

NOV 21 2022

ILLINOIS COMMERCE COMMISSION ILLINOIS COMMERCE COMMISSION  
CHIEF CLERK'S OFFICE

**An entity is only required to seek certification pursuant to Code Part 462 if the entity performs, while installing energy efficiency measures, electrical connections other than connections of class 2 circuits as defined in the National Electric Code effective August 24, 2016.**

Sila Services, LLC dba AA SERVICE COMPANY HEATING & COOLING  
– NORTHBROOK  
AA SERVICE COMPANY HEATING & COOLING – LIBERTYVILLE  
AA SERVICE COMPANY HEATING & COOLING  
AA SERVICE HEATING & COOLING :

Application for Certification to Install  
Energy Efficiency Measures under  
Section 16-128B of the Public  
Utilities Act.

Docket No.

22-0708

APPLICATION

Sila Services, LLC dba AA Service Company ("Applicant"), hereby requests that the Illinois Commerce Commission ("Commission") grant it certification to Install Energy Efficiency Measures pursuant to Section 16-128B of the Public Utilities Act ("Act") and 83 Ill. Adm. Code 462 ("Part 462"). In support of its application, Applicant states as follows:

REQUIRED APPLICATION INFORMATION [Part 462.40]

1. The Applicant's name (including d/b/a, if any), street address, telephone number, facsimile number and website and e-mail addresses:

SILA SERVICES, LLC DBA AA SERVICE COMPANY HEATING &  
COOLING – NORTHBROOK  
AA SERVICE COMPANY HEATING & COOLING – LIBERTYVILLE  
AA SERVICE COMPANY HEATING & COOLING  
AA SERVICE HEATING & COOLING

550 Anthony Trail  
Northbrook, IL 60062  
847-728-7889  
Fax: 847-513-6339  
[www.aaserviceco.com](http://www.aaserviceco.com)  
[klowe@aaserviceco.com](mailto:klowe@aaserviceco.com)  
[smansfield@aaserviceco.com](mailto:smansfield@aaserviceco.com)

Gina Frank

Controller  
550 Anthony Trail  
Northbrook, IL 60062  
847-729-7889  
gfrank@aaserviceco.com

3. Applicant's Federal Employer Identification Number (FEIN) or Taxpayer Identification Number (TIN), as applicable, is: EIN: 85-1645781
4. Applicant will comply with informational and reporting requirements established under Part 462.
5. Applicant agrees to accept service by electronic means as provided for in 83 Ill. Adm. Code 200.1050 (the Commission's Rules of Practice).
6. Attached to this application is an exhibit marked as Exhibit A demonstrating that Applicant meets the following requirement:

Applicant shall have in force, and provide proof that it has in force, general liability insurance that shall remain in effect for a period of not less than one year.

- a) The applicant shall be deemed to have sufficient commercial general liability insurance, which is comprised of premises and operations insurance and products and complete operations insurance. The commercial general liability insurance shall have a coverage limit of at least \$100,000 per occurrence and \$300,000 aggregate limits for bodily injury.
- b) In addition, the applicant shall have property damage insurance with limits of at least \$25,000 or shall have a policy with a single limit for bodily injury and property damage of up to \$300,000 per occurrence and \$300,000 aggregate limits.
- c) The commercial general liability insurance must be maintained with an insurance company whose Best's rating is A- or better and whose Best's financial size category is VII or larger that is either (i) authorized to transact business in Illinois, or (ii) whose contract of insurance is issued pursuant to Section 445 or 445a of the Illinois Insurance Code [215 ILCS 5/445 or 445a] and countersigned by the Surplus Line Association of Illinois or its successor.
- d) **The applicant shall provide a certificate of insurance as part of its application for certification.** If the applicant renews or makes changes in its insurance coverage, the insurance coverage must be

continuous and without interruption. The certificate of insurance and the insurance policies shall contain a provision that coverage afforded under the policies shall not be cancelled, allowed to expire, or subjected to a reduction in the limits in any manner unless at least 30 days prior written notice (10 days' notice in the case of nonpayment of premium) has been given to the Commission. The applicant shall file a copy of the additional or replacement certificate of insurance with the Chief Clerk of the Commission and provide a copy to the "Policy Division – EE Installer Insurance Compliance" at least 15 days in advance of the effective date of the certificate of insurance. The filing shall include a cover letter that explains the purpose of the filing and shall be identified by the name of the applicant as it appears in the most recent Commission order granting the EE Installer certification.

#### CERTIFICATION REQUIREMENTS [Part 462.50]

7. Applicant certifies that:

- a) it will remain in compliance with all applicable laws and regulations and Commission rules and orders, including, but not limited to, the requirements of Sections 16-128(a) and 16-128B of the Act and Part 462.
- b) it will ensure that its employees, agents or contractors that install energy efficiency measures, or the employees, agents or contractors of any entity, agent or contractor with which it has contracted to perform those functions within the State of Illinois, shall:
  - 1) Comply with applicable building and electrical codes, including those contained in the NEC;
  - 2) Comply with the energy efficiency measure manufacturer's installation instructions;
- c) it will comply with applicable licensing and municipal bonding requirements to do business in the State of Illinois.
- d) every installation of an energy efficiency measure will only be performed by:
  - 1) a qualified person;
  - 2) a person licensed as an electrical contractor in at least one municipality in the State of Illinois who is not a qualified person, provided he/she is directly supervised by a qualified person; or
  - 3) a person enrolled in either an apprenticeship as a journeyman electrician from a United States Department of

Labor Registered Electrician Apprenticeship and Training Program or certificate or degree program accredited by an educational institute related to the duties of an Installer that upon satisfactory completion will meet the requirement to become a qualified person, provided he/she is directly supervised by a qualified person.

- e) it is licensed to do business in the State of Illinois.

#### RECERTIFICATION REQUIREMENTS [Part 462.70]

- 8. Applicant agrees to submit recertification reports in accordance with annual recertification requirements.

#### MAINTENANCE OF RECORDS [Part 462.100]

- 9. Applicant or certificate holder shall agree to adopt and follow rules and procedures ensuring that documentation regarding installations are retained for a period of not less than three calendar years after the calendar year in which they were created. These records shall be made available by request to the Commission or its Staff on a confidential and proprietary basis.

WHEREFORE, Applicant requests that the Commission grant its application for certification as an Entity Installing Energy Efficiency Measures.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kevin Lowe", followed by a long horizontal line extending to the right.

By: Kevin Lowe, Manager

VERIFICATION

STATE OF Illinois

COUNTY OF Cook

GinaFrank, being first duly sworn, deposes and says that she is the Controller of Sila Services LLC dba AA Service Company; that she has read the foregoing Application of Kevin Lowe of Sila Services LLC dba AA Service Company and all of the attachments accompanying and referred to within the Application; and that the statements contained in the Application and the attachments are true, correct and complete to the best of her knowledge, information and belief.



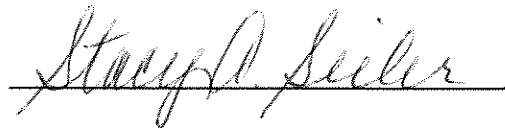
Gina R. Frank

To be completed by a Notary Public (**Notary Public and above signatory must be different**)

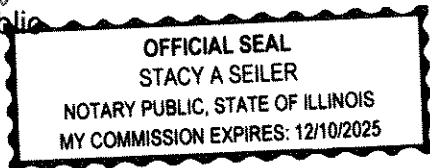
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Subscribed and sworn to before me

this 7<sup>th</sup> day of November, 2022



Notary Public





# CERTIFICATE OF LIABILITY INSURANCE


DATE (MM/DD/YYYY)  
11/07/2022

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT</b> NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
<b>INSURED</b> SILA SERVICES, LLC, AA SERVICE COMPANY HEATING & COOLING 550 ANTHONY TRAIL NORTHBROOK, IL 60062		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC # 13935 INSURER B: FEDERATED SERVICE INSURANCE COMPANY 28304 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 3193		REVISION NUMBER: 0			
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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	6126484	08/26/2022	08/26/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1821974	08/26/2022	08/26/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION	N	N	6126487	08/26/2022	08/26/2023	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000
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 N/A	N	1807146	08/26/2022	08/26/2023	<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> 194-905-6 ILLINOIS COMMERCE COMMISSION 527 E CAPITOL AVE SPRINGFIELD, IL 62701-1827	<b>CANCELLATION</b> 3193 0 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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## Corporation/LLC Search/Certificate of Good Standing

### LLC File Detail Report

File Number	10990173
Entity Name	SILA SERVICES, LLC
Status	ACTIVE

#### Entity Information

Principal Office  
900 EAST 8TH AVE, SUITE 106  
KING OF PRUSSIA, PA 194060000

Entity Type  
LLC

Type of LLC  
Foreign

Organization/Admission Date  
Tuesday, 23 November 2021

Jurisdiction  
DE

Duration  
PERPETUAL

#### Agent Information



Name

CAPITAL CORPORATE SERVICES

Address

1315 W LAWRENCE AVE  
SPRINGFIELD , IL 62704

Change Date

Tuesday, 23 November 2021

## Annual Report

For Year

2022

Filing Date

Monday, 10 October 2022

## Managers

Name

Address

KYLE FISHER  
900 EAST 8TH AVE, SUSITE 106  
KING OF PRUSSIA, PA 194060000

Name

Address

KEVIN LOWE  
550 ANTHONY TRAIL  
NORTHBROOK, IL 600620000

Name

Address

JASON RABBINO  
900 EAST 8TH AVENUE ROAD, SUSITE 106  
KING OF PRUSSIA, PA 194060000

Name

Address

DAVID M. PETENAUDE  
900 EAST 8TH AVENUE, SUSITE 106  
KING OF PRUSSIA, PA 194060000

Name

Address

MAURIZIO PATRICELLI

900 EAST 8TH AVENUE, SUSITE 106

KING OF PRUSSIA, PA 194060000

**Assumed Name**

ACTIVE

AA SERVICE COMPANY HEATING & COOLING - NORTHBROOK

ACTIVE

AA SERVICE COMPANY HEATING & COOLING - LIBERTYVILLE

ACTIVE

AA SERVICE COMPANY HEATING & COOLING

ACTIVE

AA SERVICE HEATING & COOLING

**Series Name**

NOT AUTHORIZED TO ESTABLISH SERIES

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[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)