

# HVAC New Equipment Programs Program Ally Application



APPLICANT INFORMATION			
Business Name:	Business Type (Corp., Partner, Sole Prop.):	Tax ID#:	
Contact Name:	Contact Person's Title:	Contact Person's Telephone:	
Mailing Address:	Contact Email Address:		
City/Town:	State:	Zip:	Years in Business:
Telephone:	Fax:	Website:	

### AREAS SERVED:

Bloomington   
  Champaign   
  STL/Metro East   
  Galesburg   
  Macomb   
  Peoria   
  Other \_\_\_\_\_  
 Carbondale   
  Decatur   
  Effingham   
  Lincoln   
  Mount Vernon   
  Quincy \_\_\_\_\_  
 Program Ally Type:  
  Contractor  
  Supplier  
  Other \_\_\_\_\_

### GENERAL PROGRAM ALLY RULES AND GUIDELINES

**As an ActOnEnergy® Program Ally, I agree to the following guidelines:**

- The Program Ally agrees to abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements and to install the eligible equipment according to manufacturer specifications.
- The Program Ally agrees that the use of the Ameren Illinois, or Act On Energy® name or logo by Program Allies must follow established co-branding guidelines or be authorized in writing by program staff, prior to use. The Program Ally also agrees to allow their company name to appear on the ActOnEnergy website in the Program Ally list and to allow this list to be circulated to prospects.
- The Program Ally agrees to provide proof of insurance and to abide by the Terms and Conditions of the HVAC programs.
- The Program Ally must provide a completed W-9 tax form, which may be downloaded from [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

**IMPORTANT: Certificate of Insurance (COI) and W-9 MUST accompany application. COI MUST be made out in the following manner:**

Fax COI with Application to  
1.309.673.3370

**Ameren Illinois  
Conservation Services Group  
300 Liberty Street, 4<sup>th</sup> Floor  
Peoria, IL 61602**

Fax COI with Application to  
1.309.673.3370

- The Program Ally agrees to reduce the invoice to the Ameren Illinois gas or electric customer by an amount equal to the incentive and to show that reduction on the invoice, labeled as the "ActOnEnergy Incentive." Payment of the incentives will be made directly to the Program Ally on a six-week schedule based upon all complete applications received in the preceding accounting period.
- The Program Ally acknowledges that single family living units are eligible for no more than two incentives and that while individually metered multifamily properties are eligible for more than two incentives, the customer must request a reservation of funds and work should not begin until reservation is approved.
- The Program Ally agrees to random "spot check" inspections by an Ameren Illinois representative for verification purposes.
- The Program Ally will be responsible for the proper disposal of all materials, including hazardous materials.
- The Program Ally agrees to indemnify and hold harmless the program and the utility from claims of any kind arising out of or connected with acts or omissions in the performance or nonperformance of program services.
- Provide or maintain for a minimum storage period the necessary supporting documentation of services rendered including invoices and site assessment reports.
- Participation in the Ameren Illinois ActOnEnergy HVAC New Equipment Programs is voluntary and may be terminated by either party at any time or for any reason without penalty.

**By signing below, I agree to serve as a Program Ally and comply with the Ameren Illinois ActOnEnergy rules, guidelines, and published terms and conditions for HVAC New Equipment Programs.**

Company name:

Signature:	Date:
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Please direct all correspondence to:

ActOnEnergy Residential Programs  
300 Liberty Street, 4th Floor, Peoria, IL 61602

Fax: 1.309.673.3370 • Toll-free: 1.866.838.6918 • ActOnEnergy.com

