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OCT 23 2019

Rev September 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**APPLICATIONS FOR RENEWAL OR UPDATE
OF
CONSERVATION SERVICE PROVIDER (CSP) REGISTRATION**

Instructions: One of the following applications may be used by a registered Conservation Service Provider (CSP) to renew or update CSP Registration as follows:

I am renewing my CSP Registration according to the normal two year renewal cycle and have no changes to my prior application – Use the Application for Renewal of CSP Registration – No Changes Incurred to Application of Record. This application should be used when there are NO CHANGES to the CSP Application of record. The filing fee for renewal is \$25.

I am renewing my CSP Registration according to the normal two year renewal cycle and have changes to my prior application – Use the Application for Renewal of CSP Registration – Changes Incurred to Application of Record. This application should be used when there are one or more CHANGES to the CSP Application of record. The Applicant is also required to submit a newly completed CSP Application. The filing fee for renewal is \$25.

I am updating my CSP Registration information prior to my next required renewal – Use the Application to Update CSP Registration. This application should be used by a currently approved, registered CSP in order to update one or more items of the CSP Application of record. The Applicant is also required to submit a newly completed CSP Application. There is no filing fee to update CSP Registration information of record.

In all three cases listed above, the registered CSP is required to conduct a thorough review of the individual items, parts and subparts of the Applicant's CSP Application of record, which may be obtained by searching the Pennsylvania Public Utility Commission (PUC) website at www.puc.pa.gov.

- *Double click "Search Documents" located on the upper right-hand corner of the PUC website.*
- *Type the last seven (7) digits of your PUC Docket No. for "Docket No."*
- *Click button labeled "Search."*

An entity that uses one of the three applications to renew CSP Registration or to update CSP Registration information, shall be held accountable for identifying each and every item that has changed or contains information that has changed relating to the Commission-approved Application currently on file at the Commission.

File a signed and verified original and one copy of the completed application along with any attachments in person or by first class mail, with your check (if applicable) to the following address:

Filing in person:

Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

Filing by first-class Mail:

Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

**APPLICATION FOR RENEWAL OF CSP REGISTRATION
NO CHANGES INCURRED TO APPLICATION OF RECORD**

Applicant (Company) Name and Docket No.:

Applied Energy Group A-2010-2160123

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

TIM MASLAK
1377 Motor Parkway Suite 421
Islip, NY 11749
631-581-7116

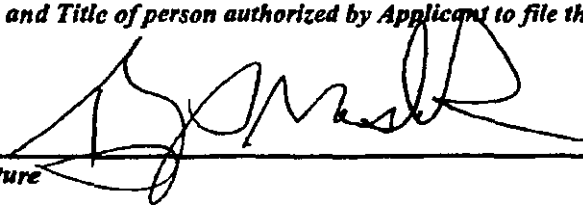
On behalf of the Applicant I am filing with the Commission this Application for Renewal of CSP Registration. There are NO CHANGES to the Applicant's CSP Application of record on file at the Commission at the Docket Number as indicated herein.

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.

TIM MASLAK SOP
Name and Title of person authorized by Applicant to file this Application

Signature



10/22/19
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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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.¹

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

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

- 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

- 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

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

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

AFFIDAVIT

[Commonwealth/State] of New York :

ss.

County of Suffolk :

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

[He/she is the SUP (Office of Affiant) of ARB (Name of Applicant);]

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

That the Applicant herein ARB 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 ARB 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 ARB 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 ARB 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]
Signature of Affiant

Sworn and subscribed before me this 22 day of October, 2019.

[Signature]
Signature of official administering oath

My commission expires: 7/10/2022

LESLIE J. PLANK
Notary Public, State of New York
No. 01PL6149453
Qualified in Suffolk County
Commission Expires July 10, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2019

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 470 Atlantic Avenue Boston MA 02210	CONTACT NAME: PHONE (A/C, No. Ext): 617-261-6700	FAX (A/C, No.): 617-646-0400
	E-MAIL ADDRESS:	
INSURED Applied Energy Group, Inc. 111 Speen Street Suite 410 Framingham MA 01701	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Insurance Company	NAIC # 16535
	INSURER B: James River Insurance Company	NAIC # 12203
	INSURER C: RSUI Indemnity Company	NAIC # 22314
	INSURER D: Greenwich Insurance Company	NAIC # 22322
	INSURER E: Steadfast Insurance Company	NAIC # 26387

COVERAGES	CERTIFICATE NUMBER: 1620080929	REVISION NUMBER:
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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.

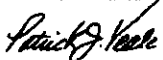
INSR LTR	TYPE OF INSURANCE	ADDL SUBR MSRD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	GLO585238806	12/31/2018	11/30/2019	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 - COM/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		BAP585238706	12/31/2018	11/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		00087963-0 NHA085099	12/31/2018 12/31/2018	11/30/2019 11/30/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC595394506	12/31/2018	11/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E	Cyber Professional Liability		MTP000242 EOC- 6692743-08	11/30/2018 12/31/2018	11/30/2019 11/30/2019	\$5,000,000 each claim \$5,000,000 agg \$10,000,000 ea. claim \$10,000,000 agg

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

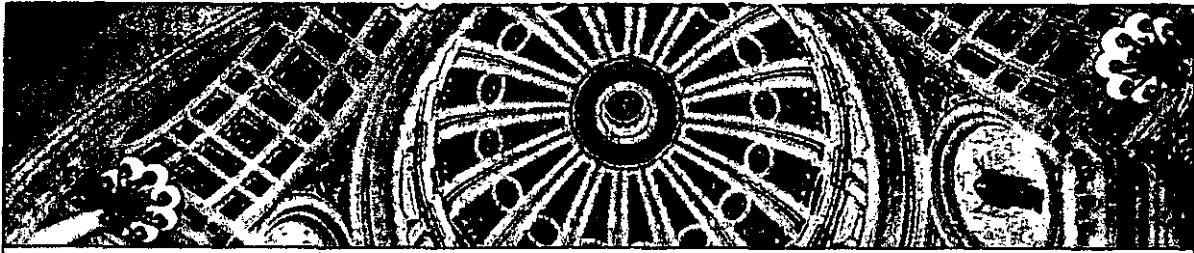
Coverage - Pollution
 Policy No. - PPIG28190530001
 Carrier - Illinois Union Insurance Company
 Effective Date - 11/30/2018
 Expiration Date - 11/30/2019
 Limits - \$5,000,000 ea. claim, \$5,000,000 agg
 Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance USA	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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Date: 10/22/2019

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	%NATIONAL REGISTERED AGENTS, INC. Dauphin

Officers

Filed Documents

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<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				

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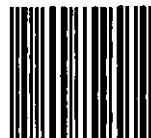
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5301 Limestone Rd
Wilmington, DE 19808



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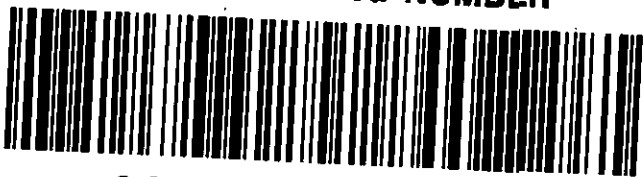
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Harrisburg, PA 17105-3265

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