

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

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MAY 4 2020

Applicant (Company) Name and Docket No.:
Energy Initiatives Inc A-2012-2304788

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Contact Information (name, address, phone number and email of person filing application):
Michael DeCarlo Phone: 610-357-3721

P.O. Box 479 Email: energyinitiatives@msn.com

Chester Heights, PA 19017

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.

X 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.

Michael DeCarlo, President

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


Signature

5/1/2020

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.

AFFIDAVIT

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[Commonwealth/State] of PENNSYLVANIA :

MAY 4 2020

SS. PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

County of DELAWARE :

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

[He/she is the President (Office of Affiant) of ENERGY INITIATIVES INC (Name of Applicant);]

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

That the Applicant herein Michael DeCario 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 Michael DeCario 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 Michael DeCario 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 Michael DeCario 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 30 day of April, 2020.

[Signature]
Signature of official administering oath

My commission expires: 10/7/20

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
CORY D BOYD
Notary Public
BROOKHAVEN BORO, DELAWARE COUNTY
My Commission Expires Oct 7, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2020

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 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 SASSA AND CONCANNON INS. AGENCY 227 CHESTER PIKE NORWOOD, PA 19074	CONTACT NAME: JACK CONCANNON
	PHONE (AC, No, Ext): 610-583-3523 FAX (AC, No): 610-583-3406
	E-MAIL ADDRESS: JACK@SASCONINS.COM
	INSURER(S) AFFORDING COVERAGE
INSURED ENERGY INITIATIVES, INC. 41 CARTER WAY GLEN MILLS, PA 19342	INSURER A: HARTFORD INSURANCE COMPANY NAICS: 11000
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 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	ANGL INSD	SUBS WVR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			39SBAUM4720	05/03/2020	05/03/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			39SBAUM4720	05/03/2020	05/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			39SBAUM4720	05/03/2020	05/03/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Np) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	39WECBY6954	05/03/2020	05/03/2021	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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SECRETARY'S BUREAU

CERTIFICATE HOLDER ENERGY INITIATIVES, INC.	CANCELLATION 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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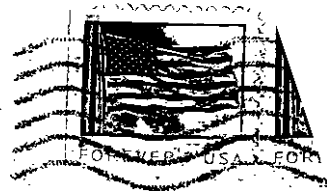


ENERGY INITIATIVES

P.O. Box 479
Chester Heights, PA 19017-0479

PHILADELPHIA PA 190

02 MAY 2020 PMS 1



SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17105-3265

17105-326565

