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**APPLICATION FOR RENEWAL OF CSP REGISTRATION  
CHANGES INCURRED TO APPLICATION OF RECORD**

AUG 10 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S OFFICE

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

Comverge, Inc.; Dockets A-2009-2113604 & M-2014-2424864

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

Matthew McCaffree

2113 Mason Hill Dr., Alexandria, VA 22306

Phone: 202-657-9844 Email: mmccaffree@comverge.com -OR- matthew.mccaffree@itron.com


*On behalf of the Applicant I am filing with the Commission this Application for Renewal of CSP Registration. There are one or more CHANGES to 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 the information contained therein has changed. Enclosed are the following items:

- a. Completed 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.

Matthew McCaffree, Sr. Manager, Regulatory & Government Affairs, Itron, Inc. (d/b/a Comverge)

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

  
***Signature***

8/10/17  
***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 Virginia :

: ss.

County of Fairfax :

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

[He/she is the Senior Manager of Regulatory Affairs\_ (Office of Affiant) of Comverge, Inc., (Name of Applicant);]

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

That the Applicant herein Comverge 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 Comverge 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 Comverge 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 Comverge 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 10<sup>th</sup> day of August, 2017.

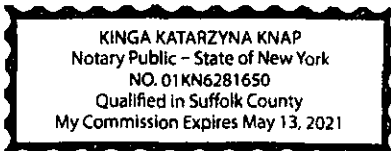
[Signature]  
Signature of official administering oath

My commission expires: 05/13/2021

**RECEIVED**

AUG 10 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
3/29/2017

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><br>Commercial Lines - (813) 639-3000<br>Wells Fargo Insurance Services USA, Inc.<br>2502 N. Rocky Point Drive, Suite 400<br>Tampa, FL 33607 | <b>CONTACT NAME:</b> Kris Thompson<br><b>PHONE (A/C No. Ext):</b> 813-639-3058 <b>FAX (A/C, No):</b> 813-639-7196<br><b>E-MAIL ADDRESS:</b> kris.thompson@wellsfargo.com |       |
|                                                                                                                                                             | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                                     |       |
| <b>INSURED</b><br>Comverge, Inc.<br>5390 Triangle Parkway<br><br>Norcross, GA 30092                                                                         | <b>INSURER A:</b> Liberty Mutual Fire Insurance Co                                                                                                                       | 23035 |
|                                                                                                                                                             | <b>INSURER B:</b> First Liberty Insurance Corporation                                                                                                                    | 33588 |
|                                                                                                                                                             | <b>INSURER C:</b> Liberty Insurance Corporation                                                                                                                          | 42404 |
|                                                                                                                                                             | <b>INSURER D:</b> Employers Insurance Company of Wausau                                                                                                                  | 21458 |
|                                                                                                                                                             | <b>INSURER E:</b>                                                                                                                                                        |       |
|                                                                                                                                                             | <b>INSURER F:</b>                                                                                                                                                        |       |

**COVERAGES****CERTIFICATE NUMBER:** 11616665**REVISION NUMBER:** See below

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 INSD: WVD | POLICY NUMBER                                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                         |               |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------|---------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:               | X                   | TB2Z914621860017                             | 02/28/2017              | 02/28/2018              | EACH OCCURRENCE                                                                | \$ 1,000,000  |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$ 300,000    |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | 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        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                     | TB2Z91462186027                              | 02/28/2017              | 02/28/2018              | COMBINED SINGLE LIMIT (Ea accident)                                            | \$ 1,000,000  |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | BODILY INJURY (Per person)                                                     | \$            |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | BODILY INJURY (Per accident)                                                   | \$            |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | PROPERTY DAMAGE (Per accident)                                                 | \$            |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         |                                                                                | \$            |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                      |                     | TH7Z91462186067<br>Excess over GL, Auto & WC | 02/28/2017              | 02/28/2018              | EACH OCCURRENCE                                                                | \$ 20,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         | AGGREGATE                                                                      | \$ 20,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                  |                     |                                              |                         |                         |                                                                                | \$            |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                    | Y/N<br>N            | WC6Z91462186047                              | 02/28/2017              | 02/28/2018              | <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  |

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

**CERTIFICATE HOLDER****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

*Jean Smith*

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ACORD 25 (2016/03)

(This certificate replaces certificate 11616663 issued on 3/29/2017)

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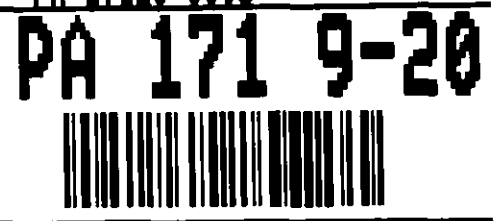
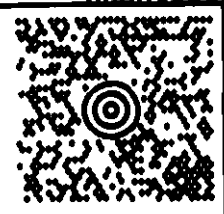
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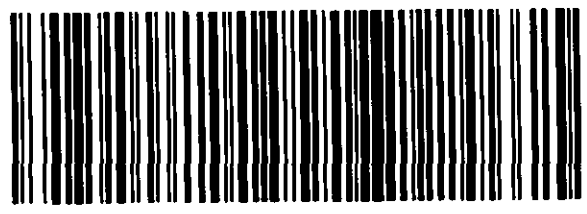
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