

Columbia Gas of Pennsylvania Trade Ally Program Enrollment Form

Join the Columbia Gas of Pennsylvania Trade Ally Program for your chance to gain additional natural gas heating installation and service work. Just fill out the front and back of this form and return it with the necessary information to our Contractor Coordinator.

To join, you'll need to provide the following:

- Signed Participating Contractor Agreement
- Copy of Certificate(s) of Insurance demonstrating required liability, auto, and workers' compensation insurance (refer to Participating Contractor Agreement form, Section 1, item g, for details)
- Completed Insurance Data Request form (below)
- Completed Service Territory form (reverse)
- Copy of valid gas fitter's and/or plumber's license (and any other authorizations or license(s) required by state or municipal authorities).
- Office phone and Cell phone
- Fax and/or answering machine telephone number () _____

Columbia Gas of Pennsylvania

Insurance Data Request Form

I hereby authorize my insurance agent(s) to disclose insurance information and provide certificates of insurance to Columbia Gas of Pennsylvania.

The offer shall continue to be valid until revoked.

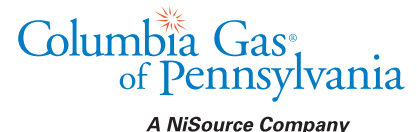
COMPANY NAME

FED ID# or SS#

SIGNATURE

PRINT NAME AND TITLE

DATE

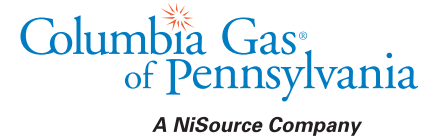

Columbia Gas[®]
of Pennsylvania
A NiSource Company

Return all required documents to:

**Columbia Gas of Pennsylvania
Trade Ally Program
200 Civic Center Drive
Columbus, OH 43215**

Service Territory/Equipment Type Form

Please fill out the following information:



COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ E-MAIL ADDRESS _____

DAYTIME TELEPHONE _____ FAX: _____

Please check the types of equipment that you install:

Boiler **Furnace** **Steam** **Other**

Please indicate what types of customers you serve:

Residential **Commercial**

**Please check off the counties within our Service Territory
your company is able to cover.**

Counties in Pennsylvania served by Columbia Gas of Pennsylvania:

- | | | |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> ADAMS | <input type="checkbox"/> CRAWFORD | <input type="checkbox"/> MCKEAN |
| <input type="checkbox"/> ALLEGHENY | <input type="checkbox"/> ELK | <input type="checkbox"/> MERCER |
| <input type="checkbox"/> ARMSTRONG | <input type="checkbox"/> FAYETTE | <input type="checkbox"/> SOMERSET |
| <input type="checkbox"/> BEAVER | <input type="checkbox"/> FRANKLIN | <input type="checkbox"/> VENANGO |
| <input type="checkbox"/> BEDFORD | <input type="checkbox"/> FULTON | <input type="checkbox"/> WARREN |
| <input type="checkbox"/> BUTLER | <input type="checkbox"/> GREENE | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> CENTRE | <input type="checkbox"/> INDIANA | <input type="checkbox"/> WESTMORELAND |
| <input type="checkbox"/> CLARION | <input type="checkbox"/> JEFFERSON | <input type="checkbox"/> YORK |
| | <input type="checkbox"/> LAWRENCE | |