

RETAIL NATURAL GAS REGISTRATION APPLICATION

Date: _____
PUCO Certification Number: _____
Date Certified: _____
Legal Name of Applicant: _____
DBA name used in the State of Ohio: _____

This application will be valid for 60 days. If Applicant does not become a valid Retail Natural Gas Broker/Aggregator within 60 days, the Applicant will need to fill out a new Registration Application.

This application will become void upon PUCO revocation or cancellation.

If this application is approved, the registration will be for the same two-year period as the Applicant's PUCO certification.

** If a Retail Natural Gas Broker/Aggregator will be providing the services as a Governmental Aggregator or as a Retail Natural Gas Broker/Aggregator, then it must also file the additional Registration Applications to serve in these additional capacities.

** All information contained in this registration is confidential and will not be released.

THIS APPLICATION WILL NOT BE PROCESSED UNTIL PROOF OF CERTIFICATION IS PROVIDED.

THIS APPLICATION WILL NOT BE PROCESSED UNTIL CREDIT REQUIREMENTS ARE MET.

Legal Name of Applicant: _____

Provide the following as separate attachments and label as indicated:

A. Applicant Information

A-1 Contractual Arrangements for Capability Standards

If the applicant is relying upon contractual arrangements with a third-party(ies) to meet any of the certification requirements, the applicant must provide with its application all of the following:

- The legal name of the party(ies) it is contracting with;
- A statement that a valid contract exists between the applicant and the third-party(ies);
- A detailed summary of the contract(s) including all services provided thereunder;
- The documentation and evidence to demonstrate the contracting entity's capability to meet the requirements as if the contracting entity was the applicant.

A-2 \$250 Annual Registration Fee (subject to change)

A-3 Principal Officers / Directors and Partners

Provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

A-4 Corporate Structure

Provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale natural gas to customers in North America.

A-5 Company History

Provide a concise description of the applicant's company history and principal business interests.

A-6 Articles of Incorporation and by laws

If applicable, provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto.

A-7 Secretary of State

Provide evidence that the applicant has registered with the Ohio Secretary of the State.

A-8 Completed copy of all Columbia Gas of Ohio required forms (if applicable)

Legal Name of Applicant: _____

B. Applicant Financial Capability and Experience

B-1 \$50 Credit Evaluation Fee

B-2 Annual Report

Provide the two most recent Annual Reports to Shareholders. If the applicant does not have annual reports, the applicant should provide similar information, labeled as Exhibit B-1, or indicate the Exhibit B-1 is not applicable and why.

B-3 SEC Filings, 10K or 8K (if applicable)

Provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit B-2 that the applicant is not required to file with the SEC and why.

B-4 Audited Financial Statements

Provide copies of the applicant's or its parent's most recent independently audited financial statements. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.

B-5 Provide Statement of Credit Rating

Provide a statement disclosing the applicant's credit rating as reported by two of the following organizations: Duff & Phelps, Fitch IBCA, Moody's Investors Service, Standard & Poors. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization assumes financial obligations of the applicant.

B-6 Credit Report

Provide a copy of the applicant's credit report from Experian or a similar organization.

B-7 Bankruptcy Information

Provide a list and description of any reorganization, protection from creditors, or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

B-8 Merger Information

Provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application, or at any time as a participant in the Ohio Natural Gas Choice programs.

Legal Name of Applicant: _____

C. Applicant Managerial Capability and Experience

C-1 Jurisdictions of Operations

Provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail natural gas service.

C-2 Experience & Plans

Provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.

C-3 Summary of Experience

Provide a concise summary of the applicant's experience in providing the service(s) it is seeking to be certified to provide (e.g. number and types of customers served, utility service areas, volume of gas supplied, etc.).

C-4 Disclosure of Liabilities and Investigations

Provide a description of all existing, pending or past rulings, judgements, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.

C-5 Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

If yes, provide a separate attachment labeled as Exhibit C-5 "Disclosure of Consumer Protection Violations" detailing such violation(s) and providing all relevant documents.

C-6 Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail natural gas, or retail or wholesale electric service denied, curtailed, suspended, or revoked, or whether the applicant had ever been terminated from any of Ohio's Natural Gas Choice programs, or whether applicant has been in default for failure to deliver natural gas.

If yes, provide a separate attachment labeled as Exhibit C-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation" detailing such action(s) and providing all relevant documents.

Legal Name of Applicant: _____

D. Applicant Technical Capability

D-1 Operations

Provide a written description of the operational nature of the applicant's business. Please include whether the applicant's operations will include the contracting of natural gas purchases for retail sales, the nomination and scheduling of retail natural gas for delivery, and the provision of retail ancillary services, as well as other services used to supply natural gas to the natural gas company city gate for retail customers.

D-2 Operations Expertise

Given the Operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations.

E. Detailed Applicant Information

E-1 Applicant Information

Legal Name: _____
D.B.A.: _____
Address: _____
Phone number: _____
Toll Free: _____
Web site: _____

E-2 Parent Company Information

Legal Name: _____
State of Incorporation: _____
Web Site: _____

E-3 List all names under which the applicant does business in North America:

1. _____
2. _____
3. _____
4. _____
5. _____

Legal Name of Applicant: _____

E-4 Entity Type:

- ☐ Corporation - Public
- ☐ Corporation - Private
- ☐ Partnership
- ☐ Limited liability Company
- ☐ Government Entity (Please Explain)

☐ _____
Other (Please Explain)

E-5 Ohio Office Information in accordance with Section 4929.22 of the Ohio revised Code

Legal Name: _____

D.B.A.: _____

Address: _____

Phone number: _____

Toll Free: _____

Web site: _____

Hours of Operation: _____

Contact Person: _____

E-mail: _____

E-6 Primary Contact

Name: _____

Title: _____

Address: _____

Phone number: _____

E-mail: _____

E-7 Gas Supply Contact

Name: _____

Title: _____

Address: _____

Phone number: _____

E-mail: _____

Legal Name of Applicant: _____

E-8 IT Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

E-3 Gas Rates Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

E-4 Customer Service Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

E-5 Accounting Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

E-3 Regulatory Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

Legal Name of Applicant: _____

E-4 Legal Contact

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

E-5 ACH (Bank) Information:

This will be the information necessary for Columbia Gas of Ohio to remit payment to Retail Natural Gas Supplier.

Bank Name: _____
ABA Number: _____
Contact Name: _____
Account Number: _____
Address: _____
Telephone: _____

E-6 Indicate the class(es) of customers that you will be serving:

- ☐ Residential
☐ Commercial
☐ Mercantile
☐ Industrial

E-7 Are you ready to receive calls from potential CHOICE customers?

- ☐ Residential
☐ Commercial/Industrial Only

_____ If not, when

E-8 If yes, please provide contact information to list on our "Market You Can Call List"

Name: _____
Title: _____
Address: _____
Phone number: _____
E-mail: _____

Legal Name of Applicant: _____

E-9 Projected Start Date: _____

E-10 Projected Number of Customers to be Served in the first 90 days?

- ☐ Residential
- ☐ Commercial
- ☐ Mercantile
- ☐ Industrial

E-20 Method of Solicitation (Mark all that apply):

- ☐ In-bound Call Center
- ☐ Out-bound Telemarketing
- ☐ Door-To-Door
- ☐ Direct Mail
- ☐ Other (Please Explain)
- _____

E-21 All twelve Pipeline Scheduling Points will be setup as Aggregation Groups.

	PSP Name	PSP
1	Portsmouth	22
2	Parma	22N-2
3	Sandusky	23N-7
4	Toledo	23-1
5	Lima	23-3
6	Alliance	23-4

	PSP Name	PSP
7	Columbus	23-5
8	Dayton	23-6
9	Mansfield	23-8
10	Ohio Misc.	23-9
11	Pittsburgh	24-35
12	New Castle	24-39

E-22 Applicants Federal Identification Number: _____

E-23 Ohio Sales Tax Reporting Number: _____

E-24 DUNS Number: _____

Please remit the completed registration and all documents with the Application Fee by email to:
Transportevaluations@nisource.com

By signing this Application you are agreeing to abide by the rules set forth by the Public Utilities Commission of Ohio and the Columbia Gas of Ohio Tariff. You are also agreeing that the rules set forth by the PUCO and Columbia Gas of Ohio are subject to change. To establish credit worthiness, Columbia reserves the right to request financial instruments to be in place before approving application.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, and that the individual signing below is an authorized representative of the Applicant.

Legal Name of Applicant: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Company Witness: _____