



Thank you for your interest in conducting an assessment to understand your options for converting your fleet to electric vehicles. Please complete this form to the best of your ability and send it to [BusinessEV@uinet.com](mailto:BusinessEV@uinet.com) listed on the website. A representative from United Illuminating will respond to your request within 10 business days.

SECTION 1 - COMPANY INFORMATION

Customer Name: (Company or Organization responsible for monthly bills)

Customer Primary Business Address, Street:

City:

State:

ZIP:

SECTION 2 - POINT OF CONTACT INFORMATION

Name:

Title:

Email Address:

phone number:

SECTION 3 - SITE INFORMATION

Total number of fleet sites:

Are you considering electrification of all fleets/sites or only a subset in Connecticut? Please provide a brief explanation below.

SITE 1

Customer Primary Business Address, Street:

City:

State:

ZIP:

Check site type:

Fleet depot or garage

Other (Please describe below):

Workplace parking lot or garage

Public parking lot or garage

Retail location parking

Logistics warehouse or transfer point



SITE 2

Customer Primary Business Address, Street:	City:	State:	ZIP:
--	-------	--------	------

Check site type:	<input type="checkbox"/>	Fleet depot or garage	<input type="checkbox"/>	Other (Please describe below):
	<input type="checkbox"/>	Workplace parking lot or garage		
	<input type="checkbox"/>	Public parking lot or garage		
	<input type="checkbox"/>	Retail location parking		
	<input type="checkbox"/>	Logistics warehouse or transfer point		

SECTION 4 - WHICH METHOD OF PARTICIPATION WILL YOUR FLEET UTILIZE?

Demand Response Option:	Customized Option:
-------------------------	--------------------

The Demand Response Option requires either a direct connection to United Illuminating's Demand Response Management System or the ability to respond to Demand Response Events manually.

SECTION 5 - FLEET TYPE (ONROAD VEHICLES ONLY)

Commercial Goods & Services Movement

<input type="checkbox"/>	Retail/ e-commerce	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Courier Services	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Transportation/Logistics	<input type="checkbox"/>	Engineering/ Siting
<input type="checkbox"/>	General Contracting	<input type="checkbox"/>	Healthcare/ Home Health
<input type="checkbox"/>	Other		

FORHIRE TRANSPORTATION

<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Limousine or black car service
<input type="checkbox"/>	Rideshare or Transportation Network Company (TNC)		
<input type="checkbox"/>	Other		



SECTION 5 - FLEET TYPE (CONTINUED)

UTILITY & COMMERCIAL SERVICE FLEET

	Service van (i.e. cargo van or sprinter)		Tow truck
	Gas Utilities		Waste Management
	Electric Utilities		Sewer
	Water Utilities		
	Other		

PRIVATE FLEET (See Section 6 for descriptions of vehicle)

	Retail: Light Duty		Hotel shuttle transportation
	University or corporate campus shuttle transportation		Airport shuttle
	Other		

GOVERNMENT & PUBLIC SERVICE FLEET

	Mail delivery		Fire
	Parks service		Police or Public Safety
	Solid waste collection		Federal LDV
	Street sweeper		State/Provincial LDV
	Other sanitation		Municipal/Local LDV
	Other		

SECTION 6 - FLEET PROFILE

Total Number Of Vehicles In Fleet To Electrify

LIGHT DUTY VEHICLES (GVWR Class 1-2)

	None		51 to 100 vehicles
	Less than 10 vehicles		More than 100 vehicles
	10 to 50 vehicles		



SECTION 7 - FLEET BUDGET

Annual operating budget and capital budget for vehicles and charging equipment.

Less than \$500,000	\$5,000,001 --\$10,000,000
\$500,001 --\$1,000,000	\$10,000,001 +
\$1,000,001 --\$5,000,000	Don't know

SECTION 8 - DO YOU CURRENTLY HAVE ANY PLUG IN EVS IN YOUR FLEET?

Yes	No
If so, how many?	

SECTION 9 - DO YOU CURRENTLY HAVE INSTALLED EV CHARGING STATIONS THAT YOU OWN, OPERATE, OR LEASE FOR YOUR FLEET?

Yes	No
If so, how many?	

SECTION 10 - DO YOUR FLEET VEHICLES USE A TELEMATICS SYSTEM (CURRENTLY OR PLANNED)

Yes	No
-----	----

SECTION 11 - BRIEFLY DESCRIBE THE PURPOSE AND DUTY CYCLE OF YOUR FLEET INCLUDING (A) AVERAGE DUTY CYCLE PER VEHICLE CLASS, (B) AVERAGE DWELL TIME PER VEHICLE CLASS, AND (C) AVERAGE HOURS OF OPERATION. (I.E. WHAT WORK DOES YOUR FLEET DO, WHAT ARE THE PERFORMANCE REQUIREMENTS, HOW MANY MILES ARE DRIVEN EACH DAY, ETC.)

SECTION 12 - PLEASE DESCRIBE CURRENT OR ANTICIPATED ELECTRIFICATION GOALS FOR YOUR FLEET, ALONG WITH ANY TARGETS, REGULATIONS, INCENTIVE PROGRAMS, OR OTHER MOTIVATORS THAT ARE DRIVING YOUR DECISION TO CONVERT YOUR FLEET TO EVS.