

**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](http://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, Inc. (A-2010-2160123)

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***Contact Information (name, address, phone number and email of person filing application):***  
Joe Giarrusso - ops@appliedenergygroup.com

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1377 Motor Parkway, Suite 401, Islandia, NY 11749  
510-982-3552

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*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.

Ken Maslak - Vice President

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

  
***Signature***

1/31/2024

***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**

[Commonwealth/State] of New York :

ss.

County of Suffolk :

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

[He/she is the Vice President (Office of Affiant) of Applied Energy Group, Inc. (Name of Applicant);]

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

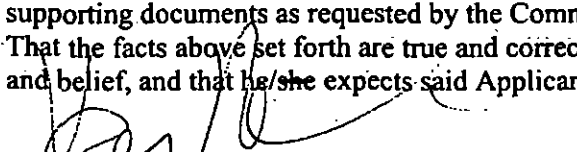
That the Applicant herein Applied Energy Group, Inc. has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

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

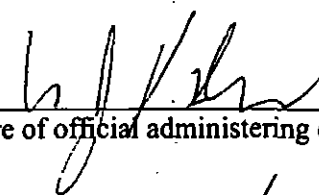
That the Applicant herein Applied Energy Group, Inc. acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein Applied Energy Group, Inc. 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 7 day of February, 2024.

  
Signature of official administering oath

My commission expires: 7/16/2026

LESLIE J. PLANK  
Notary Public, State of New York  
No. 01PL6149-53  
Qualified in Suffolk County  
Commission Expires July 10, 2026

RECEIVED

OCT 23 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**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.

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.

X 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 Maslek~~ Joe Giarrusso
- Mailing Address - 1377 Motor Pkwy Suite 401
- Telephone - 631-434-1414
- Email Address - ~~tmaclek@appliedenergygroup.com~~ ops@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

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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~~

~~Timothy Mastale, President~~

Ingrid Rohmund, Sr. Vice President, Executive in Charge

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2024

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, LLC 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:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER B : Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER C : Hartford Casualty Insurance Company</td> <td>29424</td> </tr> <tr> <td>INSURER D : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER E : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER F : Hartford Accident and Indemnity Company</td> <td>22357</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : RSUI Indemnity Company	22314	INSURER B : Steadfast Insurance Company	26387	INSURER C : Hartford Casualty Insurance Company	29424	INSURER D : Indian Harbor Insurance Company	36940	INSURER E : Hartford Fire Insurance Company	19682	INSURER F : Hartford Accident and Indemnity Company
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<b>INSURED</b> Applied Energy Group, Inc. 111 Speen Street Suite 410 Framingham MA 01701	AMERINC-17														

**COVERAGES**

CERTIFICATE NUMBER: 77846231

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.

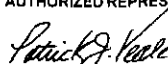
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		30 CSF WQ0269	1/31/2024	1/31/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 50,000 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			30 UEL WQ0268	1/31/2024	1/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTIONS			30 HHL WQ0270 NHA106468	1/31/2024 1/31/2024	1/31/2025 1/31/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
F	<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	N/A	30 WV WQ0267	1/31/2024	1/31/2025	<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 B	Cyber Professional Liability Pollution Liability			MTP0000242 05 EOC 6692743-13	12/14/2023 1/31/2024	12/14/2024 1/31/2025	\$10,000,000 each claim \$10,000,000 ea. claim \$5,000,000 ea. claim \$10,000,000 agg \$10,000,000 agg \$5,000,000 agg

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

Evidence of Insurance

**RCVD PUC SEC BUR**  
**FEB 16 2024 AM 10:36**

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance	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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OAKLAND CA 945

9 FEB 2024 PM 5 E



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

17105-326555



2024

Applied Energy Group  
2300 Clayton Rd., Suite 1370  
Concord, CA 94520