

**TARIFF AGREEMENT**

**from**

**Non-Residential Renewable Energy Solutions Projects**

**by and between**

**[The Connecticut Light and Power Company  
dba Eversource Energy]**

*or*

**[The United Illuminating Company (“UI”)]**

**and**

\_\_\_\_\_

**dated as of**

\_\_\_\_\_

For Reference Only

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**NON-RESIDENTIAL RENEWABLE ENERGY SOLUTIONS PROGRAM**

**TARIFF AGREEMENT**

**COVER SHEET**

This Agreement is entered into as of the following date: [\_\_\_\_\_] (the "Effective Date"). This Tariff Agreement incorporates by reference for all purposes the Non-Residential Renewable Energy Solutions Tariff and all attachments and appendices thereto, including the Tariff Payment Beneficiary Form (as applicable) and the Terms and Conditions (collectively, the "Agreement"). The Parties to this Agreement are the following:

CUSTOMER		EDC
	<i>Party Name</i>	[The Connecticut Light and Power Company dba Eversource Energy ("Eversource")] or [The United Illuminating Company ("UI")]
_____	<i>Address</i>	[107 Selden Street] or [180 Marsh Hill Road] [Berlin, CT 06037] [Orange, CT 06477]
_____	<i>Business Website</i>	[www.eversource.com] or [www.uinet.com]
<input type="checkbox"/> US Federal _____	<i>Tax ID Numbers</i>	<input type="checkbox"/> US Federal _____
_____	<i>Jurisdiction of Organization</i>	Connecticut
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other _____	<i>Company Type</i>	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other _____
CONTACT INFORMATION		
CUSTOMER		EDC
ADDRESS _____ ATTN _____ TEL#: _____ FAX#: _____ EMAIL _____	<i>General</i>  <i>(day to day/ administrative)</i>	ADDRESS _____ ATTN _____ TEL#: _____ FAX#: _____ EMAIL _____
ADDRESS _____ ATTN _____	<i>Legal Notices</i>	ADDRESS _____ ATTN _____
ADDRESS _____ ATTN _____ TEL#: _____ FAX#: _____ EMAIL _____	<i>Performance Assurance</i>	ADDRESS _____ ATTN _____ TEL#: _____ FAX#: _____ EMAIL _____

CUSTOMER ACCOUNTING INFORMATION		
ADDRESS _____ ATTN: _____ TEL#: _____ FAX#: _____ EMAIL: _____	· Invoices · Payments · Settlements	ADDRESS _____ ATTN: _____ TEL#: _____ FAX#: _____ EMAIL: _____
BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____	Wire Transfer Numbers (IF APPLICABLE)	BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____
ATTN: _____ ADDRESS: _____	Checks (IF APPLICABLE)	ATTN: _____ ADDRESS: _____
BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____	ACH Numbers (IF APPLICABLE)	BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____

The Parties hereby agree to the following provisions offered in Attachment 2: Terms and Conditions:

<b>Compensation Structure:</b>	<input type="checkbox"/> Buy-All <input type="checkbox"/> Netting
<b>SAM Designation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

FACILITY INFORMATION	
Facility Description	Facility Site/Location (including Street, City or Town)
	Customer Billing Account Number
	Technology <input type="checkbox"/> Wind <input type="checkbox"/> Solar-Fixed Tilt <input type="checkbox"/> Solar-Single Axis <input type="checkbox"/> Solar-Dual Axis <input type="checkbox"/> Hydro <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Anaerobic Digestion <input type="checkbox"/> Other:
	Rooftop <input type="checkbox"/> Yes <input type="checkbox"/> No
	Project Size (kW AC) <b>Applicable to Low Emission Projects only</b> <input type="checkbox"/> Less than or equal to 5,000 kW <b>Applicable to Zero Emission Projects</b> <input type="checkbox"/> Less than or equal to 200 kW <input type="checkbox"/> Greater than 200 kW but less than or equal to 1,000 kW <input type="checkbox"/> Greater than 1,000 kW but less than or equal to 5,000 kW
	Total Installed Capacity _____ kW (AC)

	Solar Canopy/Solar Carport Capacity (if applicable)	_____ kW (AC)
	Approximate Expected Annual Load Increase – Transportation Electrification	_____ kWh
	Approximate Expected Annual Load Increase – Fuel Switching	_____ kWh
	Approximate Expected New Construction Load Increase	_____ kWh
Interconnecting Utility	[Eversource Energy] <i>or</i> [The United Illuminating Company]	
Purchase Price for Energy (or Energy and RECs if Buy-All)	\$ _____ per MWh	
Purchase Price for RECs (if applicable)	\$ _____ per MWh	
Buy-All Percentage Allocation	_____ % Monetary On-Bill Credits _____ % Quarterly Payments	
Performance Assurance (amount)	_____ (amount)	
Bid Preference(s)	<input type="checkbox"/> Landfill <input type="checkbox"/> Brownfield <input type="checkbox"/> Distressed Municipality <input type="checkbox"/> Solar Canopy/Solar Carport <input type="checkbox"/> N/A	
Non-Binding Estimated In-Service Date	Date:	
Tariff Agreement Approval Date  Note: In-Service Date must be no later than 3 years from this date	Date:	

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date.

	<i>Party Name</i>	<b>[The Connecticut Light and Power Company dba Eversource Energy</b> by Eversource Energy Service Company, its authorized agent] <i>or</i> <b>[The United Illuminating Company]</b>
	<i>Signature</i>	
	<i>Printed Name</i>	
	<i>Title</i>	

For Reference Only

# Attachment 1

## Non-Residential Renewable Energy Solutions Program Tariff Payment Beneficiary Form

Eversource/United Illuminating will make any Non-Residential Renewable Energy Solutions Program (“NRES Program”) payments to the Tariff Payment Beneficiary indicated below as applicable. For the Buy-All Tariff, a Tariff Payment Beneficiary, other than the Customer of Record, can be designated to receive a percentage of the total tariff compensation. Any compensation not assigned to a Tariff Payment Beneficiary will result in Monetary On-Bill Credits to the Customer of Record. The Netting Tariff Payment Beneficiary, which may be the Customer of Record, can be designated to receive the Renewable Energy Certificate (REC) Incentive Payment on a quarterly basis.

<b>Tariff Payment Beneficiary Elected?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, this form does not apply.
<b>Compensation Structure:</b>	<input type="checkbox"/> Buy-All <input type="checkbox"/> Netting Tariff
<b>SAM Designation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

TARIFF PAYMENT BENEFICIARY INFORMATION	
<i>Party Name</i>	_____
<i>Address</i>	_____
<i>Business Website</i>	_____
<i>Tax ID Numbers</i>	<input type="checkbox"/> US Federal _____
<i>Jurisdiction of Organization</i>	_____
<i>Company Type</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other _____

Tariff Payment Beneficiary Accounting Information	
<i>General</i>	ADDRESS _____ ATTN _____ TEL#: _____ FAX#: _____ EMAIL _____
<i>Wire Transfer Numbers (IF APPLICABLE)</i>	BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____
<i>Checks (IF APPLICABLE)</i>	ATTN: _____ ADDRESS: _____
<i>ACH Numbers (IF APPLICABLE)</i> Note – If you provide ACH instructions, you must also provide wire instructions.	BANK _____ BANK ADDRESS: _____ ABA: _____ ACCT: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS: _____
<i>Payment Method</i>	<input type="checkbox"/> ACH <input type="checkbox"/> Check (Eversource only) <input type="checkbox"/> Wire (UI Only)

\_\_\_\_\_  
Name of Customer of Record

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Tariff Payment Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

For Reference Only