



January 4, 2011

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JAN 4 - 2011

Ms. Rosemary Chiavetta  
Office of the Secretary  
Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, Pennsylvania  
17105-3265

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RE: Great American Power, LLC  
Pennsylvania Electric Generation Supplier Application  
Docket No. A-2010-2205475

Dear Ms. Chiavetta,

Great American Power, LLC ("GAP") is in receipt of the letter dated December 22, 2010 addressing certain questions regarding the Electric Generation Supplier application of Great American Power, LLC.

Great American Power, LLC is hereby filing these answers to the following questions. Please let me know if you have any further questions or need for clarification.

1. **Proposed Operations (Application Item No. 8.)**

GAP statement in EGS application - The Company intends to utilize seasoned sales professionals to call on small C&I customers.

PAPUC Request - Will these professionals be direct employees of GAP?

GAP Response - For the purpose of marketing to C&I customers the company will utilize both direct employees and non-EGS licensed persons or entities as third-party contractors. These third-party contractors will operate exclusively for the company.

PAPUC Request - Does GAP also intend to use sales professionals in a similar fashion for residential customers?

GAP Response - As GAP shares common ownership with Telecommunications on Demand ("TOD"), a teleservices management company based in



Pennsylvania, GAP will utilize the telemarketing resources of TOD for its residential customer marketing.

2. **Financial Fitness (Application Item No. 17.a.)**

PAPUC Request - Provide audited financial statements for the three most recent years for GAP's parent company Telecommunications of Demand, Inc.

GAP Response – These statements have been provided to the PUC on December 29, 2010 via overnight mail.

3. **Certificate of Insurance**

PAPUC Request - Previously Mr. Jim Shurskis of the Pennsylvania Public Utility Commission requested a Certificate of Insurance for Great American Power, LLC.

GAP Response – The Certificate of Insurance is included in this letter.

As per 52 Pa Code § 1.36 Great American Power, LLC will affirm the following:

I, Lyman Gray Wilkes, 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).

Should you have any questions concerning this response, please do not hesitate to contact me via email or phone.

Thank you for your consideration in this matter.

Sincerely,

Lyman G. Wilkes  
President

Great American Power, LLC

Email – [lwilkes@greatamericanpower.com](mailto:lwilkes@greatamericanpower.com)

Phone – (713) 443-4026

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### Certificate of Insurance

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **Great American Power, LLC**  
 Address of policyholder **1001 Village Road, Orwigsburg, Pa. 17961**  
 Location of operations **Same**  
 Description of operations **Brokering Utilities**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
		Effective Date	Expiration Date		
	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	\$
<input type="checkbox"/>	Products - Completed Operations Contractual Liability			General Aggregate	\$
<input type="checkbox"/>	Personal Injury			Product - Completed Operations Aggregate	\$
<input type="checkbox"/>	Advertising Injury				

Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
		Effective Date	Expiration Date		
98-PY-5722-0-F Commercial	<input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	09-07-2010	09-07-2011	Each Occurrence	\$ 1,000,000.00
				Aggregate	\$ 1,000,000.00

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
		Effective Date	Expiration Date		
	Workers' Compensation and Employers Liability			Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
		Effective Date	Expiration Date		
98-PY-5724-4-F	Business/Office	08-15-2010	08-15-2011	1,000,000.00/Aggregate \$2,000,000.00	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

*Beverly A. Martin by her power*  
 Signature of Authorized Representative  
 LSA4  
 Title  
 Date 01/03/2011  
 Agent Name  
 Telephone Number 570-366-3800

Agent's Code Stamp  
 Agent Code  
 AFO Code

FedEx Tracking Number

8746 2601 0067

0200 Form ID No.

**1 From**  
 Date: 1/4/2011  
 Sender's FedEx Account Number: 2053-0755-9  
 Sender's Name: Lyman Wilkes  
 Phone: 713 443-4024  
 Company: Great American Power, LLC  
 Address: 1002 Village Road  
 City: Drwigsburg State PA ZIP 17961

**2 Your Internal Billing Reference**

**3 To**  
 Recipient's Name: Ms Rosemary Chiavetta  
 Phone: 717 783-5242  
 Company: Public Utility Commission - Pennsylvania  
 Address: Commonwealth Keystone Buildings  
 City: Harrisburg State PA ZIP 17120  
 Address: 400 North Street  
 City: Harrisburg State PA ZIP 17120

**4a Express Package Service** \* To most locations. Packages up to 150 lbs.

01 FedEx Priority Overnight Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  05  
 03 FedEx 2Day Second business day \*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  20  
 06 FedEx Standard Overnight Next business afternoon. \* Saturday Delivery NOT available.  06  
 FedEx First Overnight Earliest next business morning delivery to select locations. \*\*

**4b Express Freight Service** \*\* To most locations. Packages over 150 lbs.

70 FedEx 1Day Freight Next business day \*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  80  
 80 FedEx 2Day Freight Second business day \*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  83  
 83 FedEx 3Day Freight Third business day \*\* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$200.

06 FedEx Envelope\*  02  
 FedEx Pak\* Includes FedEx Small Pak and FedEx Large Pak.  03  
 FedEx Box  04  
 FedEx Tube  01  
 Other

**6 Special Handling and Delivery Signature Options**

03 SATURDAY DELIVERY  
 No Signature Required Package may be left without obtaining a signature for delivery.  10  
 Direct Signature Someone at recipient's address may sign for delivery. For appliances.  34  
 Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. For appliances.

**Does this shipment contain dangerous goods?**

One box must be checked.  
 No  04 Yes AS per attached Shipper's Declaration  Yes Shipper's Declaration not required  06  
 Dry Ice Dry Ice, 9, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg  
 Cargo Aircraft Only

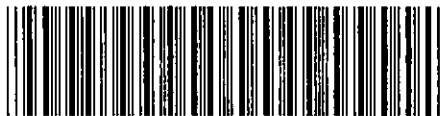
**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.   
 Sender Acct. No. in Section I will be billed.  2  
 Recipient  3  
 Third Party  4  
 Credit Card  5  
 Cash/Check

Total Packages Total Weight \_\_\_\_\_ lbs. Credit Card Auth. \_\_\_\_\_

\*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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