

**FORM OF SERVICE AGREEMENT
FOR TS1 AND TS2 GAS TRANSPORTATION SERVICE**

THIS AGREEMENT, made and entered into as of the _____ day of _____, 20____, by and between **COLUMBIA GAS OF VIRGINIA, INC.**, a Virginia public service corporation, 1809 Coyote Drive, Chester Virginia 23836 (hereinafter "Company"), and _____ (hereinafter "Customer").

WHEREAS, Customer has secured supplies of natural gas that it desires to transport to its facility listed in the Contract Data Addendum to this Agreement within the operating parameters established by the Company and subject to the terms and conditions of the Company's Rate Schedule TS1 or TS2 and other applicable tariff provisions;

WHEREAS, Company is willing and able, pursuant to the terms of this Agreement, to accept gas delivered to its city gate receipt points by or on behalf of Customer and to redeliver such gas supplies to Customer's service location(s) pursuant to the terms and conditions of Rate Schedule TS1 or TS2;

NOW, THEREFORE, in consideration of the mutual covenants contained in this Agreement, Company agrees to permit Customer to commence service under Rate Schedule TS1 or TS2 and Customer hereby agrees to take such service in accordance with the following terms and conditions:

Section 1. Transportation Service to be Rendered. In accordance with the provisions of the Company's transportation Rate Schedule TS1/TS2, on file with the Virginia State Corporation Commission ("SCC") and the terms and conditions herein contained, Company shall receive the quantities of gas requested by Customer to be transported and shall redeliver said gas to Customer's facilities. The Point(s) of Receipt, Customer facility location, the applicable Rate Schedule, and the service and levels of said services to be rendered, shall be set forth in the Contract Data Addendum to this Agreement, as may be amended from time to time.

Section 2. Incorporation of Tariff Provisions. This Agreement expressly incorporates by this reference all of the terms and conditions governing Company's transportation service in the applicable Rate Schedule and the Company's General Terms and Conditions, as may be amended from time to time. In all events, the terms and conditions of Rate Schedule TS1/TS2 shall be controlling to the extent inconsistent with the Company's General Terms and Conditions.

Section 3. Term. The term of this Agreement shall commence on the first day of the month after execution hereof and, subject to Customer's continued compliance with the requirements outlined herein, shall continue in effect thereafter for a minimum primary term of twelve (12) months, until October 31, 20____, and thereafter from year to year unless and until canceled by either Customer or Company by giving written notice to the other no later than April 1, to become effective on November 1 of such year.

Section 4. Subject to Operating Conditions, Permits, etc. Company's obligation to render service hereunder may be influenced or limited by such operating conditions as may exist on its system from time to time, with any such limitations more fully described in Rate Schedule TS1/TS2 and the General Terms and Conditions of the Company's tariff, and by the Company's ability to secure and maintain adequate rights, permits, franchises and any other necessary authorizations.

Section 5. Cancellation of Prior Agreements This Agreement supersedes and cancels, as of the effective date hereof, all previous two party transportation agreements and any Commercial or Industrial Gas Service Agreements between the parties for service to Customer's facilities served hereunder.

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(continued)**

Section 6. Notices. Any notices, except those relating to billing, restriction, interruption or curtailment of service(s), required or permitted to be given hereunder or pursuant to an applicable Rate Schedule or the Company's General Terms and Conditions, shall be effective only if delivered personally to an officer or authorized representative of the party being notified, or if mailed by certified mail to the address provided in accordance with Section 9 of this Agreement.

Section 7. Signature of Officers Required. This Agreement shall be binding upon Company only when accepted by its duly authorized officer and shall not be modified by any promise, agreement or representation of any agent or employee of Company unless incorporated in writing in this Agreement before such acceptance.

Section 8. Responsibility for Alternate Fuel Facilities. The Customer acknowledges that the Customer is responsible for providing and maintaining alternate fuel storage and combustion facilities and for having available at all times sufficient alternate fuel to maintain desired levels of plant operation during periods of interruption or curtailment and any period when a BSR has been issued by Company.

Section 9. Contract Data. The Customer specific contract data and service elections are set forth in the attached Contract Data Addendum to Service Agreement for TS1 and TS2. The Contract Data contained therein, as may be modified from time to time in accordance with the provisions of this Rate Schedule and Rate Schedule BBS, are incorporated herein by reference. A Customer's emergency contact information, billing address and related billing information shall be included on Attachment A to the Service Agreement, which information, as may be modified from time to time, are incorporated herein by reference. The Customer shall be responsible for updating the information on Appendix A on a timely basis.

Section 10. Appointment of Agent. The Customer may appoint an Agent for purposes of establishing and administering gas transportation service under this Rate Schedule. The appointment of an Agent shall be in the form set forth in an Appointment of Agent and Acknowledgement of Service Form, as may be modified from time to time in accordance with the provisions of this Rate Schedule, which is incorporated herein by reference.

Section 11. Acknowledgement of Service. The Customer shall elect either non-aggregated service under this Rate Schedule or aggregated service under this Rate Schedule and Rate Schedule AS, which shall be designated in an Appointment of Agent and Acknowledgement of Service Form, as may be modified from time to time in accordance with the provisions of this Rate Schedule and Rate Schedule AS, which is incorporated herein by reference.

IN WITNESS WHEREOF, the parties hereto have accordingly and duly executed this Agreement as of the date hereinabove first mentioned.

CUSTOMER

BY _____

TITLE _____

COLUMBIA GAS OF VIRGINIA, INC

BY _____

TITLE _____

**FORM OF SERVICE AGREEMENT
FOR TS1 AND TS2 GAS TRANSPORTATION SERVICE
(continued)**

**Attachment A
TS1/TS2 Service Agreement**

**CUSTOMER EMERGENCY CONTACT INFORMATION
and INVOICE BILLING ADDRESS**

BUSINESS NAME: _____

FACILITY ADDRESS: _____

PCID # _____

Emergency Contact Names

Please list **TWO** names with work, 24-hr/cellular phone, fax, business phone, and e-mail address. **(No Agent Names)**

Contact Name	_____	_____
Home Phone	_____	_____
Business Phone	_____	_____
24-hr/Cellular Phone	_____	_____
	_____	_____
E-mail Address	_____	_____

INVOICE BILLING ADDRESS

This section should be filled out using the facility's accounts payable information.

Attention: _____

Address: _____

Telephone: _____

E-mail: _____

Customer Signature: _____

Printed: _____

Title: _____

E-MAIL COMPLETED FORM TO
gtsteam@nisource.com

Effective Date: 01.2026

Effective Billing Month/Year: _____
For Service Agreement Dated: _____

FORM OF SERVICE AGREEMENT

FOR TS1 AND TS2 GAS TRANSPORTATION SERVICE (continued)

Contract Data Addendum to Service Agreement For TS1 and TS2

A. Point(s) of Receipt into Columbia Gas of Virginia, Inc. – Point(s) of Receipt with Interstate Pipelines

- 1) Columbia Gas Transmission Corporation (TCO)
- 2) Transcontinental Pipeline (TRANSCO)
- 3) Other Point(s) of Receipt: _____

B. FACILITY ADDRESS: _____

PCID: _____ PSID: _____

C. Type of Business	D. Rate and Service Selections and Alternate Fuel Data: To be completed by Customer. *Notice of change must be made in accordance with the tariff.						
Description of Business _____ _____	*Rate Selection <input type="checkbox"/> TS1 <input type="checkbox"/> TS2	Alternate Fuel Type _____	*Firm Banking and Balancing Services <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to approval by company)	*Daily Cash-Out Option <input type="checkbox"/> Yes <input type="checkbox"/> No	*Monthly Bank Tolerance <input type="checkbox"/> ½% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5%	*Standby Service (Dth) _____ (Subject to approval by Company)	*Demand Poling Service <input type="checkbox"/> Yes <input type="checkbox"/> No (Must complete Enrollment Form)

Customer Notices: (Mailing address for Contract) (Please Print)	Company Notices
Company Name: _____	Columbia Gas of Virginia, Inc
dba (if applicable): _____	Attn: Gas Transportation
Address: _____	290 W Nationwide Blvd
City, St, Zip: _____	Columbus, OH 43215
Attn: _____	Title: _____
Telephone #: _____	_____
E-mail Address: _____	_____

IN WITNESS WHEREOF, the parties hereto have accordingly and duly executed this Contract Data Addendum as of the date herein above first mentioned.

CUSTOMER

By: _____

(Signature)

Printed: _____

Title: _____

COLUMBIA GAS OF VIRGINIA, INC.

By: _____

(Signature)

Printed: _____

Title: _____

APPROVAL:

DO NOT WRITE BELOW THIS LINE-For Columbia Personnel Only -NOTE All Max Day & Annual Transportation Quantities Updated Annually

<input type="checkbox"/> New Customer <input type="checkbox"/> New Facility <input type="checkbox"/> Amendment	Max Daily Quantity (MDQ) (Dth) _____	Annual Transportation Quantity (ATQ) (Dth) _____	Monthly Bank Tolerance _____	EFC _____	Firm Service Daily Quantity (Dth) _____	Firm Service Quantity (Dth) _____	Demand Poling Service <input type="checkbox"/> Yes <input type="checkbox"/> No
PSID #	SIC Code	PSP	Invoice# :				

Company Representative: _____ Date: _____

Comments _____ Effective Date: _____

Effective Billing Month/Year: _____
For Service Agreement Dated: _____

COLUMBIA GAS OF VIRGINIA, INC.
APPOINTMENT OF AGENT and ACKNOWLEDGEMENT OF SERVICE FORM
For Rate Schedules TS1/TS2 or LVTS

KNOW ALL MEN BY THESE PRESENTS that _____ ("Customer") does hereby make, constitute and appoint _____ ("Agent") as its **AGENT** for the purpose of establishing and administering a gas transportation program on the Columbia Gas of Virginia, Inc. ("Columbia") system for and on behalf of Customer for the accounts listed below. This appointment authorizes Agent to establish such gas transportation program on behalf of Customer, including (by way of illustration and not limitation) the following: request gas transportation service from Columbia; obtain Customer's historic and current usage data from Columbia; nominate gas transportation volumes on behalf of Customer; direct Columbia to send Customer's transportation bill directly to Agent; and obtain from Columbia any information pertaining to prior or current month gas deliveries to Customer.

Choose type of gas transportation service (**CHECK & INITIAL ONE ONLY**):

Non-Aggregation Service (Stand Alone):

Under Non-Aggregation Service (Stand Alone), Customer agrees to be responsible for all Columbia charges, fees, and penalties associated with providing gas transportation service,

Customer Initials: _____

Aggregation Service (AS):

ACKNOWLEDGEMENT OF SERVICE UNDER RATE SCHEDULE AS

This Acknowledgement of Service reflects the agreement of the undersigned Customer to service under Schedule AS.

By executing this Agreement, Customer agrees to be bound by the terms and conditions of Schedule AS (as well as the Customer's underlying transportation Rate Schedule and associated Service Agreement) including, but not limited to, Customer Obligations reflected in Section 15 of Rate Schedule AS, as well as the Service Agreement to which this Acknowledgement is attached:

Each customer that becomes part of an Agent's Aggregation Nomination Group (ANG), as defined in Rate Schedule AS – Aggregation Service, will retain ultimate responsibility for any and all charges, fees and penalties applicable under the terms and conditions of Rate Schedule AS, Rate Schedule BBS and the Company's General Terms and Conditions in the event that the Agent fails to pay within the time prescribed in the Company's tariff and/or General Terms and Conditions, notwithstanding the fact that the Company will bill the Agent for such charges, fees and penalties. Any such unpaid charges, fees and penalties will be assessed to Customers within each ANG on a pro rata basis based on the ratio of each Customer's gas usage to the usage of all Customers participating in that ANG during the month for which the charge, fee and/or penalty is applied. The charges, fees and penalties to which this provision is applicable include, but are not limited to, excess bank tolerance charges, BSR penalties and charges, commodity charges associated with excess consumption (except with regard to customer specific interruptions of transportation service), daily gas transfer fees, late payment charges and charges for an Agent's access to its Customers daily demand measurement information.

Customer also consents to the release of its daily demand measurement information for the following facility/location to the Agent under the terms and conditions set forth in Rate Schedule AS and other applicable Rate Schedules.

Customer Initials: _____

COLUMBIA GAS OF VIRGINIA, INC.
APPOINTMENT OF AGENT and ACKNOWLEDGEMENT OF SERVICE FORM
For Rate Schedules TS1/TS2 or LVTS

Acct. No. _____ Acct. No. _____

Acct. No. _____ Acct. No. _____

Emergency Contact Names

Please list **TWO** names with work, 24-hr/cellular phone, fax, business phone, and e-mail address.
(No Agent Names)

Contact Name		
Home Phone		
Business Phone		
24-hr/Cellular Phone		
E-mail Address		

CUSTOMER AUTHORIZED EMPLOYEE INFORMATION:

EXECUTED BY CUSTOMER: _____
(Must be signed by Authorized Employee of Company)

(Please Print Authorized Employee Name)

Title: _____

Address: _____

Phone No.: _____

E-Mail Address: _____

Date: _____

AGENT AUTHORIZED EMPLOYEE INFORMATION:

EXECUTED BY AGENT: _____
(Must be signed by Authorized Employee of Agent)

(Please Print Authorized Employee Name)

Title: _____

Address: _____

Phone No.: _____

E-Mail Address: _____

Date: _____

EXECUTED BY COLUMBIA:

Name: _____

Address: _____

Title: _____

Date: _____