

EE Installer Recertification Report: To be submitted annually by June 1

2019 EE Installer Annual Recertification under 83 IL Adm. Co

**RECEIVED**  
OCT 15 2020

**OFFICIAL FILE**

Section 462.70(a):

**ILLINOIS COMMERCE COMMISSION**

ILLINOIS COMMERCE COMMISSION  
CHIEF CLERK'S OFFICE

1. Please provide the name of the company/entity as it appears in the most recent Commission order granting the certificate to install energy efficiency measures.

Company Name<sup>1</sup>: Showalter Electric

ICC Docket # for certification<sup>1</sup> 17-0983

**ORIGINAL**

Section 462.70(c)(4):

2. Please provide the name, telephone number, email address and mailing address of at least one person designated by the certificate holder to address questions pertaining to the Recertification Report.

Name: Drew Showalter

Mailing Address:

915 E. CO. RD 1170N  
Mattoon IL 61938

Telephone Number:

217-273-4907

Email Address:

Showalter\_Electric@yahoo.com

Section 462.70(c)(3):

3. Please provide the total number of residential electric energy efficiency measures (regardless of utility rebate or incentive value) installed in calendar year 2018

0

4. Please provide the total number of commercial electric energy efficiency measures (regardless of utility rebate or incentive value) installed in calendar year 2018

0

<sup>1</sup> If you are unsure, you can search for the name and docket number at <https://www.icc.illinois.gov/utility/default.aspx?ats=28>. The docket number is 2 digits followed by a dash followed by four digits. The first two digits correspond to the year your application was received.

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Section 462.70(c)(1) and (2):

*Showalter Electric*

Certificate Holder, [ENTER COMPANY NAME AS IT APPEARS IN THE COMMISSION ORDER], continues to maintain the required qualifications for the service authority granted in its certificate.

*Showalter Electric*

Certificate Holder, [ENTER COMPANY NAME AS IT APPEARS IN THE COMMISSION ORDER], continues to comply with the requirements set forth in Illinois Adm. Code Part 462 and Sections 16-128(a) and 16-128B of the Public Utilities Act.

I certify that all the information provided in this annual report is true, correct, and complete to the best of my knowledge, information, and belief.

*Drew Showalter*

Signature

*Drew Showalter*

Name

*OWNER*

Position Held

*217-273-4907*

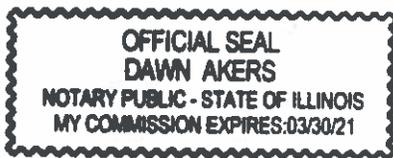
Contact Phone #

Subscribed and sworn before me

This *12<sup>th</sup>* day of *October* 2020.

*Dawn Akers*

Notary Public



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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

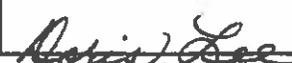
<b>PRODUCER</b> 22-Diamond Bros.-Mattoon 1220 Charleston Avenue P.O. Box 1006 Mattoon, IL 61938	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 217 234-2300      FAX (A/C, No): 2172586846	
	E-MAIL ADDRESS:	
<b>INSURED</b> Showalter Electric James, Melissa & James II Showalter DBA 915 E CR 1170N Mattoon, IL 61938	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Acuity A Mutual Insurance Company      NAIC # 14184	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

**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 INSR	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 <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			X82952	11/08/2019	11/08/2020	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$250,000 MED EXP (Any one person)      \$10,000 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$3,000,000 PRODUCTS - COMP/OP AGG      \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			X82952	11/08/2019	11/08/2020	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			X82952	11/08/2019	11/08/2020	EACH OCCURRENCE      \$3,000,000 AGGREGATE      \$3,000,000 \$
A	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	Y	X82952	11/08/2019	11/08/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$500,000 E.L. DISEASE - EA EMPLOYEE      \$500,000 E.L. DISEASE - POLICY LIMIT      \$500,000

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

<b>CERTIFICATE HOLDER</b> Illinois Commerce Commission, Policy Program EE Installer Certification, 527 E Capitol Avenue Springfield, IL 62701	<b>CANCELLATION</b> 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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