

Exhibit "A"

EATON CERTIFIED CONTRACTOR NETWORK

Professional, Experienced, Reliable

CERTIFICATE OF COMPLETION

to

Brian Lamberg
North Shore Electric, Inc.

for

**Eaton's Electric Vehicle Service Equipment (EVSE)
Certification Course**

On Behalf of Eaton, Electrical Division
2011 - 2014



Steve Huggins
ECCN Program Manager, Eaton Corporation

November 8, 2011
Date

Certification #06082011-1000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2014

"Exhibit C"

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 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).

PRODUCER CANDOS AGENCY 8104 W 119th St Palos Park, IL 60464-1156	CONTACT NAME:	
	PHONE (A/C, No, Ext): (708) 361-2700	FAX (A/C, No): (708) 361-2770
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A: Truck Insurance Exchange		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	60218-49-33	1/28/14	1/28/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	60218-49-33	1/28/14	1/28/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000			60218-49-34	1/28/14	1/28/15	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	E0809-64-25	1/28/14	1/28/15	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Loss/Rented Equipment			60218-49-33	1/28/14	1/28/15	\$25,000

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

CERTIFICATE HOLDER CANCELLATION

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701	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

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north shore ELECTRIC inc

8107 Ridgeway · Skokie, Illinois 60076

(P) 847-869-0606 · (F) 847-568-1707

www.northshoreelectric.net · office@northshoreelectric.net

Celebrating over 30 years of award winning service since 1983

Docket 14-0239

Exhibit A Amendment

Affidavit

I, Brian K. Lamberg, do hereby attest that I am the qualifying person for the applicant and have satisfactorily completed at least five (5) installations of electric car charging stations.

1. Jeff Goldstein, installed 9/13/13 - 9023 Tamaroa Terrace, Skokie, IL 60076
2. Daniel Kriser, installed 9/6/13 - 1135 Linden Avenue, Highland Park, IL 60035
3. Mike Cygan, installed 1/29/14 - 1221 Grant Street, Evanston, IL 60201
4. Frederic Cleary, installed 4/26/12 - 1621 Cleveland Street, Evanston, IL 60202
5. Curt Nerenberg, installed 2/3/14 - 699 Sheridan Road, Wilmette, IL 60091

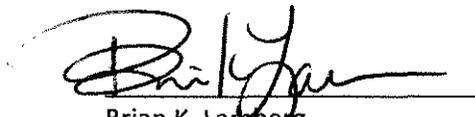
Below my contact information can be found:

8107 Ridgeway Avenue

Skokie, IL 60076

(847)869-0606

office@northshoreelectric.net



Brian K. Lamberg

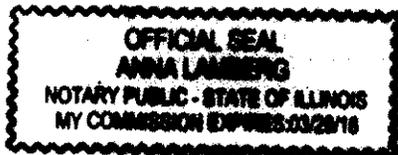
To be completed by a Notary Public

Subscribed and sworn to before me

This 29th day of April, 2014.

Anna Lamberg

Notary Public



Quality · Service · Value

CORPORATION FILE DETAIL REPORT

Entity Name	NORTH SHORE ELECTRIC, INC. AN ILLINOIS CORPORATION	File Number	53259049
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	11/08/1983	State	ILLINOIS
Agent Name	BARRY A GOLDMAN	Agent Change Date	10/11/2005
Agent Street Address	205 W RANDOLPH 1100	President Name & Address	BRIAN LAMBERG 8107 RIDGEWAY AVE SKOKIE IL 60076
Agent City	CHICAGO	Secretary Name & Address	ANNA LAMBERG SAME
Agent Zip	60606	Duration Date	PERPETUAL
Annual Report Filing Date	10/08/2013	For Year	2013

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(One Certificate per Transaction)