

**Customer Enrollment Application  
Demand Response Program(s)  
Indiana Michigan Power Company (Indiana)**

1. Customer's contact information for purposes of participation in I&M's Demand Response Program(s) is as follows:

Account Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

	City	State	Zip Code
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Telephone Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

I&M Customer Services Rep (if known) \_\_\_\_\_

I&M CS Rep's Email Address: \_\_\_\_\_

2. Please indicate which Riders you wish to enroll in.

- \_\_\_\_\_ Rider D.R.S. 1: Allows end-use Customer participation through I&M in the PJM RTO Emergency Demand Response Program, which includes two product type options as shown in the table below: Base Capacity (BC) and Capacity Performance (CP).
- \_\_\_\_\_ Rider D.R.S. 2: Allows end-use Customer participation through I&M in the PJM RTO Economic Demand Response Program.
- \_\_\_\_\_ Rider D.R.S. 3: Allows end-use Customer participation through I&M in the PJM RTO Ancillary Service Demand Response Program.

3. Customer hereby requests the following electric service accounts, served at retail firm service rates by I&M, be enrolled in I&M's Demand Response Program(s) as indicated above in Section 2.

Note: Tariff CS-IRP2 customers can also apply provided their participation would not prevent them from meeting the load reduction requirements of their contract.

The following information will be submitted to PJM for purposes of PJM's ability to track and initiate demand response within its regional transmission operating area.

**Note:**

Account numbers **MUST** be correctly formatted as shown below in order to process the request.  
 All I&M account numbers are 10 digits in length, with the first 2 digits (04) being specific to operating company.  
 Where an account number begins with a zero (0), the leading zero must be recorded on the request. (Example: 0400000000)

** THIS SECTION COMPLETED BY CSP / CUSTOMER **						** THIS SECTION COMPLETED BY I&M **					
#	Account Number (first 10 digits - no dashes)	GLD (kW)	FSL (kW)	Registered (kW)	Committed (kW)	Product Type Options: BC or CP	Peak Load Contribution (PLC)	Capacity Loss Factor	Energy Loss Factor	Interval / AMI Meter Present (Y/N)	Current Recorder ID No.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

**Note:**

- Per the terms of Rider D.R.S. 1, a meter capable of recording interval data is required for participation in I&M's Emergency Demand Response Service Program. PLC, Capacity Loss Factor and Energy Loss Factor may change annually (based on the PJM year of June 1 - May 31).
- Guaranteed Load Drop (GLD): The minimum demand reduction that the Customer will provide for each hour during a curtailment event or during a curtailment test. GLD payment shall be loss-adjusted.
- Firm Service Level (FSL): FSL is the demand to which the Customer agrees to reduce load to or below for each hour during a curtailable event. FSL payment shall be loss-adjusted.
- For GLD and FSL, indicate only one (1) per account.
- Registered kW is the amount of curtailed demand third-party CSP provides to the Company for Aggregation purposes.
- Committed kW is the amount of curtailed demand that is the basis upon which participating customers are paid under Rider D.R.S.1. for Aggregation purposes.
- Beginning in 2018/2019 DY, the product options shall be BC and CP. CP is only product beginning in 2020/2021 DY.

** ENTIRE TABLE COMPLETED BY CSP / CUSTOMER **											
Load Reduction Category											
#	Account Number (first 10 digits - no dashes)				Total DR (kW)		HVAC (kW)	Refrigeration (kW)	Lighting (kW)	Manufactng (kW)	Water-Heating (kW)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

**Note:**

- Fill in DR Load Type in kW where applicable. The total of all applicable DR Load Types in kW must equal Total DR kW.

** ENTIRE TABLE COMPLETED BY CSP / CUSTOMER **										
Backup Generation (if applicable)										
BackupGen					On-Site Generator Attributes					
#	Account Number (first 10 digits - no dashes)		Type	Fuel	Generator Vintage	Retrofit Year (if any)	Nameplate Capacity (kW)	Permit Status	Permit Type	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Note:**

- Provide BackupGen Type and Fuel Type if applicable or insert N/A.
- BackupGen Types: Internal Combustion Engine; Combustion Turbines; Steam Engines; or Cogeneration Units.
- BackupGen Fuel Types: Natural Gas; Oil; Kerosene; Propane; Wood; Lanfill Gases; or Waste Products.

- 4. FOR FUTURE USE: IF CHOOSING RIDER D.R.S. 3
- 5. Customer agrees to participate in an account aggregation (Yes/No): \_\_\_\_\_

If aggregated accounts are unrelated to Customer, then please list all accounts in aggregation in table below:

<b>** THIS SECTION COMPLETED BY CSP **</b>
<b>Account #</b>

(FOR COMPANY, ENERGY CONSULTANT OR CSP USE ONLY)  
Account aggregation number: \_\_\_\_\_

- 6. Customers that choose to designate an Energy Consultant or Curtailment Service Provider (CSP) shall provide the following information:

**Customer hereby advises the Energy Consultant or CSP that it deems the information obtained pursuant to this Authorization to be confidential and therefore requests that such information not be divulged to any third party, except as required to participate in I&M's Demand Response Program(s). I&M is not responsible if the Energy Consultant or CSP improperly divulges the Customer's confidential information. A signed Letter of Authorization to Release Information (LOA) is required on Company form. Forms may be downloaded at <https://www.indianamichiganpower.com/global/utilities/lib/docs/account/service/Business3rdPartyAuthorization.pdf>**  
Completed forms should be submitted to [info@iamp.com](mailto:info@iamp.com).

*Note: Energy Consultant or CSP representation is not required in order to participate through I&M in Rider D.R.S. 1, Rider D.R.S. 2 and Rider D.R.S. 3.  
This Section not applicable if Customer chooses I&M representation.*

Energy Consultant or CSP representation (Yes/No): \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City                      State                      Zip Code

Telephone Number: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

- 7. Notification of curtailments shall be sent to:

Contact Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. If compensation for curtailment under Rider D.R.S. 1, Rider D.R.S. 2 or Rider D.R.S. 3 is to be sent to an entity other than the Customer, please complete the following information:

**Note: This Section not applicable if Customer chooses I&M representation.**

Same as company identified in Section 7 (Yes/No): \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

9. This Authorization shall terminate as follows (mark **ONE** of the options below):

\_\_\_\_\_ This Authorization shall be perpetual and shall not terminate unless written notice is provided to I&M at least \_\_\_\_\_ days in advance.

\_\_\_\_\_ This Authorization shall automatically terminate on \_\_\_\_\_, with no further notice to I&M being required.

10. The undersigned affirms that he/she has authority to execute this Authorization on behalf of the Customer.  
 11. By signing this document, Customer acknowledges they have read and are responsible for being familiar with all provisions of the demand response rider(s) they elect to participate.

IN WITNESS WHEREOF, Customer executes this Authorization to be effective as of the date written below.

Customer Name: \_\_\_\_\_

By: \_\_\_\_\_  
 Sign Here

\_\_\_\_\_ Print Name

\_\_\_\_\_ Title

\_\_\_\_\_ Date

12. SEND TO INFORMATION:

This Customer Enrollment Application must be completed electronically, printed, signed by the customer, converted to a PDF format and returned

to Scott Shudick at [srshudick@aep.com](mailto:srshudick@aep.com).

**Note: Applications must be submitted to the Company no later than March 31, 2018.**