

Riser Replacement Reimbursement Program Terms and Conditions

National Gas & Oil Cooperative d/b/a The Energy Cooperative (“the Cooperative”) shall reimburse any member who replaced a riser identified by the Public Utilities Commission of Ohio as “prone to failure” in accordance with these procedures.

1. The member must notify the Cooperative before replacing the riser by contacting the member services department at (800) 255-6815.
2. Reimbursement will only be provided if the riser has been replaced by a Department of Transportation Operator Qualified Plumber or contractor (“Qualified Plumber”) contracted by member in accordance with the Cooperative’s standards and using equipment approved by the Cooperative. The member or his/her Qualified Plumber can contact the Cooperative for installation standards, list of approved equipment, and the Riser/Service Line Materials Form. A list of some Qualified Plumbers can be found at <http://www.uti-corp.com> under the “service line installer” search tab or by calling the member services department at (800) 255-6815. The Cooperative in no way guarantees, recommends, or otherwise endorses the work quality or service of any Qualified Plumber. The Qualified Plumber shall be a contractor of the member, not of the Cooperative, and the Cooperative shall have no liability to member for the Qualified Plumber’s work. Member should verify with the Qualified Plumber before work is started that they are current on their DOT Operator Qualifications/Drug and Alcohol training requirements and certified to do work on the Cooperative’s systems.
3. Member shall not be reimbursed for replacements made by the Cooperative or its contractors. Member shall only be reimbursed for the replacement of risers identified by the Public Utilities Commission of Ohio as “prone to failure.”
4. Gas service will be shut off during the riser replacement. The Cooperative will need access to the inside of your home or building for a safety check of the interior gas piping and appliances and/or to relight pilots to turn the gas service back on. The Cooperative will work with the member to re-establish service any time between the hours of 7 AM to Midnight. An adult must be present for service to be reestablished.
5. Reimbursement will be at actual costs incurred by the member, as proven by the member-provided receipt, with the maximum reimbursement for replacement of a prone to failure riser being \$250 per riser.
6. Reimbursement to a member will be made through reimbursement check or as a credit or setoff to the member’s account within 60 days of the member’s submission of a receipt for work performed and application for reimbursement. If approved and agreed to by the Cooperative, reimbursement may also be made directly to the Qualified Plumber replacing the riser. Prior to reimbursement, member must submit an application for reimbursement and a Riser/Service Line Materials Form must be submitted by the Qualified Plumber.
7. The Cooperative will not process any requests for reimbursement for replacements conducted more than one year prior to the date the request was submitted.
8. The member will be solely responsible for any property damages or incidental costs relating to the Qualified Plumber’s replacement of the riser, including landscaping and replacement of concrete or other hard surfaces surrounding the riser.
9. Upon reimbursement to the member for replacement of a riser, the riser shall become the property of the Cooperative. However, unless and until an existing prone to failure riser is replaced, the riser shall remain the property of the owner of the premises and the Cooperative shall not be liable for any imperfections or malfunctions therein or for any damage, injury or loss resulting, directly or indirectly, from the escape of gas therefrom.

**APPLICATION FOR REIMBURSEMENT
For Riser Replacement**

This is an Application for Reimbursement from National Gas & Oil Cooperative d/b/a The Energy Cooperative for the replacement of certain types of natural gas risers. Any reimbursements provided under this Application are subject to the terms and conditions of The Energy Cooperative's reimbursement program. Please contact the member services department at (800) 255-6815 prior to scheduling replacement of the riser. Please type or print and provide all of the information requested.

Name (Last, First)	Account Number		
Service Address (PO Box, Apt. No., Street)	City	State	Zip
Mailing Address (PO Box, Apt. No., Street) (if different from above)	City	State	Zip

If you rent the property, please provide the name and address of the owner:

Plumbing Company and Contractor Used for Replacement _____

Date Work Was Completed _____

Receipt Attached? Y / N

Completed Riser/Service Line Materials Form Attached? Y / N

By signing this Application, Applicant assigns to National Gas & Oil Cooperative its interest in the natural gas riser installed by Applicant's contractor, including any express or implied warranties associated with the natural gas riser. It is agreed that any of the warranties which are not assignable by their terms or in respect of which consents to their assignment are required, but are not available, shall be held for the benefit of National Gas & Oil Cooperative by Applicant. Applicant further agrees to hold National Gas & Oil Cooperative harmless from any bodily injury, property damage, losses or other claims caused by Applicant's contractor's installation of the natural gas riser.

Applicant:

Applicant:

(signature)

(date)

(signature)

(date)

(name)

(name)