

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

RCVD PUG SEC BUR  
MAY 22 2026 AM 10:53

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

Power Take Off, Inc. A-2020-3020266

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

Pete Widmer

1750 30<sup>th</sup> Street, Suite 420, Boulder CO 80301

303-353-1107 peter.widmer@powertakeoff.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.

Peter Widmer, President

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

Pete Widmer

*Signature*

5-14-26

*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 Colorado :

ss.

County of Denver :

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

[He/she is the President (Office of Affiant) of Power TakeOff, Inc. (Name of Applicant);]

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

That the Applicant herein Power TakeOff, 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 Power TakeOff, 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 Power TakeOff, 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 Power TakeOff, 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.

Peter Widmer  
Signature of Affiant

Sworn and subscribed before me this 18 day of May, 2026

Isaura Perez  
Signature of official administering oath

ISAURA PEREZ  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20024035992  
MY COMMISSION EXPIRES NOVEMBER 15, 2026

My commission expires: Nov. 15, 2026

CSP	Docket No.	Expiration Date	Contact Name	Contact Address	Contact Telephone
Northwest Pennsylvania Weatherization Inc.	A-2013-2384540	10/11/2027	Michael Wylie	7940 Franklin Pike, Meadville PA 16335	(814) 425-1872
NRG Curtailment Solutions, Inc.	A-2017-2630375	11/7/2027	Ashley Gebler	804 Carnegie Center Princeton, NJ 08540	(716) 906-5334
NRG Business Marketing, LLC	A-2013-2364766	7/8/2027	Ashley Gebler	804 Carnegie Center Princeton, NJ 08540	(716) 906-5334
Oracle America, Inc.	A-2009-2096837	5/6/2027	Carolyn Sloan	1812 N. Moore St. 12th Floor Arlington, VA 22209	(703) 963-0712
Performance Systems Development of New York, LLC	A-2009-2094042	4/8/2027	Kathleen Greely	40 West Evergreen Avenue, Suite 110, Philadelphia, PA 19118	(814) 558-8082
Power TakeOff, Inc.	A-2020-3020266	6/17/2026	Peter Widmer	1750 30th Street #420 Boulder, CO 80301	(303) 353-1107
Qualus, LLC	A-2026-3060778	3/4/2028	Candice Mountz	100 Colonial Center Pkwy, Suite 400 Lake Mary, FL 32746	(321) 244-0170
Renew Home VPP, LLC	A-2025-3058981	12/10/2027	Nick Dreher	26 O'Farrell Street, Floor 8, San Francisco, CA 94108-5825	(844) 646-2664 ext. 700
Reliant Energy Northeast, LLC	A-2025-3056585	8/5/2027	Ashley Gebler	804 Carnegie Center, Princeton, NJ, 08540	(716) 906-5334
Resource Innovations, Inc.	A-2024-3048778	5/9/2028	Will Walker	400 North Michigan Avenue, Suite S600, Chicago, Illinois 60611	(503) 559-7599
Rosales LLC	A-2025-3058038	11/5/2027	Percy Rosales	363 Pelham Rd, Philadelphia, PA 19111	(215) 528-2980
SmartMark Communications, LLC	A-2024-3051710	12/24/2026	Juliet Shavit	466 Barclay Road, Bryn Mawr, PA 19010	(215) 880-4772

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Peter Widmer, President

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

Peter Widmer

*Signature*

5-14-26

*Date*

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Peter Widmer  
Signature of Affiant

Sworn and subscribed before me this 18 day of May, 2026

Isaura Perez  
Signature of official administering oath

ISAURA PEREZ  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20024035992  
MY COMMISSION EXPIRES NOVEMBER 15, 2023

My commission expires: Nov. 15, 2026



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/16/2025

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).

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> WTW Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>E-MAIL ADDRESS:</b> certificates@wtwco.com		<b>FAX (A/C, No):</b> 1-888-467-2378													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Massachusetts Bay Insurance Company</td> <td>22306</td> </tr> <tr> <td>INSURER B: Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER C: The Hanover American Insurance Company</td> <td>36064</td> </tr> <tr> <td>INSURER D: Lloyds Syndicate 3623</td> <td>C4753</td> </tr> <tr> <td>INSURER E: Fortegra Specialty Insurance Company</td> <td>16823</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Massachusetts Bay Insurance Company	22306	INSURER B: Hanover Insurance Company	22292	INSURER C: The Hanover American Insurance Company	36064	INSURER D: Lloyds Syndicate 3623	C4753	INSURER E: Fortegra Specialty Insurance Company	16823	INSURER F:
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**COVERAGES**      **CERTIFICATE NUMBER:** W40306027      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			RDY J540075 01	09/01/2025	09/01/2026	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 - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS			URY J540281 02	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
C	<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/A	WZY-J456825-02	09/01/2025	09/01/2026	<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
D	Cyber			W35AA3250301	09/01/2025	09/01/2026	Each Claim/Aggregate 5,000,000

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

RE: Power TakeOff Inc.  
SEE ATTACHED

## 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 

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Power TakeOff Inc 1750 30th Street #420 Boulder, CO 80301	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Fortegra Specialty Insurance Company NAIC#: 16823  
 POLICY NUMBER: C-4MPH-240349-CEPSME-2025 EFF DATE: 09/01/2025 EXP DATE: 09/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Cyber	Aggregate Limit	\$5,000,000

Peter Widmer  
Power Takeoff  
1750 30th St.  
Suite 420  
Boulder, CO 80501

DENVER CO 802

19 MAY 2026PM 7 L



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

17120-007999

