

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

Applicant (Company) Name and Docket No.:

Advantus Engineers, LLC Docket #A-2010-2154632

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

Alicia Avick, Advantus Engineers, 1401 McLaughlin Run Rd, STE 2, Pittsburgh, PA 15241

412.489.9090

AAVICK@ADVANTUSENGINEERS.COM

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.

Alicia Avick, President

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



Signature



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 Pennsylvania :

RCVD PUC SEC BUR
MAR 2 2026 AM 10:55

: ss.

County of Allegheny :

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

[He/she is the Owner/President (Office of Affiant) of Advantus Engineers, LLC (Name of Applicant);]

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

That the Applicant herein Advantus Engineers, LLC 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 Advantus Engineers, LLC 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 Advantus Engineers, LLC 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 Advantus Engineers, LLC 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.

Alicia Avick
Signature of Affiant

Sworn and subscribed before me this 26th day of February, 2026.

Carmella J. Markovich
Signature of official administering oath

Commonwealth of Pennsylvania - Notary Seal
Carmella J. Markovich, Notary Public
Allegheny County
My commission expires July 21, 2028
Commission number 1366496
Member, Pennsylvania Association of Notaries

My commission expires: 7-21-2028



ADVAENG-01

NMOSULLIVAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/20/2025

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 Henderson Brothers Inc 920 Ft. Duquesne Blvd. Pittsburgh, PA 15222	CONTACT NAME: PHONE (A/C, No, Ext): (412) 261-1842 FAX (A/C, No): (412) 261-4149	
	E-MAIL ADDRESS: mailroom@hendersonbrothers.com	
INSURED Advantus Engineers LLC 1401 McLaughlin Run Road, Suite 2 Pittsburgh, PA 15241	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A : Selective Insurance Company Payable 12572	
	INSURER B : Hiscox Insurance Company 10200	
	INSURER C :	
	INSURER D :	
	INSURER E :	

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	ADDL INSD	SUBR WVD	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired & Nonowned Auto Liability			S 2481775	6/24/2025	6/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2481775	6/24/2025	6/24/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 9113199	6/24/2025	6/24/2026	<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
B	Prof E&O			ANE5121728.25	6/24/2025	6/24/2026	Limit 2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

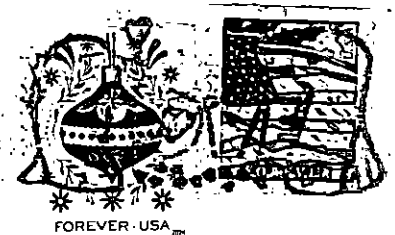
AUTHORIZED REPRESENTATIVE
Rich M Sullivan

pid

Advantus Engineers
1401 McLaughlin Run Road
STE 2
Pittsburgh, PA 15241

PITTSBURGH PA 150

26 FEB 2026 PHS L



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

17120-007999

