, Maxwell Air Force Base, Montgomery, AL 36112 (2015–2019)
- FPC Duluth, MN 55811 (2019–2020)

Following my release, I completed residency requirements at:

Renewal Center
339 Boulevard of the Allies
Pittsburgh, PA 15222
May 2020 – August 2020

I am currently under supervision with the United States Probation Office located at 700 Grant Street, Pittsburgh, PA 15219. My supervising Probation Officer is Tucker Pritts, and I am presently pending early termination of probation.

Since my release, I have remained compliant with all supervision requirements and have focused on rebuilding my life through lawful employment, business development, and community responsibility.

I, Don Lyles, have extensive professional driving and transportation experience, including holding a Class A Commercial Driver's License (CDL) with Hazmat and Double/Triple Trailer

endorsements. I have worked in multiple transportation and coordination roles, including freight delivery for New Penn in both local and over-the-road operations, beverage delivery for Coca-Cola, and container transportation for PackRat. I also have experience transporting equipment for film production sets, including operating support vehicles and water trucks.

In addition, I have personal experience assisting family members who use wheelchairs and elderly individuals attending medical appointments, which has provided me with familiarity in passenger care and mobility assistance. This combined experience has given me strong practical knowledge of safe vehicle operation, passenger care, trip planning, communication, and service responsibilities relevant to non-emergency medical transportation services.

I understand the importance of public safety and trust in the transportation industry and respectfully request consideration of my rehabilitation, compliance history, employment background, and commitment to operating responsibly under Pennsylvania Public Utility Commission regulations.

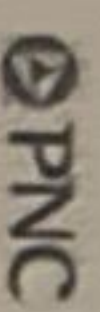
I am committed to operating KindRide Medical Transport LLC in a safe, professional, and fully compliant manner while providing dependable and compassionate transportation services to the community.

Respectfully submitted,

Don Lyles

Don Lyles
Owner, KindRide Medical Transport LLC

Account Number ~~XXXXXXXXXX~~



Post Date	Effective Date	Amount	Balance	DCN	Stm	Type	Description
05/12/2026	05/12/2026	\$7,000.00	\$10,085.05	C		Deposit	XXXXXXXXXX
05/12/2026	05/12/2026	\$3,000.00	\$3,085.05	C		Deposit	XXXXXXXXXX

April 25th 2013 - incarcerated
 May 14th 2020 - released

FPC Duluth
 4464 Ralston Dr.
 Duluth, MN 55811

F C I Loretto
 772 St. Joseph St,
 Loretto Pa 15940
 2014 - 2015

Renewal Center
 339 Blvd of the Allies
 P-G-H Pa 15222
 2020 May-2020 Aug

FPC Montgomery
 Maxwell Air force Base
 Montgomery Al 36112
 2015 - 2019

US Probation
 700 Grant St
 P-G-H Pa 15219
 Pending early termination
 2020 - 2028
 Tucker Priitts
 4112 - 660 - 3496
 5/13/2026

Pennsylvania COMMERCIAL DRIVER'S LICENSE
 NOT FOR REAL ID PURPOSES

SEX: M HT: 5'00
 EYES: [REDACTED]
 HAIR: [REDACTED]
 DON LEON ASE MARTIN JOHN
 [REDACTED]
 EXP: 03/13/2026
 [REDACTED]
 [REDACTED]
 [REDACTED]
 CLASS: A
 [REDACTED]
 [REDACTED]

Don Leon

CDL

[REDACTED]

CLASS: A-Cover + \$5,000 / Fee + \$5,000

[REDACTED]



05/13/2026

DON LEON LYLES
209 JACOB DR
PITTSBURGH, PA 15235-1723

Dear TO WHOM IT MAY CONCERN

In response to your request that PNC Bank, National Association provide written verification concerning your Business Checking account(s), we are providing the following information:

<u>Account No.</u>	<u>Routing No.</u>	<u>Date Opened</u>	<u>Balance as of date of this letter</u>
XXXXXXXXXX	XXXXXXXXXX	04/15/2026	\$10,085.05

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

TESSA PIMPINELLA
BRANCH MANAGER
412-242-3680

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Business Checking account(s).

Dated this 13 day of May, 2026.

Customer Signature: _____

Customer Signature: Don Lyles



Because Life is a Moving Experience®



2013 & Up Chrysler
Foldout Wheelchair
Accessible Vehicle
Private Use

*Operator's
Manual*

37971

2
0
1
3

DODGE

GRAND CARAVAN R/T

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

Base Price: \$29,995

DODGE GRAND CARAVAN R/T

Exterior Color: Maximum Steel Metallic Clear Coat Exterior Paint

Interior Color: Black Interior Color

Interior: Leather-Trimmed Bucket Seats

Engine: 3.6-Liter V6 24-Valve VVT Engine

Transmission: 6-Speed Automatic Transmission

STANDARD EQUIPMENT (UNLESS REPLACED BY OPTIONAL EQUIPMENT)
FUNCTIONAL/SAFETY FEATURES

- Advanced Multistage Front Airbags
- Supplemental Side-Curtain Airbags in All Rows
- Driver Inflatable Knee-Bolster Airbag
- Supplemental Front Seat-Mounted Side Airbags
- Child Seat Anchor System-LATCH Ready
- Active Head Restraints
- ParkView™ Rear Back-Up Camera
- Anti-Lock 4-Wheel Disc Brakes
- Electronic Stability Control
- Keyless Entry with Immobilizer
- Power Door Locks
- Trailer Sway Damping
- Speed Control
- Selectable Fuel Economizer
- Electronic Vehicle Information Center
- Left Power Sliding Door
- Right Power Sliding Door
- 20-Gallon Fuel Tank

INTERIOR FEATURES

- Second-Row Buckets with Fold-in-Floor Seats
- 2nd/3rd-Row Stow 'n Go® w/3rd-Row Tailgate Seats
- Power Front Driver and Passenger Seats
- Power Front One-Touch, Second-Row Windows
- Second-Row Power Windows
- Power Quarter Vented Windows
- Air Conditioning with 3-Zone Automatic Temp Control
- Rear Air Conditioning with Heater
- Super Console
- Uconnect® 430 CD/DVD/MP3/HDD
- 9 Amplified Speakers with Subwoofer
- 6.5-Inch Touch Screen Display
- SiriusXM Satellite Radio w/ 1-Yr Radio Subscription
- For More Information, Call 888-539-7474
- 40 GB Hard Drive with 28 GB Available
- Steering Wheel Mounted Audio Controls
- Overhead Console
- Audio Jack Input for Mobile Devices
- 12-Volt DC Front and Rear Power Outlets
- 12-Volt Auxiliary Power Outlet
- Headlamps with Turn-Off Time Delay
- Rearview Day / Night Mirror
- Portable Rechargeable Trouble Light
- Easy Clean Floor Mats

OPTIONAL EQUIPMENT

Customer Preferred Package 29N

- Security Group
- Power Liftgate
- Remote Start System
- Security Alarm
- Driver Convenience Group
- Heated Front Seats
- Heated Second-Row Seats
- Heated Steering Wheel
- Second and Third-Row Manual Window Shades
- Safety Sphere Group
- Blind Spot and Cross Path Detection
- ParkSense® Rear Park Assist System
- Rain Sensitive Windshield Wipers
- Automatic Headlamps
- Uconnect® 730N SAT/CD/DVD/MP3/HDD/NAV
- 40 GB Hard Drive with 20 GB Available
- GPS Navigation
- Uconnect® Voice Command with Bluetooth®
- Bluetooth® Streaming Audio
- SiriusXM RealTime Traffic/1-Yr Traffic Service
- Auto-Dimming Rearview Mirror w/ Microphone
- Remote USB Port
- SiriusXM Travel Link/1Yr Travel Link Subscription
- Load Leveling and Height Control
- Flex Fuel Vehicle

DESTINATION CHARGE

\$995

TOTAL PRICE: * \$34,010

WARRANTY COVERAGE

5-year or 100,000-mile Powertrain Limited Warranty.
3-year or 36,000-mile Basic Limited Warranty.
Roadside assistance; certain restrictions apply.
Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 100,000 MILE
POWERTRAIN WARRANTY**

Assembly Point/Port of Entry: WINDSOR, ONTARIO, CANADA

VIN: 2C4-RDGEG5DR-650254

L4-VON: 7828

1203

SHIP TO: 16323 15
THE BRAUN CORPORATION
631 WEST 11TH STREET
WINAMAC IN 46996-

SOLD TO: 88 99907
CHRYSLER CORPORATION
FIRST STAGE PAPER
DETROIT MI 48231-

THIS LABEL IS ADDED TO THIS VEHICLE TO COMPLY WITH FEDERAL LAW. THE LABEL CANNOT BE REMOVED OR ALTERED PRIOR TO DELIVERY TO THE ULTIMATE PURCHASER.
* STATE AND/OR LOCAL TAXES IF ANY, LICENSE AND TITLE FEES AND DEALER SUPPLIED AND INSTALLED OPTIONS AND ACCESSORIES ARE NOT INCLUDED IN THIS PRICE. DISCOUNT, IF ANY, IS BASED ON PRICE OF OPTIONS IF PURCHASED SEPARATELY.







Light blue paper posted on the driver's side window.

BraunAbility

18







KindRide Medical Transport LLC
209 Jacob Drive
Pittsburgh, PA 15235

Date: May 15, 2026

Pennsylvania Public Utility Commission
Bureau of Technical Utility Services

RE: Submission of Supporting Documentation

To Whom It May Concern:

In response to the Commission's request for additional supporting documentation, I respectfully submit the attached materials in support of my application for operating authority for KindRide Medical Transport LLC.

Attached for the Commission's review are the following:

- Proof of funds and current business banking information showing a balance of \$10,085.05 maintained in the KindRide Medical Transport LLC business account with PNC Bank.
- Comparable market listings for wheelchair-accessible vans with lifts to support the stated estimated value of approximately \$30,000 for the company vehicle.
- Insurance quotes related to the proposed paratransit operation.
- Proof that the vehicle is titled and registered in the name of KindRide Medical Transport LLC.
- Photographs of the company's 2013 wheelchair-accessible van, including the wheelchair lift and accessibility equipment.

The business banking relationship is maintained through PNC Bank, and the Branch Manager is Tessa Pimpinella.

The submitted documentation is intended to further demonstrate the company's financial responsibility, operational readiness, and commitment to compliance with Pennsylvania Public Utility Commission requirements.

Thank you for your time and consideration. Should additional information or documentation be required, I will promptly cooperate with the Commission.

Respectfully submitted,

Don Lyles
Owner
KindRide Medical Transport LLC

Date: May 15, 2026

Pennsylvania Public Utility Commission
Bureau of Technical Utility Services

RE: Revised Proposed Service Area Description

To Whom It May Concern:

In response to the Commission's request for a more specific proposed service area description, I respectfully submit the following revised service area request for KindRide Medical Transport LLC.

KindRide Medical Transport LLC proposes to originate non-emergency medical transportation service from points within Allegheny County and Westmoreland County, Pennsylvania, to points within the Commonwealth of Pennsylvania, and return.

This request reflects the company's current operational resources and financial position, including one wheelchair-accessible vehicle and owner-operated service.

Respectfully submitted,

Don Lyles

Owner

KindRide Medical Transport LLC