

PRINCE RIDE TRANSPORTATION LLC

5145 E Trindle Rd., Apt. C

Mechanicsburg, PA 17050

Phone: 717-831-2944

May 29, 2026

Pennsylvania Public Utility Commission

Secretary of the Commission

Commonwealth Keystone Building

400 North Street

Harrisburg, PA 17120

RE: Docket No. A-2026-3062575

Application of Prince Ride Transportation LLC

To the Secretary of the Commission:

Prince Ride Transportation LLC respectfully submits the following response to the Commission's Data Request dated May 20, 2026.

1. Proposed Service Area

Prince Ride Transportation LLC hereby revises its proposed service territory to better reflect the company's current resources, financial capacity, and operational capabilities.

The company requests authority:

From points in Cumberland, and Dauphin Counties, Pennsylvania, to points anywhere within Pennsylvania, and return.

The company intends to originate transportation services from Cumberland, and Dauphin Counties and provide safe, efficient, and reliable transportation to destinations throughout the Commonwealth of Pennsylvania.

Prince Ride Transportation LLC currently operates with two (2) vehicles and two (2) drivers and believes these resources are sufficient to support its anticipated initial level of service. As business demand increases, Prince Ride Transportation LLC intends to expand its operations by adding additional vehicles, hiring qualified drivers, and increasing operational resources as necessary to ensure continued safe, efficient, and reliable service. The company remains committed to maintaining proper management oversight, regulatory compliance, and high-quality transportation services throughout its authorized service territory.

2. Resources and Operational Oversight

Prince Ride Transportation LLC will operate from its principal place of business located in Mechanicsburg, Pennsylvania.

The company currently has:

- Two (2) vehicles available for service.
- Two (2) drivers available for service.
- Company management responsible for dispatching, scheduling, regulatory compliance, customer service, and operational oversight.

All trips will be coordinated through company dispatch procedures. Driver performance, vehicle condition, customer concerns, and regulatory compliance matters will be continuously monitored by company management.

The requested service territory was selected based on the company's current operational capabilities and anticipated transportation demand.

3. Driver Qualification, Screening, and Compliance Program

Prince Ride Transportation LLC maintains a comprehensive driver qualification program designed to ensure compliance with applicable Pennsylvania laws and regulations and to promote passenger safety.

Prior to employment, all drivers must:

- Meet all applicable age requirements.
- Possess a valid driver's license.
- Successfully complete a Motor Vehicle Record (MVR) review.
- Successfully complete a criminal background check.
- Successfully complete a pre-employment drug screening.
- Provide employment and driving history information.
- Complete company orientation and safety training.

The company maintains a Driver Qualification File for each driver containing:

- Driver application.
- Driver's license information.

- Motor Vehicle Record reports.
- Criminal background screening records.
- Drug testing records.
- Training records and certifications.
- Employment documentation.

Prince Ride Transportation LLC maintains a drug-free workplace policy. Any applicant who fails a pre-employment drug screening will not be hired. The company reserves the right to require reasonable-suspicion, post-accident, or other drug testing when circumstances warrant in order to protect passenger safety and maintain regulatory compliance.

Driver qualification records will be maintained and retained in accordance with applicable Pennsylvania Public Utility Commission regulations.

Driver qualification files, motor vehicle record reports, criminal background screening records, drug testing records, and training documentation will be maintained for the duration of each driver's employment and retained by the company for a minimum of three (3) years following separation from employment. These records will be maintained in a secure manner and made available for inspection upon request by the Pennsylvania Public Utility Commission or other authorized agencies.

4. Driver Staffing

Prince Ride Transportation LLC currently intends to utilize two (2) drivers.

The company believes this staffing level is sufficient to support the requested service territory based upon its current fleet size, anticipated trip volume, and operational structure. Additional qualified drivers will be added as business growth and transportation demand require.

5. Vehicle Safety Program

Prince Ride Transportation LLC maintains a vehicle safety program designed to ensure that all vehicles are safe and mechanically sound before being placed into service.

The safety program includes:

- Daily pre-trip inspections.
- Daily post-trip inspections.
- Preventive maintenance according to manufacturer recommendations.

- Immediate correction of safety defects.
- Removal of unsafe vehicles from service.
- Documentation and retention of inspection and maintenance records.

Drivers are required to immediately report:

- Accidents.
- Mechanical defects.
- Safety concerns.
- Traffic violations.
- License suspensions.
- Any condition that may affect their ability to safely transport passengers.

Pre-Trip/Post-Trip Inspection Items:

- Tires and wheels.
- Brakes.
- Headlights and turn signals.
- Horn.
- Mirrors.
- Seat belts.
- Windshield and wipers.
- Fluid levels.
- Emergency equipment.
- Interior cleanliness.
- Exterior vehicle condition.
- Wheelchair securement equipment (if applicable).

Inspection records will be maintained by the company and retained for review.

6. Vehicle Registration

The vehicles utilized by Prince Ride Transportation LLC are or will be registered in the name of Prince Ride Transportation LLC prior to commencement of regulated service. The company will obtain all required commercial registrations and license plates as required by PennDOT and the Pennsylvania Public Utility Commission.

7. Insurance

Prince Ride Transportation LLC has obtained or is in the process of obtaining the required commercial automobile insurance coverage.

Insurance Provider: National Indemnity Company_____

Coverage Limits: _\$500,000_____

Annual Premium: _\$15,784.00_____

Payment Method: Monthly Installments

Proof of insurance coverage and supporting documentation will be provided to the Commission as required.

8. Statement of Financial Position

Prince Ride Transportation LLC is submitting a revised Statement of Financial Position that reflects current and accurate financial information.

Supporting documentation includes current business bank statements, insurance documentation, and any available ownership, registration, or transfer documentation

The submitted financial information reflects assets and liabilities held by Prince Ride Transportation LLC and is accurate as of the date of submission.

Additional Training and Safety Measures

To promote passenger safety and service quality, Prince Ride Transportation LLC requires drivers to complete training as applicable, including:

- Defensive Driving Training.
- Passenger Assistance Training.
- ADA Compliance Awareness.
- HIPAA Awareness Training.
- Wheelchair Securement Training (when applicable).

Verification

I, _Issam Mohamed_____, 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).

Signature: _____

Name: _Issam Mohamed_____

Title: Member/Owner

Date: _05/29/2026_____

PRINCE RIDE TRANSPORTATION LLC
STATEMENT OF FINANCIAL POSITION

As of May 30, 2026

ASSETS

Cash – Business Checking Account	\$5,000.00
TOTAL ASSETS	\$5,000.00

LIABILITIES

Accounts Payable	\$0.00
Business Loans	\$0.00
Vehicle Loan Obligations Held by LLC	\$0.00
Other Liabilities	\$0.00
TOTAL LIABILITIES	\$0.00

MEMBER’S EQUITY

Member Capital Contributions	\$5,000.00
Retained Earnings	\$0.00
TOTAL MEMBER’S EQUITY	\$5,000.00
TOTAL LIABILITIES AND MEMBER’S EQUITY	\$5,000.00

EXPLANATORY STATEMENT

Prince Ride Transportation LLC is a newly formed transportation company currently completing the regulatory approval process required to commence operations.

The company has established and funded a business checking account in the name of Prince Ride Transportation LLC with startup capital in the amount of \$5,000.00.

The company has secured commercial automobile insurance coverage and will maintain all insurance required by the Pennsylvania Public Utility Commission prior to commencing regulated transportation service.

The vehicles intended for use in company operations are currently being transferred into the name of Prince Ride Transportation LLC and will be commercially registered prior to the commencement of service. Accordingly, the vehicles are not currently included as assets on this Statement of Financial Position because title transfer has not yet been completed.

Prince Ride Transportation LLC intends to contribute additional capital, vehicles, equipment, and operational resources as necessary to support business operations and future growth.

Supporting documentation submitted with this Statement of Financial Position includes current business bank statements, insurance documentation, and any available ownership, registration, or transfer documentation.

CERTIFICATION

I, Issam Mohamed, hereby certify that the information contained in this Statement of Financial Position is true and correct to the best of my knowledge, information, and belief.



Issam Mohamed

Member/Owner

Prince Ride Transportation LLC

Date: May 30, 2026



wells fargo bank
6416 carlisle pike
mechanicsburg, pa, 17055

wellsfargo.com

May 30, 2026

PRINCE RIDE TRANSPORTATION LLC
5145 E TRINDLE RD APT C
MECHANICSBURG, PA, 17050

Dear TO WHOM THIS MAY CONCERN:

This letter indicates that the Customer named above has requested a verification of the following deposit accounts with Wells Fargo Bank, N.A.

Row	Account Number <i>(Last 4-digits)</i>	Account Name	Date Opened	Current Balance <i>(see Note 1 below)</i>	Average Balance Last 12 Months <i>(see Note 2 below)</i>
1	9882	INITIATE BUSINESS CHECKING	04/13/2026	\$5,000.00	\$461.50
2					
3					
4					
5					

Note 1: The Current Balance is the opening available balance as of the date of this letter, but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof.

Note 2: The Average Balance Last 12 months is the average amount of money you had in your account over the past year, calculated by adding up the closing balance of each day within that 12-month period and dividing by the number of days in that time frame.

Important Disclosures

The recipient of this information hereby acknowledges that Wells Fargo ("we", "us") does not represent or warrant that the information provided herein is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. This information may not disclose the entire relationship the Customer maintains with us.

This information is subject to change at any time without notice. We are not obligated to notify the recipient of any change in this information, or if any deposit account relationship referenced herein is, or is in the process of being, modified, terminated, or cancelled, unless we are required to do so by law or under the terms of the applicable deposit account agreement.

This letter does not constitute a guaranty of future balances or credit support of any nature, nor do we accept any duty, responsibility, liability or obligation that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result.

If you have any questions about the information provided or need additional information, please contact the bank's customer as the bank has not been authorized to provide you with any additional information.

Thank you. We appreciate your business.

Wells Fargo Bank, N.A.

Initiate Business CheckingSM

May 31, 2026 ■ Page 1 of 4



PRINCE RIDE TRANSPORTATION LLC
5145 E TRINDLE RD APT C
MECHANICSBURG PA 17050-3644

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:

We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wells Fargo.com/biz

Write: Wells Fargo Bank, N.A. (345)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Fraud and scam tips to help keep your money and information safe

Quickly spot check fraud and scams

- Review check images at least monthly. If something doesn't look right, report it right away.
- Verify your recipient received the check.
- Set up "Checks posted yesterday" alerts in the Wells Fargo Mobile® app* or online banking to be notified when a check clears.
- Be wary if anyone sends you a check and asks you to send money back. That's likely a scam.

Government impersonation scams

Here's what to know:

- Scammers pose as government agencies to get your money or personal information.
- Never share your Social Security or Medicare number unless you're the one who initiated the contact.
- If you have a real tax issue, the IRS will always send you a letter. Hang up on unexpected calls from the IRS, even if the caller already has your Social Security number.
- If anyone urges you to move your money to a different account for any reason, even to "protect it", assume it's a scam.



Remember, always be cautious when you're asked for your personal information or money. Don't respond until you validate "who" and "why". You are in control when it's your money.

* Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary

Beginning balance on 5/1	\$450.50
Deposits/Credits	0.00
Withdrawals/Debits	- 0.00
Ending balance on 5/31	\$450.50

Account number: 9915259882 (primary account)
 PRINCE RIDE TRANSPORTATION LLC
 Pennsylvania account terms and conditions apply
 For Direct Deposit use
 Routing Number (RTN): 031000503
 For Wire Transfers use
 Routing Number (RTN): 121000248

Overdraft Protection

Your account is linked to the following for Overdraft Protection:
 ■ Savings - 000009933899834

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2026 - 05/31/2026	Standard monthly service fee \$15.00	You paid \$0.00
We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. This is the final period with the fee waived. For the next fee period, you need to meet one of the options to avoid the monthly service fee.		
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Minimum daily balance	\$2,000.00	\$450.50 <input type="checkbox"/>
The monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. <small>Transactions occurring after the last business day of the month will be included in your next fee period.</small>		

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	0	100	0	0.50	0.00
Total service charges					\$0.00

IMPORTANT ACCOUNT INFORMATION

Effective July 1, 2026, the fee for stop payment requests on checks drawn on your account, or on pre-authorized (Automated Clearing House) items, will be \$30 per item. The fee may not be applicable to all customers depending on the type of account you have. For more details, refer to the Fee and Information Schedule applicable to your account.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Wells Fargo is serious about security. Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at wellsfargo.com/security to learn more.

Account Summary For Prince Ride Transportation LLC

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	500,000 CSL	11,158
7	UM - BI - NonStacked	100,000 CSL	344
7	UIM - BI - NonStacked	100,000 CSL	650
	FPB Basic		924
7	FPB Additional		1,212
7	Physical Damage	See Specific Unit	1,496
	Total Ins Value	33,000	
Total			\$15,784.00

DOT #: Unknown
MC #: Unknown

Revision: 73PA2025R01

Vehicle Information

NICO-Rate Version: 8.8.1.408

<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>AI/Lessor</u>	<u>Unit Sub Total</u>
1 2012 TOYOTA SIENNA MINI PASS VAN (62701) Comp/Coll \$18,000 Radius: Up to 50 Miles	5,579	172	325	462	606	774	N/A	N/A	7,918
	Deductible: 1,000/1,000								



<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>AI/Lessor</u>	<u>Unit Sub Total</u>
2 2017 TOYOTA RAV4 HYBRID (00054)	5,579	172	325	462	606	722	N/A	N/A	7,866
Comp/Coll \$15,000	Deductible: 1,000/1,000								
Radius: Up to 50 Miles									





Columbia Insurance Company National Fire & Marine Insurance Company National Liability & Fire Insurance Company National Indemnity Company National Indemnity Company of the South National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

- 1. Policy Term 05/28/2026 - 05/28/2027
2. Named Insured Prince Ride Transportation LLC
* 3. DBA
4. Entity Type Individual Partnership Corporation Other
* 5. Business Phone Number Email Address
* 6. Mailing Address 5145 E Trindle Rd Apt C Website
7. City Mechanicsburg State PA Zip 17050
* 8. Premises Address
* 9. City State Zip
* 10. Yes No Have you ever had insurance with one of the companies listed above?

Coverages table with columns for coverage type and limit/status. Includes Liability (\$500,000), Uninsured Motorist (\$100,000), Underinsured Motorist (\$100,000), Personal Injury Protection (Purchased), and Medical Payments (NOT Purchased).

Operations

- * 11. Business Description
* 12. Vehicle Usage
* 13. Yes No New Venture? Years experience
* 14. Yes No Is this your primary business? If no, explain
15. Yes No Is your business for hire/for profit?
* 16. Gross receipts last year Estimate for coming year
17. Yes No Do you operate in more than one state? If yes, list states
* 18. What is the largest city entered?
* 19. Yes No Is the transportation of people your primary business?
* 20. Yes No Are vehicles leased to drivers?
* 21. Yes No Do you transport physically disabled individuals? If yes, what percentage of the time?
* 22. Yes No Are vehicles equipped with a fare box or meter? If yes, which vehicles?
* 23. Yes No Do you have a scheduled route?
* 24. Yes No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

- * 25. Yes No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos?
* 26. Yes No Are any autos operated 24 hours per day? If yes, which autos?
* 27. Yes No Are you the primary response unit for emergency (911) calls?
* 28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)?
* 29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)?

Driver Training

- 30. Yes No Is operation part of a school curriculum?
31. Yes No Is class room instruction given?
32. Yes No Are autos equipped with dual controls? If no, which autos do not have dual controls?

Loss Experience

- * 33. Yes No Have you ever been declined, canceled or non-renewed for this kind of insurance? If yes, explain
* 34. Yes No Have you previously had commercial auto insurance? If yes, name of prior insurance company
* Number of accidents in the past 3 years
* Include loss runs or provide details of losses

Drivers

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 Issam Mohamed	10/28/1979					
*	2 Sami Mudawi	01/01/1969					
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 Issam Mohamed						
*	2 Sami Mudawi						
	3						
	4						
	5						

* 35. Yes No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2012 TOYOTA SIENNA MINI PASS 5TDZK3DCXCS262701		8	,	50			W
*	2 2017 TOYOTA RAV4 HYBRID JTMRJREV4HD100054		8	,	50			
	3							
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	18,000	C	1,000	1,000	
2	15,000	C	1,000	1,000	
3					
4					
5					
6					

**Include the value of AV equipment permanently installed in the vehicle

Filings (complete if filings are being requested)

36. Yes No Is an FHWA filing required? If yes, MC number _____
What authority do you have? Broker Common Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. Yes No Is an intrastate filing needed? If yes, show state and permit number _____
40. Yes No Is MCS 90 endorsement needed?
41. Yes No Is our policy to cover all vehicles owned, operated or under lease to applicant?
If no, explain _____
42. Yes No Do you enter Canada? If yes, where? _____
43. Yes No Do you enter Mexico? If yes, where? _____
44. Yes No Have you ever changed your operating name? If yes, explain _____
45. Yes No Do you operate under any other name? If yes, explain _____
46. Yes No Do you operate as a subsidiary of another company? If yes, explain _____
47. Yes No Do you own or manage any other transportation operations that are not covered?
If yes, explain _____
48. Yes No Do you lease your authority? If yes, explain _____
49. Yes No Do you appoint agents or hire independent contractors to operate on your behalf?
If yes, explain _____
50. Yes No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
If yes, attach a copy of the current agreement and complete the following:
With whom has such agreement(s) been made? _____
51. Yes No Do the parties named above carry automobile liability insurance?
If yes, name of insurance company and limits of liability _____
Under whose permit does each of the parties to the agreement(s) operate? _____
52. Yes No Is there a Hold Harmless in the agreement?
53. Yes No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

Quote #: 18176994

M-5682 (07/2022)

UNINSURED MOTORIST COVERAGE SELECTION / REJECTION

Uninsured Motorist Coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. You have the right to purchase Uninsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Uninsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Uninsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Uninsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

OPTION ONE

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.



Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UM Coverage: I do wish to purchase Uninsured Motorist Coverage at \$ _____ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)



Signature of First Named Insured

Date Signed

B. Stacking Options: If you have chosen to purchase Uninsured Motorist Coverage, and you are an individual, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

Unless you specifically reject stacking of Uninsured Motorist Coverage (or the Named Insured is not an individual), your Uninsured Motorist Coverage stacks by default.

Rejection of Stacking: I do not wish to purchase stacking of Uninsured Motorist Coverage or the Named Insured is not an individual.

UNINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.



Signature of First Named Insured

Date Signed

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

Quote #: 18176994

UNDERINSURED MOTORIST COVERAGE SELECTION / REJECTION

Underinsured Motorist Coverage provides protection for damages incurred which exceed the limit of liability carried by the driver of a vehicle who injures you in an automobile accident. You have the right to purchase Underinsured Motorist Coverage in an amount equal to the amount of Bodily Injury Liability Coverage provided in your policy. The law does not require you to purchase Underinsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Underinsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Underinsured Motorist Coverage is an optional coverage; however, we are required to include it in your policy unless you take steps to reject it.

INDICATE YOUR CHOICE BY EITHER COMPLETING THE REJECTION OF UNDERINSURED MOTORIST COVERAGE SECTION (OPTION ONE) OR BY COMPLETING THE SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS SECTION (OPTION TWO)

OPTION ONE

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date Signed

OPTION TWO

SELECTION OF UNDERINSURED MOTORIST PROTECTION AND STACKING OPTIONS

A. Selection of UIM Coverage: I do wish to purchase Underinsured Motorist Coverage at \$ N/A per person, \$ N/A per accident split limits of liability or \$ 100,000 per accident single limit of Liability. (Your UIM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)



Signature of First Named Insured

Date Signed

B. Stacking Options: If you have chosen to purchase Underinsured Motorist Coverage, and you are an individual, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Underinsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Underinsured Motorist Coverage. There is an additional premium for this coverage. Please check one box below to indicate your choice.

Unless you specifically reject stacking of Underinsured Motorist Coverage (or the Named Insured is not an individual), your Underinsured Motorist Coverage stacks by default.

Rejection of Stacking: I do not wish to purchase stacking of Underinsured Motorist Coverage or the Named Insured is not an individual.

UNDERINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of underinsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage.

I understand that my premiums will be reduced if I reject this coverage.



Signature of First Named Insured

Date Signed

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Yes No Will premium be financed? If yes, with whom _____

Witness

Applicant's Signature

Date

Insured Contact Information

Name _____

Phone Number _____

Email Address _____

Relationship _____

Name _____

Phone Number _____

Email Address _____

Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Yes No Is this direct business to your office? If not, explain _____

Yes No Is this new business to your office? If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.



NATIONAL INDEMNITY
group of insurance companies

PO Box 31145 • Omaha, NE 68131
nationalindemnity.com

**Direct Bill
Payment Plan Options**

Date: 05/28/2026

Billing Services:
1-866-920-5220

Applicant Name: **Prince Ride Transportation LLC**

7:00 AM-7:00 PM Central Time, Mon-Fri

Quote Number: 18176994

billing@nationalindemnity.com

Indicated Premium: \$ 15,784.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$3,157.00	\$3,157.00	\$4,278.00	\$8,208.00	\$15,784.00
Installments *					
Month 1	\$1,262.52	\$2,525.24			
Month 2	\$1,262.72		\$3,834.98		
Month 3	\$1,262.72	\$2,525.44			
Month 4	\$1,262.72				
Month 5	\$1,262.72	\$2,525.44	\$3,835.51	\$7,576.00	
Month 6	\$1,262.72				
Month 7	\$1,262.72	\$2,525.44			
Month 8	\$1,262.72		\$3,835.51		
Month 9	\$1,262.72	\$2,525.44			
Month 10	\$1,262.72				

*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 1-866-920-5220 7 am - 7 pm Central Time Monday - Friday.

PRINCE RIDE TRANSPORTATION LLC

PRE-TRIP / POST-TRIP VEHICLE INSPECTION CHECKLIST

Driver Name: _____

Vehicle Number: _____

Vehicle Make/Model: _____

Date: _____

Beginning Odometer: _____

Ending Odometer: _____

PRE-TRIP INSPECTION

Check each item before placing the vehicle into service.

- Tires properly inflated and free of damage
- Wheels and lug nuts secure
- Brakes functioning properly
- Headlights operating
- High beams operating
- Tail lights operating
- Brake lights operating
- Turn signals operating
- Hazard lights operating
- Horn functioning properly
- Mirrors clean and properly adjusted
- Windshield free of cracks or obstructions

- Windshield wipers functioning properly
- Washer fluid adequate
- Engine oil level satisfactory
- Coolant level satisfactory
- Transmission fluid level satisfactory
- Battery secure and functioning properly
- Seat belts present and operational
- Doors open and close properly
- Interior clean and free of hazards
- Exterior vehicle condition acceptable
- Fire extinguisher present (if applicable)
- First aid kit present (if applicable)
- Emergency equipment present
- Wheelchair lift/ramp functioning properly (if applicable)
- Wheelchair securement equipment available and operational (if applicable)
- Vehicle registration present
- Insurance card present

POST-TRIP INSPECTION

Check each item after completing service.

- Vehicle free of new damage
- No fluid leaks observed
- Tires in satisfactory condition

- Interior cleaned and inspected
- Passenger belongings removed
- Wheelchair securement equipment stored properly
- Fuel level adequate for next trip
- Vehicle parked safely
- Any maintenance issues reported
- Any accidents or incidents reported
- Vehicle secured and locked

DEFECT REPORT

List any defects, maintenance issues, or safety concerns discovered during inspection:

DRIVER CERTIFICATION

I certify that I have inspected this vehicle and that it is safe for service or that all identified defects have been reported to management.

Driver Signature: _____

Date: _____

MANAGEMENT REVIEW

Reviewed By: _____

Date: _____

Corrective Action Taken:
