

AMEREN ILLINOIS ENERGY EFFICIENCY PROGRAM

Energy Audit Inspection Disclaimers



SECTION 1: CUSTOMER INFORMATION			
Name:	Home Phone:	Cell Phone:	
Address:	City:	State:	ZIP code:
Email:			
SECTION 2: PROGRAM ALLY INFORMATION			
Program Ally:	Email:		
Audit Technician:	Phone:		
SECTION 3.1: INSPECTION INFORMATION (Check all applicable areas)			
ASBESTOS <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
<p>The following suspected Asbestos Containing Materials (ACMs) were identified in your home. It is important to understand that it is not possible to determine if a material has asbestos without professional testing and for this reason all possible ACMs must be treated as if it contains asbestos. This may disqualify your home from participation in the Ameren Illinois Energy Efficiency Program; however, proper precautions must be taken to ensure the suspect ACMs will not be disturbed. As a result, any measure that would result in work that will disturb the suspect ACMs is not allowed. For more information regarding asbestos, please visit www.epa.gov/asbestos. If friable suspect ACMs are found during a site visit, your home may be required to be cleared as safe by a certified abatement company.</p>			
<input type="checkbox"/> Vermiculite	Location:		
<input type="checkbox"/> Suspect Asbestos Siding	Location:		
<input type="checkbox"/> Suspect Asbestos Duct Wrap and/or Flue Pipe	Location:		
<input type="checkbox"/> Other:	Location:		
COMBUSTION SAFETY INSPECTION <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
<p>A combustion safety inspection was performed on your home to identify potential health and safety concerns. The testing was conducted in accordance with the Building Performance Institute ANSI/BPI-1200-S standard. The following combustion safety conditions were identified:</p>			
<input type="checkbox"/> Ambient Combustible Fuel Gas is greater than 10% Lower Explosive Limit (LEL)	<input type="checkbox"/> Carbon Monoxide detector is missing or inoperable		
<input type="checkbox"/> Combustible Fuel Lines register a potential gas leak	<input type="checkbox"/> Ameren Illinois Gas Leak procedure was enacted		
<input type="checkbox"/> Ambient Carbon Monoxide (CO) is between 36-69 PPM	<input type="checkbox"/> Ambient Carbon Monoxide (CO) is greater than 69 PPM		
<input type="checkbox"/> Visual Inspection of the Combustion Appliance Zone (CAZ) has revealed the following:			
<input type="checkbox"/> Appliance Spillage (Back drafting)	Location 1:	Location 2:	
<input type="checkbox"/> High Undiluted Carbon Monoxide (CO) at Appliance(s)	Location 1:	Limit:	Measurement (PPM):
	Location 2:	Limit:	Measurement (PPM):
<input type="checkbox"/> Gas Oven has a Carbon Monoxide (CO) reading of greater than 225 parts per million (PPM); service required prior to building envelope work			
<input type="checkbox"/> Unvented gas heater that does not comply with ANSI Z21.11.2. This appliance needs to be removed prior to building envelope work.			
Notes:			
<p><i>These issues can cause potentially life threatening or hazardous situations. You are not eligible for Home Efficiency Program incentives for building envelope measures until these combustion safety issues are resolved by a qualified service technician. The service technician must leave a written certification that all combustion safety issues in your home are resolved. This must include (in writing) undiluted CO and draft test results indicating that the issue has been resolved per Building Performance Institute standards. This documentation must be emailed to the email address at the top of this form.</i></p>			

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SECTION 3.2: INSPECTION INFORMATION (Check all applicable areas)

ATTIC ELECTRICAL Applicable Not Applicable

Attic has exposed wiring junctions, open junction boxes, or fixtures that need to be properly sealed for building envelope work to proceed.

KNOB & TUBE WIRING Applicable Not Applicable

Evidence of Knob & Tube wiring has been observed in the following locations: Attic Walls Basement

Indications of "knob and tube" wiring were discovered. This old style of wiring involves individual wires that are run through walls and ceilings in a house, with ceramic "knobs" and "tubes" to prevent contact with wood framing. The knob and tube wiring that has been noted may or may not appear to be active. Even if the observed wiring appears to be inactive, there may still be active knob and tube circuits hidden inside walls or other inaccessible areas of the house. Program guidelines require that you must have the home checked by a licensed electrician and certified as being free of any and all active knob and tube wiring, before insulation and/or air sealing work can be done. Your licensed electrician will need to certify in writing the absence of any knob and tube wiring by filling out and submitting a signed copy of this document to the Home Efficiency Program in order to verify the absence or inactivity of the knob and tube wiring in the areas of your home where we are proposing insulation to be installed. Due to the liability involved in signing such a form, we suggest you show or describe this form to your electrician before hiring him to inspect your home to be sure he / she is willing to sign it. (Any additions, deletions or other alterations will render this form invalid).

IMPORTANT: *The completed certification form at the end of this document MUST be received by the Home Efficiency Program at the address listed below before a Contract is issued for energy-saving insulation and/or air sealing work.*

MOISTURE-RELATED ISSUES Applicable Not Applicable

There are exterior bulk moisture concerns related to the following items (examples: gutter, grading, roofing, siding)
Describe:

There is standing water observed in the following areas (examples: crawl space, basement)
Describe:

There are other moisture concerns in the following areas (examples: open sump pit, leaking plumbing, dryer venting)
Describe:

All water related issues; leaking roofs, standing water in the crawl space, water leaks in the basement, for example (there are additional issues that are too numerous to include in this document) must be corrected before any work can be started on the home.

MOLD-LIKE SUBSTANCE Applicable Not Applicable

A mold-like substance has been found in one or more areas of your home. Mold is an organic substance that has been shown to cause adverse health effects in some individuals.

When a mold-like substance is found to be present in an area of your home and it exceeds an area greater than 10 square feet, your home is not eligible for financial incentives from the Ameren Illinois Energy Efficiency programs until one of the following conditions has been met: 1. An experienced professional contractor has remediated the mold and has attested to its remediation in writing. 2. An experienced professional contractor has determined that the substance is not mold and does not need to be remediated and has attested to this determination in writing. Your experienced professional contractor must fill out and sign the statement below. Due to the liability involved in signing such a statement, it is suggested you show or describe this form to your experienced professional contractor before hiring them to be sure that they are willing to sign it. Any additions, deletions, or other alterations will render this form invalid. For a mold-like substance less than 10 square feet, your home is not eligible for financial incentives. For more information please visit <http://www.epa.gov/mold>

The mold-like substance is greater than 10 square feet (professional remediation required) The mold-like substance is 10 square feet or less

IMPORTANT: *The completed certification form at the end of this document MUST be received by the Home Efficiency Program at the address listed below before a Contract is issued for energy-saving insulation and/or air sealing work.*

STORAGE REMOVAL Applicable Not Applicable

It has been determined your attic space would benefit from adding blown-in fiber insulation to your attic floor. The process of blowing in fibrous insulation in your attic will create dust which may accumulate on storage located in that area. Please take the necessary actions listed below before the insulation work commences:

- Storage Removal:** You must remove your storage and relocate it to a new permanent location, so that the entire attic area can be insulated and air sealed. You will not be left with a storage area after insulation work has been completed.
- Knee Wall Storage:** You must temporarily relocate your storage so that the Program Ally has total access to this area to complete the recommended insulation upgrades. Your storage can later be put back into this area after the Program Ally has completed the work.
- Condense Storage:** You must condense your storage to an area in the attic that has been determined by you and your Program Ally. This will allow for the entire attic to be insulated and/or air sealed, except for the area that you want to leave for your condensed storage. If you plan on leaving your condensed storage in the attic during the installation of the blown cellulose insulation, you will need to cover this storage if you don't want dust to accumulate on your storage items.
- Platform Build Up:** If you are interested in having your entire attic insulated and you still want to leave your storage in the attic, you can build a raised platform in your attic that will be higher than the insulation that will be blown. This will allow you put your storage back on top of the platform without compressing the insulation that would result in compromising the R-value of the new blown-in insulation.

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SECTION 3.3: INSPECTION INFORMATION (Check all applicable areas)

INTERIOR DRILL AND BLOW Applicable Not Applicable

It has been determined your home would benefit from having fiber insulation blown into your walls or "interior drill and blow." Interior drill and blow requires holes to be drilled from the inside of the living space and can be a very intrusive and dusty process. To ensure that this job goes smoothly, you (the homeowner) must ensure that all furniture and any clothing located in adjacent areas to the exterior walls (that are being treated) must be moved away from those walls and covered with plastic prior to commencement of the job for that day. Once the insulation is blown in, the contractor's responsibility will be to plug the access holes and treat the surface with an initial application of spackle/filler. The homeowner is responsible for any additional work to the treated areas, including cleaning, dusting and painting to achieve the desired finished conditions unless otherwise specified. Please sign below in recognition of having been fully informed of the work and possible inconvenience caused by the interior drill and blow process.

By checking the box and signing below you acknowledge the disclaimers, as described above, exist in your home, you have been informed of the situation, and you agree to hold Ameren Illinois, and its subcontractors harmless. Ameren Illinois expressly disclaims any and all warranties or representations of any kind, whether oral, statutory, expressed or implied, including without limitation warranties of suitability or fitness. This notice does not constitute an endorsement or warranty regarding the presence or absence of other real or potential health and safety hazards that may exist at this address or on the premises.

Customer Signature: _____ Date: _____

Project Ally Signature: _____ Date: _____

Special Note: Form must be submitted completely and accurately and must be approved prior to work beginning. If approval is not received prior to work beginning, the incentive will not be paid. The form should be emailed to: ResidentialEEApplications@ameren.com. The subject line and file name must read: Program Ally Name_Homeowner Last Name_Homeowner First Name_Program Name (Ex: Insulators Inc_Jones_Mary). The reservation number will be emailed to you at the address listed above. The reservation number is not transferable and must be provided on all incentive forms. If the customer decides not to participate in the program, please email us immediately.

SECTION 4: PROOF OF REMEDIATION

ASBESTOS ABATEMENT

Certified Remediation Company:			License #:
Inspecting Agent Printed Name:			
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that all of the required suspect asbestos containing material has been successfully encapsulated, abated, or determined to be non-asbestos containing			
Address:	City:	.IL	Zip Code:
Signature of Inspecting Agent:			Date:

KNOB AND TUBE REMEDIATION

Electrician's Printed Name:			License #:
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that there is no active knob and tube wiring in the initialed area(s):			
Attic:	Walls:	Basement:	
Address:	City:	.IL	Zip Code:
Signature of the Electrician:			Date:

MOLD REMEDIATION

Certified Remediation Company:			License #:
Inspecting Agent Printed Name:			
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that all mold has been remediated.			
Address:	City:	.IL	Zip Code:
Signature of Inspecting Agent:			Date:

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Energy Audit Inspection Disclaimers



Statement of Remediation – excerpt from Energy Audit Inspection Disclaimers form

Please complete the application, provide a copy to the customer, attach required documentation and send it to the following email address: **ResidentialEEApplications@ameren.com**. All projects will receive a reservation number via email. The reservation number is required prior to project start date. All program paperwork must be submitted within 30 days of the project completion or by December 31, 2020, whichever comes first.

SECTION 1: CUSTOMER INFORMATION

Name:	Home Phone:	Cell Phone:	
Address:	City:	State:	ZIP code:
Email:			

SECTION 2: PROGRAM ALLY INFORMATION

Program Ally:	Email:
Audit Technician:	Phone:

Special Note: Form must be submitted completely and accurately and must be approved prior to work beginning. If approval is not received prior to work beginning, the incentive will not be paid. The form should be emailed to: ResidentialEEApplications@ameren.com. The subject line and file name must read: Program Ally Name_Homeowner Last Name_Homeowner First Name_ Program Name (Ex: Insulators Inc_Jones_Mary). The reservation number will be emailed to you at the address listed above. The reservation number is not transferable and must be provided on all incentive forms. If the customer decides not to participate in the program, please email us immediately.

SECTION 3: INSPECTION INFORMATION

Homeowner: During your home energy audit, safety concerns were discovered that will not allow your project to move forward if the conditions are not addressed. Your contractor (a Program Ally) may have provided you with information on who to contact in order to assist with these matters. If you choose to move forward with correction of the concerns, please provide this form to your selected abatement/remediation contractor to complete. After the abatement/remediation has been performed and this form has been completed, please contact your program ally listed in Section 2: Program Ally Information. Your project should be able to move forward at that time.

SECTION 4: PROOF OF REMEDIATION

ASBESTOS ABATEMENT

Certified Remediation Company:	License #:		
Inspecting Agent Printed Name:			
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that all of the required suspect asbestos containing material has been successfully encapsulated, abated, or determined to be non-asbestos containing			
Address:	City:	,IL	Zip Code:
Signature of Inspecting Agent:			Date:

KNOB AND TUBE REMEDIATION

Electrician's Printed Name:	License #:		
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that there is no active knob and tube wiring in the initialed area(s):			
Attic:	Walls:	Basement:	
Address:	City:	,IL	Zip Code:
Signature of the Electrician:			Date:

MOLD REMEDIATION

Certified Remediation Company:	License #:		
Inspecting Agent Printed Name:			
I have performed an inspection of the home located at the below address and upon completion of my inspection, I have found that all mold has been remediated.			
Address:	City:	,IL	Zip Code:
Signature of Inspecting Agent:			Date:

AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

1. Definitions – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. **a) “Ameren Illinois”** shall mean Ameren Illinois Company d/b/a Ameren Illinois. **b) “Program Ally”** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. **c) “Application”** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. **d) “Customer”** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer’s Application by Ameren Illinois. **e) “Eligible Customer”** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between January 1, 2020 to December 31, 2020 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer’s address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. **f) “Program”** shall mean the energy efficiency plan or measure that is the subject of the Application. **g) “Program Manager”** shall mean the Ameren Illinois designee in charge of the Application. **h) “Reservation of Funds”**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally’s request for funds.

2. General – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.

3. Procedures & Reporting – Program Ally shall follow Program procedures of; a) verifying eligibility of Customer and work to be performed; b) reserving funds from Program in advance of the project commencing; and, c) submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified pro

4. Independent Contractor – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.

5. Warranty of Work – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer’s warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.

6. Quality Assurance – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally’s work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.

7. Pre and Post Installation Verification – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.

8. Incentive Payments/Limits – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer’s invoice as “Ameren Illinois Energy Efficiency Program Incentive.”

9. Indemnification – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney’s fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.

10. Changes In/Cancellation of the Program – **a)** Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. **b)** In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. **c)** Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.

11. Miscellaneous – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.