

Jersey Central Power & Light Company Direct Install Program Participating Contractor Application

Thank you for your interest in joining the New Jersey Direct Install program. To become a Participating Contractor in the Jersey Central Power & Light Company (JCP&L) program, please follow the steps below:

- **1.** Send application to energysavenj@willdan.com with the following attached:
 - a. Completed application.
 - b. Completed W-9 Form
 - c. New Jersey Division of Revenue Registration (Copy of NJ Business Registration Certificate from the NJ Division of Revenue website for your company https://www1.state.nj.us/TYTR BRC/jsp/BRCLoginJsp.jsp)
 - d. Company's license/s (e.g. HVAC Contractor) applicable to the work your company will perform under the Program
 - e. MWVBE Certificate (If applicable)
 - f. Certificate of insurance from your insurer. Required insurance policy and coverage listed below:
 - i. General Liability Certificate of Insurance, employer's Liability, and Automobile Insurance with minimum of \$1,000,000 coverage, \$4,000,000 of excess of Umbrella, and \$2,000,000 professional liability.
 - ii. Certificates must be provided for JCP&L, Willdan, and all other overlapping utility service territories where you intend to operate. See Participation Agreement for more information.
 - iii. Workers Compensation Certificate of Insurance:
 - g. Current Alternate Name form (dba) filed with the state of NJ, if applicable
 - h. Program Training: The Participating Contractor agrees to requiring at least one person from the Contractor's firm to participate in an initial program training session, plus additional training updates as needed. All training requirements for the Direct Install Program may be in addition to other training requirements for JCP&L administered programs.

If you have any questions, comments, and/or need clarifications regarding the Direct Install Participating Contractor application, please contact us at energysaveni@willdan.com. We are looking forward to working with you, as we continue to leverage the Direct Install Program to assist you in building your business.

New Jersey Direct Install Program



Applicant Information									
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Company Name:									
Contact:			Title:			Email:			
Mailing Address:				City:			State:	Zip:	
Office Phone:				Cell:			Fax:		
Website:									
Years in Business:	Years under current ownership:			Number of employees: Numb			Numbe	er of administrative employees:	
Circle Any that Apply: Minority	Owned I	Owned Business Wome			nen Owned Business			Veteran Owned Business	
Federal Tax ID:		Corporation Partnership			p 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						_			
240300 . , po									
Electrical Contractor		Manufacturer	Dis		Distributor Ar		nitect		Consultant
Manufacturer's Rep Retailer		Engineer Me		Mec	Mechanical Contractor (HVAC)				
Please check what measures you are interested in providing (check all that apply)									
Food Service HVAC Controls			HVAC Replacement HVA		AC Tune-up				
Refrigeration		Lighting							
Please note any other comments about your focused specialties.									



Summary of Insurance

As noted earlier, you will be required to provide Certificates of Insurance listing Jersey Central Power & Light Company, 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.

Insurance Information- General Liability							
Company:							
Mailing Address:	City:		State:	Zip:			
Contact Name:	Phone:	Amount of (Must be at le		Amount of Coverage: (Must be at least \$1 million)			
Insurance Information- Employer's L	iability						
Company:							
lailing Address:		City:		State:	Zip:		
Contact Name:	Phone:	Amount of Cov (Must be at least \$					
Insurance Information- Auto Insura	nce						
Company:							
Mailing Address:		City:		State:	Zip:		
Contact Name:	Phone:	Amount of Cov (Must be at least		-			
Insurance Information- Excess Umbrella							
Company:							
Mailing Address:		City:		State:	Zip:		
Contact Name:	Phone:	Amount of Cove		_			
Insurance Information- Professiona	l Liability						
Company:							
Mailing Address:		City:		State:	Zip:		
Contact Name:	Phone:		Amount of Cove	•			

Email: energysavenj@willdan.com



Custo	mer References								
	Company:	Describe Project	Describe Project:						
1	Contact:								
	Phone:								
	Company:		Describe Project	Describe Project:					
2	Contact:								
	Phone:								
	Company:		Describe Project	Describe Project:					
3	Contact:								
	Phone:			-					
	Company:		Describe Project	1					
4	Contact:								
	Phone:								
Licor	nses and Certifications	· (Please list a	Il applicable licenses	and cartifications hold b	v vour com	nanul			
Licei									
	Туре		Number	Issuing Author	rity	Date			
By su penal exam applic applic The a inclus you a have	ation is subject to disqualif ant understands that by sign pplicant understands that to ion will be granted but will	nts made in the her knowledged ication under gring this application be used in the as an independent and agreement	nis application for inc ge and belief are true the terms and guidel lication it consents to n for inclusion as a D e determination of eli- endent entity to provice	clusion as a Direct Instate and correct. The appliance of the state of New any other inquiry to verificet Install Participating gibility for inclusion. As the Energy Efficiency see	all Participat cant affirms w Jersey un erify or conf ng Contracto a Direct Inservices for the	ting Contractor have been that no person named in this alless herein stated. The irrm the information herein. Or does not guarantee that stall Participating Contractor the Direct Install Program and			
Signatur	e:	1							



Summary of Intended Areas to Serve in the Direct Install Program

On the table below, please select which counties you would like to perform services in. If the service territory that you service is expanding to a new county, you are required to notify the Utilities servicing the county. This application authorizes Participating Contractor to perform work only under JCP&L Direct Install Program. If you wish to participate in other utility programs you must fill out an application with each of those utilities.

County	Utilities in the County	County	Utilities in the County
Atlantic	ACE, SJG	Middlesex	JCP&L, PSE&G, ETG, NJNG
Bergen	REC, PSE&G	Monmouth	JCP&L, NJNG, PSE&G
Burlington	ACE, JCP&L, PSE&G, NJNG, SJG	Morris	JCP&L, PSE&G, NJNG, ETG
Camden	ACE, PSE&G, SJG	Ocean	JCP&L, ACE, PSEG, NJNG
Cape May	ACE, SJG	Passaic	REC, PSE&G, JCP&L
Cumberland	ACE, SJG	Salem	ACE, SJG
Essex	PSE&G, JCP&L	Somerset	JCP&L, PSEG
Gloucester	ACE, PSE&G, SJG	Sussex	JCP&L, ETG, REC
Hudson	PSE&G	Union	JCP&L, PSE&G, ETG
Hunterdon	JCP&L, ETG, PSE&G	Warren	JCP&L, ETG
Mercer	JCP&L, PSE&G, ETG		

Please add any additional information regarding the geographic focus of your business.							













