

Shanelle N. Hayes

From: WMATC E-Filing <compliance@wmatc.gov>
Sent: Wednesday, October 28, 2015 4:37 PM
To: Constantine Kolouas; Chris Aquino; Shanelle N. Hayes
Subject: 1761: General Tariff
Attachments: 563131fa851ed-FILE012.pdf

**WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER**

General Tariff No. GT- |
Date Filed at WMATC: 10/28/2015
Date Effective: **NOV 18 2015**

1. WMATC Certificate of Authority No.: 1761

2. Carrier Name on Certificate of Authority: Transerves Enterprise Inc.
Street: 9012 Ist Street , Apt./Suite:
City: Lanham
State:MD
Zip: 20706
Telephone Number: (301)850-1613

3. Person authorized to file tariff on behalf of Carrier
Name: Owoade Ifekam
Title: CEO
Telephone Number: (202)492-7544

4. Date this tariff actually filed with WMATC: 10/28/2015

5. Date seven (7) calender days after date on Line 4: 11/04/2015

6. Effective Date of this tariff (not earlier than date on line 5):

***Your general ta riff was attached to your submission.**

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (301) 588-5260.



We take you all the way safely

TRANSERVES ENTERPRISE, INC.

"We carry you all the way safely"

9612, 1ST STREET
LANHAM, MD 20706

TEL: (301) 850-1613
FAX: (301) 850-1399
trans_enterp@yahoo.com

REGULAR RATES:

Our regular rates are based on Monday through Friday from 6:00 AM to 6:00 PM

Ambulatory Rates:

One Way Trip \$25.00 0-10 miles; + 0.75/ miles
Round Trip \$40.00 0-20 miles; + 0.75/ miles

Group Ambulatory (2 or more persons):

One Way Trip \$35.00 0-10 miles; + 0.75/ miles
Round Trip \$55.00 0-20 miles; + 0.75/ miles

*There is no charge for first 15 minutes of wait time, but then \$25.00 per hour

OUTSIDE BELTWAY:

Ambulatory Rates:

One Way Trip \$33.00 0-10 miles; + 0.75/miles
Round Trip \$49.00 0-20 miles; + 0.75/miles

Group Ambulatory (2 or more persons):

One Way Trip \$49.00 0-10 miles; + 0.75/miles
Round Trip \$69.00 0-20 miles; + 0.75/miles

AFTER HOUR RATES:

After hour rates are based on any trip scheduled before 6:00 AM and/or after 6:00 PM, Monday through Friday and anytime on Weekends and Federal Holidays.

Ambulatory Rates:

One Way Trip \$40.00 0-10 miles; +0.75/ miles
Round Trip \$70.00 0-20 miles; +0.75/ miles

Group Ambulatory (2 or more person0):

One Way Trip \$60.00 0-10 miles; +0.75/miles
Round Trip \$90.00 0-20 miles; + 0.75/miles

*There is no charge for first 15 minutes of wait time, but then \$35.00 per hour

HOURLY RATES:

Hourly rates are available at \$55.00 per hour for Ambulatory and \$110.00 per hour for Wheelchair. There is a three (3) hour minimum.

ADDITIONAL FEES:

*Parking fees and/or tolls incurred will be charged to the client.

*Each client is allowed one attendant free of charge. Any additional accompanying passengers will be charged an additional \$25.00

*Cancellations made with less than 24 hours' notice will be charged a \$25.00 fee

Note: The rates above apply to transport within the WMATC area of jurisdiction

AMERICAN SERVICE INSURANCE
(847) 472-6700
150 NORTHWEST POINT BLVD., SUITE 300
ELK GROVE VILLAGE IL 60007-1040
NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 14931

RAITERO INC
3952 BEL PRE ROAD APT 3
SILVER SPRING MD 20906

HANKOFF INSURANCE GROUP, INC.
20 CROSS ROADS DRIVE
STE 215
OWINGS MILLS MD 21117

Policy No.: MD 200000002900
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE
Date of Cancellation: 12/14/2015; 12:01 A.M. Local Time at the mailing address of the Named Insured.
We are cancelling this policy. Coverage will cease on the Date of Cancellation shown above.

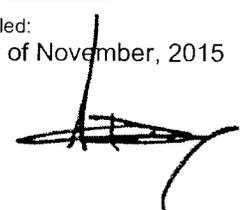
Our records indicate that you are an "insured" or other party of interest under this policy. This is your notice that the named insured's coverage under this policy is being cancelled at the date and time indicated in the box above.

Your interest in this policy as an "insured" or other party of interest is being cancelled effective 12/14/2015; 12:01 A.M. Local Time at the mailing address of the named insured.

NOV 13 2015

Mortgagee/Lienholder

MD 200000002900
WMATC
8704 GEORGIA AVENUE STE 808
SILVER SPRING MD 20910

Date Mailed:
9th day of November, 2015

SCOTT WOLLNEY