

## CONSERVATION SERVICE PROVIDER ("CSP") APPLICATION FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA

Conservation Service Providers ("CSPs") have a specific role under Act 129, which requires a covered Electric Distribution Company's Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to implement at least a portion of the EE&C Plan. 66 Pa.C.S. § 2806.1(b)(1)(i)(E). CSPs provide information and technical assistance to EDCs on *measures* that enable a person to increase energy efficiency or reduce energy consumption. CSPs must have no direct or indirect ownership, partnership or other affiliated interest with an EDC. 66 Pa.C.S. § 2806.1 (m). Only registered CSPs may advise an EDC and/or provide consultation, design, or administration or management services to an EDC related to the implementation of the EDC's EE&C Plan. As such, registration of business entities as approved CSPs is required before entering into a contractual agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC's EE&C plan. This registry is not intended as a resource for business, whose sole purpose is the installation of measures, supplying of equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

Any CSP subcontractor with an annual contract cost that equals or exceeds 10% of the CSP annual contract cost and is directly performing services pursuant to a contract with a CSP which has contracted with an EDC after Commission approval should also register as a CSP. This does not include third party contractors which participate in or support an EE&C Plan but are not directly contracted with a CSP which has a direct contractual relationship with the EDC subject to Act 129.

To qualify an applicant must have at least two years of experience in providing program consultation, design, administration, management or advisory services related to energy efficiency and conservation services. CSP registration is not required of entities that limit their services to the installation of energy efficiency measures or the provision of equipment or materials to EDC customers or the public in general.

### 1. **IDENTITY OF THE APPLICANT**

Legal Name of Applicant: Applied Energy Group, Inc

- a. Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.<sup>1</sup>

<sup>1</sup> A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant's Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant's Pa. Dept. of State registration is "active." Certified copies of Pa. Dept. of State documents are not required.

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- b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

The Applicant will be using a fictitious name or doing business as (“d/b/a”). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.

The Applicant will not be using a fictitious name.

c. Applicant Address: 1377 Motor Pkwy Suite 401 Islandia, NY 11749

d. Applicant Telephone No: 631-434-1414

e. Applicant Email Address: Appliedenergygroup.com

- f. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s CSP Registry.

- Name - Timothy Maslak
- Mailing Address – 1377 Motor Pkwy Suite 401
- Telephone - 631-434-1414
- Email Address – tmaslak@appliedenergygroup.com

- g. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.

M-2008-2074154  
A-2010-2160123

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**h. Parent & Subsidiary Companies & Affiliates:**

**Parent Name and Contact Information.** Provide name and contact information for parent company. Check Box if any parent company is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

NONE

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**Subsidiaries and Contact Information.** Provide name and contact information for all subsidiary companies. Check Box if any subsidiary is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

NONE

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**Affiliate(s) and Contact Information.** Provide name and contact information for all affiliate companies. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If "None," do not check the box and answer "None" below.

NONE

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**i. Contracts & Business Partnerships:**

Check Box if Applicant intends to or has operated under contract with or has partnered with an EDC within the past five (5) years. If "None," do not check the box and answer "None" below.

Check Box if Applicant intends to or has operated under contract (subcontractor) with or has partnered with a CSP within the past five (5) years. If "None," do not check the box and answer "None" below.

**If any box above is checked, please provide name(s) of EDC(s) and CSP(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership.**

NONE

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- j. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant's organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

Michael Marks - President

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- k. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant's operations.

l. Provide Applicant's Employer Identification No. (EIN): \_\_\_\_\_

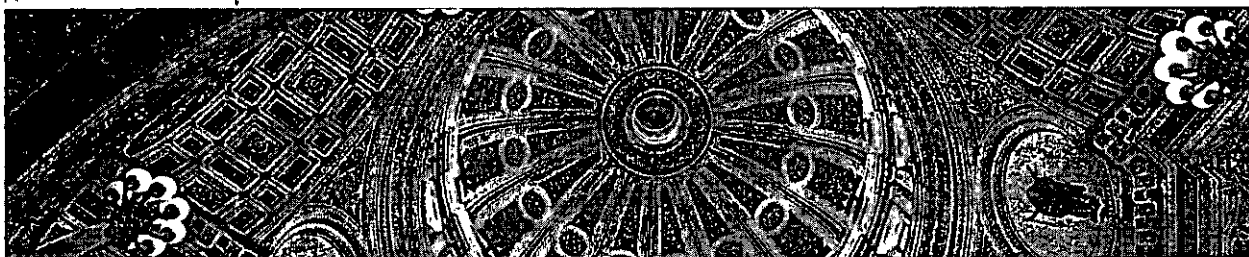
2. **REGISTERED AGENT**

- a. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the Boxes below, as applicable:

YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant's Department-Approved Registered Agent.

- Registered Agent's Name
- Registered Agent's Mailing Address
- Registered Agent's Telephone
- Registered Agent's Email Address

NO, the Applicant has not registered its business with the Pennsylvania Department of State. STOP—To avoid denial of your application and forfeiture of your application fee, you should contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth PRIOR TO completion and filing of this application with the Pennsylvania Public Utility Commission.



Corporations ▾ Search Business Entities (corpsearch.aspx) Search UCC Transactions (uccsearch.aspx) Forms ▾  
 Contact Corporations (<http://www.dos.pa.gov/BusinessCharities/Pages/default.aspx>) Login (./Account/ValidateUser)  
 Register (./Account/Register\_account)

Search entity / Select entity / Order documents

## Order Business Documents

Date: 03/09/2018

### Business Name History

Name	Name Type
Applied Energy Group, Inc.	Current Name

### Business Entity Details

Name	Applied Energy Group, Inc.
Entity Number	3935581
Entity Type	Business Corporation
Status	Active
Citizenship	Foreign
Entity Creation Date	02/18/2010
Effective Date	02/18/2010
State Of Inc	DE
Address	C/O NATIONAL REGISTERED AGENTS, INC. Dauphin

### Officers

### Filed Documents

The information presented below is for your reference. To place an order you will need to log in. If you do not have a PENN File account, you may register for an account by clicking here ([./Account/Register\\_account](#)).

Show  25  entries

Filter Records 

Select	Date	Document	Pages	Plain Copy Quantity#	Price	Certified Copy Quantity#	Certified Copy Price	Microfilm #	Microfilm Start	Microfilm End	Line Totals
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Select	Date	Document	Pages	Plain Copy Quantity#	Price	Certified Copy Quantity#	Certified Copy Price	Microfilm #	Microfilm Start	Microfilm End	Line Total
<input type="checkbox"/>	02/18/2010	CERTIFICATE OF AUTHORITY 1	2	<input type="text" value="1"/>	\$3.00	<input type="text" value="0"/>	\$40.00				
<input type="checkbox"/>	09/22/2011	FOREIGN BUSINESS CHANGE OF REGISTERED OFFICE 2	2	<input type="text" value="1"/>	\$3.00	<input type="text" value="0"/>	\$40.00				
<input type="checkbox"/>	01/23/2012	DECENNIAL REPORT 3	1	<input type="text" value="1"/>	\$3.00	<input type="text" value="0"/>	\$40.00				

Showing 1 to 3 of 3 entries

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<input type="checkbox"/>	All Dates	All Certified Copies	5	Quantity # <input type="text" value="1"/>	\$55.00				
<input type="checkbox"/>	All Dates	All Plain Copies	5	Quantity # <input type="text" value="1"/>	\$15.00				

**Certified Documents**

Select	Date	Document	Pages	Quantity#	Price	Line Total
<input type="checkbox"/>	03/09/2018	STATEMENT OF REGISTRATION	1	<input type="text" value="1"/>	\$40.00	
<input type="checkbox"/>	03/09/2018	Index and Docketing Report	1	<input type="text" value="1"/>	\$15.00	
<input type="checkbox"/>	03/09/2018	Index and Docketing Certified Report	1	<input type="text" value="1"/>	\$55.00	

**Order Total :**

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Corporations ▾ Search Business Entities (corpsearch.aspx)

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Contact Corporations (http://www.dos.pa.gov/BusinessCharities/Pages/default.aspx)

Register (../Account/Register\_account) Login (../Account/ValidateUser)

Search entity / **Select entity** / Order documents

## Select Business Entity

Search Results for term *applied energygroup* type: *Starting with*

Show  entries

Filter Records 

Business Entity Name	Name Type	Address	Entity Number	Entity Type	Status	Citizenship
<a href="#">Applied Energy Group, Inc.</a>	Current Name	%NATIONAL REGISTERED AGENTS, INC.	<a href="#">3935581</a>	Business Corporation	Active	Foreign

Showing 1 to 1 of 1 entries

Previous  Next

Please click on an entity name or number for viewing details

[<< Back to Search](#)

**Marks,Michael**

**President**

**1377 Motor Parkway Suite 401**

**Islandia , NY 11749**

**631-881-7112**

**Rocco,Joseph**

**Assistant Vice President**

**1377 Motor Parkway Suite 401**

**Islandia , NY 11749**

**631-881-7115**

**Humenik,Bruce E**

**Sr Vice President**

**1377 Motor Parkway Suite 401**

**Islandia , NY 11749**

**631-881-7117**

**Nigro,Ralph**

**Sr Vice President**

**5301 Limestone Road, Suite 222**

**Wilmington, Delaware 19808**

**302 - 504-3071**

**Maslak, Timothy**

**Vice President**

**1377 Motor Parkway Suite 401**

**Islandia, NY 11749**

**631-881-7116**

**Nathan, Susan**

**Vice President**

**2215 NE 107<sup>th</sup> Terrace**

**Kansas City, MO 64155**

**816 - 222-4452**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/1/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J Gallagher Risk Management Services 470 Atlantic Avenue Boston MA 02210	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 617-261-6700      FAX (A/C, No): 617-646-0400 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Ameresco, Inc. 111 Speen Street Suite 410 Framingham MA 01701	<b>AMERINC-17</b>	
	<b>INSURER A:</b> Zurich American Insurance Company of IL	<b>NAIC #</b> 27855
	<b>INSURER B:</b> National Union Fire Insurance Company of	<b>NAIC #</b> 19445
	<b>INSURER C:</b> Illinois Union Insurance Company	<b>NAIC #</b> 27960
	<b>INSURER D:</b> Navigators Insurance Company	<b>NAIC #</b> 42307
	<b>INSURER E:</b> Zurich American Insurance Company	<b>NAIC #</b> 16535
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 1579225343**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		GLO585238805	11/30/2017	11/30/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		BAP585238705	11/30/2017	11/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		013791009	11/30/2017	11/30/2018	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC595394504	11/30/2017	11/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A C D	Installation Floater Pollution Excess Liability		PWG455350514 PPIG28190530001 IS17EXC7699821V	11/30/2017 11/30/2016 11/30/2017	11/30/2018 11/30/2019 11/30/2018	Per Claim: \$10,000,000    \$15,000,000 Occ: \$25,000,000    Agg: \$20,000,000 Agg: \$25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Coverage:  
 Professional Liability Policy #EOC669274307 - effective 11/30/17-18 - Limit: \$10,000,000  
 Crime Policy #028429839 - effective 11/30/17-18 - Limit: \$5,000,000  
 Cyber Policy #EONG23686466003 - effective 11/30/17-18 - Limit: \$5,000,000  
 Evidence of Insurance

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<b>CERTIFICATE HOLDER</b>  Evidence of Insurance 111 Speen Street, Suite 410 Framingham MA 01701 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**APPLICATION FOR RENEWAL OF CSP REGISTRATION  
NO CHANGES INCURRED TO APPLICATION OF RECORD**

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*Applicant (Company) Name and Docket No.:*

Applied Energy Group, Inc. A-2010-2160123

*Contact Information (name, address, phone number and email of person filing application):*

Timothy Maslak  
1377 Motor Parkway SUITE 401  
Islandia NY 11749

*On behalf of the Applicant I am filing with the Commission this Application for Renewal of CSP Registration. There are NO CHANGES to the Applicant's CSP Application of record on file at the Commission at the Docket Number as indicated herein.*

I have reviewed the Applicant's CSP Application of record and no information contained therein has changed. Furthermore, no compliance issues have occurred relating to the Applicant's CSP Application of record regarding responses to Questions 4.a - 4.d. Enclosed are the following items:

- a. Attachment providing all information relating to "Identity of the Applicant," pursuant to Question Nos. 1(a)-1(j) of the CSP Application;
- b. Renewal application fee of \$25;
- c. Affidavit, attesting to the truth and knowledge of these facts; and
- d. Proof of current liability insurance coverage.

Timothy Maslak S.V.P.  
*Name and Title of person authorized by Applicant to file this Application*

  
*Signature* 11/20/17  
*Date*

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application for Renewal of Conservation Service Provider Registration, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

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**AFFIDAVIT**

[Commonwealth/State] of New York :

ss.

County of Suffolk :

Timothy Maslak, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the Senior V.P. (Office of Affiant) of AEG (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein AEG has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein AEG acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

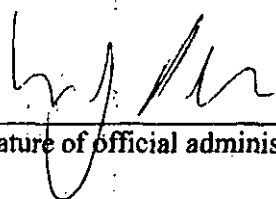
That the Applicant herein AEG acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein AEG acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

  
\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me this 20<sup>th</sup> day of November, 2017.

  
\_\_\_\_\_  
Signature of official administering oath

LESLIE J. PLANK  
Notary Public, State of New York  
No. 01PL6149453  
Qualified in Suffolk County  
Commission Expires July 10, 2018

My commission expires: 7/10/18



Applied Energy Group

1377 Motor Parkway, Suite 401, Islandia, NY 11749

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Rosemary Chiavetta, Secretary  
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