

EXHIBIT “A”

PLEASE FIND ATTACHED

- A copy of the certification of satisfactory completion of the relevant training programs; and/or
- An affidavit by each qualifying person attesting to having satisfactorily completed at least five installations of electric vehicle charging stations.

Item #1

Bureau of Apprenticeship and Training Certificate – United States Department of Labor

Item #2

Electrical Contractors License – Issued by the Village of Libertyville, Illinois 60048

Item #3

Affidavit for the verification of the installation of at least (5) electric vehicle charging stations

The United States Department of Labor



Bureau of Apprenticeship and Training Certificate of Completion of Apprenticeship

This is to certify that

WILLIAM C. JENSEN

has completed an apprenticeship for the occupation

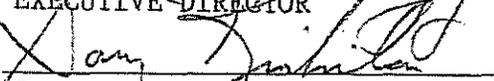
ELECTRICIAN

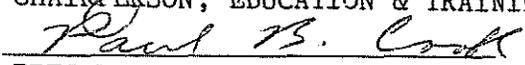
under the sponsorship of

ASSOCIATED BUILDERS & CONTRACTORS OF ILLINOIS, INC.

*in accordance with the basic standards of apprenticeship
established by the Secretary of Labor*


EXECUTIVE DIRECTOR


CHAIRPERSON, EDUCATION & TRAINING COMMITTEE


PRESIDENT, A.B.C., ILLINOIS

JUNE 25, 1992

Date Completed


Secretary of Labor


Acting Director, Bureau of Apprenticeship and Training

BY THE AUTHORITY OF THE
VILLAGE OF LIBERTYVILLE

This is to certify that an ELECTRICAL CONTRACTOR'S LICENSE is hereby issued to

**JENSEN, WILLIAM C
ROMITTI ELECTRIC**

located at 650 SWAN DRIVE, GRAYSLAKE, IL 60030, having passed the Electrical Test by the Village of Libertyville Electrical Commission and having complied with requirements of the Ordinances passed by the Board of Trustees of the Village of Libertyville, Lake County, Illinois as a registered electrical contractor per guidelines set forth by Illinois State Statute, is entitled to receive permits for electrical work provided that such permits are subject to the provisions of all Ordinances of the Village of Libertyville now in force or which may be hereafter passed. This certificate, unless sooner revoked or suspended for cause, expires as noted below.

License Number: 354

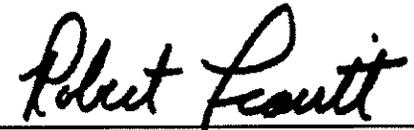
License Type: Residential/Industrial/Commercial

Original Issue Date: 2/20/2013

Expiration Date: 12/31/2016



David J. Fischer
Building Commissioner



Robert Leavitt
Chief Electrical Inspector

AFFIDAVIT FOR EV INSTALLATIONS

STATE OF ILLINOIS

COUNTY OF LAKE

David J. Ariano being first duly sworn, deposes and says that he is President of Ravinia Plumbing and Heating d/b/a Romitti Electric; that he has read the following information and attests that they are true, correct and complete to the best of his knowledge, information and belief.

That William C. Jensen, being employed by Ravinia Plumbing and Heating d/b/a Romitti Electric and the electrical licensee of Romitti Electric has performed the minimum of at least (5) new electric vehicle charging stations in the past calendar year.



David J. Ariano

To be completed by a Notary Public

Subscribed and sworn to before me

this 13th day of APRIL, 2016



Notary Public

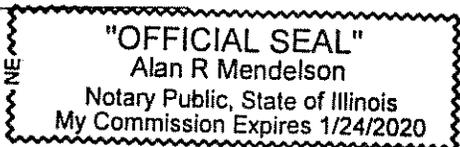


EXHIBIT “C”

PLEASE FIND ATTACHED

- A copy of the certificate of Liability for Ravinia Plumbing and Heating d/b/a Romitti Electric meeting the requirements set forth in this application document.

Item #1

Certificate of Insurance Liability

Rand-Tec Insurance Agency Inc.
977 Lakeview Parkway, Suite 105
Vernon Hills, IL 60061
Todd Silver – Agent

(847) 367-2633
(847) 367-2636



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MG

DATE (MM/DD/YYYY)
01/13/2016

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 Rand-Tec Insurance Agency Inc. 977 Lakeview Parkway, Ste 105 Vernon Hills, IL 60061 Todd Silver	Phone: 847-367-2633 Fax: 847-367-2636	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: RAVIN-1																					
	INSURED Romitti Electric 1580 Old Skokie Valley Rd Highland Park, IL 60035	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Pekin Insurance Company</td> <td>24228</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Pekin Insurance Company	24228	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CL0199675	05/01/2015	05/01/2016	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 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		00P02700	05/01/2015	05/01/2016	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 DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0		CU3780606	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC0010489	05/01/2015	05/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER PROOF OF INSURANCE	PROOF-1	CANCELLATION 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 <i>Todd Silver</i>

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