

Prescriptive/Custom Program Trade Ally Application

Thank you for your interest in joining the New Jersey Prescriptive/Custom program. To become a Trade Ally, please follow the steps below:

1. Send application to ace.energysavings@TRCcompanies.com with the following attached:
 - This completed application.
 - Completed W-9 Form.
 - Information which meets or exceeds the Program's Trade Ally Requirements.
 - New Jersey Division of Revenue Registration (Copy of Business Registration Certificate from the NJ Division of Revenue website for your company
https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp)
 - Current Alternate Name form (dba) filed with the state of NJ, if applicable
 - Certificate of insurance from your insurer. Required insurance policy and coverage listed in the application below, see Trade Ally Requirements for more information.

If you have any questions, comments, and/or need clarifications regarding this application, please contact ace.energysavings@TRCcompanies.com.

| Applicant Information | | | | | | | | | | | |
|-------------------------------------|--|--------------------------------|-------------|----------------------|----------------------------|-------------------------------------|--|---------------|--|------|--|
| Company Name: | | | | | | | | | | | |
| Contact: | | | | Title: | | | | Email: | | | |
| Mailing Address: | | | | | City: | | | State: | | ZIP: | |
| Office Phone: | | | | | Cell Phone: | | | | | | |
| Website: | | | | | | | | | | | |
| Years in Business: | | Years under current ownership: | | Number of employees: | | Number of administrative employees: | | | | | |
| Check any that apply: | | Minority Owned | | | Woman Owned | | | Veteran Owned | | | |
| Federal Tax ID #: | | | Corporation | Partnership | Individual/Sole Proprietor | Exempt (Tax exempt/non-profit) | | | | | |
| How did you hear about the program? | | | | | | | | | | | |

| Company Contacts | | | |
|------------------|---------------|-------|----------|
| Name | Email Address | Phone | Position |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Company Information | | | | |
|---|---------------|------------------|------------------------------|------------|
| Business Type | | | | |
| Electrical Contractor | Manufacturer | Distributor | Architect | Consultant |
| Manufacturer's Rep | Retailer | Engineer | Mechanical Contractor (HVAC) | |
| Please check what services you are interested in providing: <i>(Check all that apply)</i> | | | | |
| Food Service | HVAC Controls | HVAC Replacement | Refrigeration | |
| Lighting & Controls | VFDs | Agriculture | | |
| Please note any other comments about your focused specialites: | | | | |
| | | | | |

| Leads |
|--|
| Do you have any active leads for projects that you plan to submit to the Atlantic City Electric program? If so, please provide details here: |
| |

| Summary of Insurance | | | | | | | |
|---|--|--------|--|--|--|------|--|
| As noted earlier, you will be required to provide Certificates of Insurance listing ATLATIC CITY ELECTRIC, Program Implementer, and any overlapping utilities where you intend to operate as a condition of participation in this program. For this summary, it is acceptable to note if address and contact is the same for multiple policies. | | | | | | | |
| General Liability Insurance Information | | | | | | | |
| Company: | | | | | | | |
| Mailing Address: | | City: | | State: | | ZIP: | |
| Contact Name: | | Phone: | | Amount of Coverage: <i>Must be at least \$1 million</i> | | | |
| Employer's Liability Insurance Information | | | | | | | |
| Company: | | | | | | | |
| Mailing Address: | | City: | | State: | | ZIP: | |
| Contact Name: | | Phone: | | Amount of Coverage: <i>Must be at least \$1 million</i> | | | |
| Auto Insurance Information | | | | | | | |
| Company: | | | | | | | |
| Mailing Address: | | City: | | State: | | ZIP: | |
| Contact Name: | | Phone: | | Amount of Coverage: <i>Must be at least \$1 million</i> | | | |
| Excess Umbrella Insurance Information | | | | | | | |
| Company: | | | | | | | |
| Mailing Address: | | City: | | State: | | ZIP: | |
| Contact Name: | | Phone: | | Amount of Coverage: <i>Must be at least \$4 million</i> | | | |

| Customer References | | | |
|---------------------|----------------|--|-------------------|
| 1 | Company Name: | | Describe Project: |
| | Contact Person | | |
| | Phone: | | |
| | Email: | | |
| 2 | Company Name: | | Describe Project: |
| | Contact Person | | |
| | Phone: | | |
| | Email: | | |
| 3 | Company Name: | | Describe Project: |
| | Contact Person | | |
| | Phone: | | |
| | Email: | | |

| Licenses and Certifications <i>(Please list all applicable licenses and certifications held by your company.)</i> | | | |
|---|--------|-------------------|------|
| Type | Number | Issuing Authority | Date |
| | | | |
| | | | |
| | | | |
| | | | |

Interested in Project Financing from Atlantic City Electric?

NEIF is the third-party financing agency for the Atlantic City Electric C&I Energy Efficiency programs. By checking below, you, on behalf of your company, authorize TRC to share information and supporting documentation from this application with NEIF to begin their process of authorizing your company as an NEIF Approved Contractor. This status is required to procure financing for your company’s Atlantic City Electric C&I projects. If there are any questions regarding financing, please visit <https://www.neifund.org/atlantic-city-electric-commercial-financing/>.

On behalf of my company, I authorize TRC to share this application and relevant supporting documentation with NEIF.

| Agreement and Signature | | |
|--|--------|-------|
| <p>By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion as a Prescriptive/Custom Trade Ally have been examined and to the best of his/ her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of the state of New Jersey unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion as a Prescriptive/Custom Trade Ally does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Prescriptive/Custom Trade Ally, you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Prescriptive/Custom Program and have not entered into a contractual agreement with Atlantic City Electric, TRC Companies Inc., and all other overlapping utilities.</p> | | |
| Authorized Representative <i>(please print)</i> | Title: | Date: |
| | | |
| Signature: | | |