

**BEFORE THE PUBLIC UTILITY COMMISSION  
OF OREGON**

**Docket No. UM 1812**

|                                           |   |                      |
|-------------------------------------------|---|----------------------|
| In the Matter of                          | ) | MOTION FOR ADMISSION |
| Pacificorp Transportation Electrification | ) | PRO HAC VICE         |
| Demonstration and Development Pilot       | ) |                      |
| Program                                   | ) |                      |

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Pursuant to UTCR 3.170, I, Scott F. Dunbar, move the Public Utility Commission of Oregon for an Order allowing my representation of ChargePoint, Inc. in the above captioned proceeding. This Motion is supported by the attached Affidavit of Scott F. Dunbar, Certificate of Good Standing from the State Bar of Colorado, and Certificate of Insurance.

Respectfully submitted this 2<sup>nd</sup> day of February, 2017,

BY: /s/ Scott F. Dunbar  
Scott F. Dunbar  
Keyes & Fox LLP  
1580 Lincoln St., Suite 880  
Denver, CO 80203  
Phone: 720-216-1184  
Mobile: 949-525-6016  
[sdunbar@kfwlaw.com](mailto:sdunbar@kfwlaw.com)

Counsel for ChargePoint, Inc.

**BEFORE THE PUBLIC UTILITY COMMISSION  
OF OREGON**

**Docket No. UM 1812**

|                                           |   |                 |
|-------------------------------------------|---|-----------------|
| In the Matter of                          | ) | AFFIDAVIT OF    |
| Pacificorp Transportation Electrification | ) | SCOTT F. DUNBAR |
| Demonstration and Development Pilot       | ) |                 |
| Program                                   | ) |                 |

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Scott F. Dunbar, being duly sworn, deposes and states that the following is true to his personal knowledge and belief:

1. Scott F. Dunbar, counsel to ChargePoint, Inc., certifies that he is an attorney in good standing with the State Bar of Colorado and that he is not subject to pending disciplinary proceedings in any other jurisdiction.
2. Scott F. Dunbar will associate with Kevin T. Fox, an active member in good standing of the Oregon State Bar, who will participate meaningfully in this proceeding. Mr. Fox's contact information is as follows below:

Kevin T. Fox, OR Bar No. 052551  
1580 Lincoln St., Suite 880  
Denver, CO 80203  
Telephone: 303-658-0010  
Email: [kfox@kfwlaw.com](mailto:kfox@kfwlaw.com)

3. Scott F. Dunbar will comply with all applicable statutes, law, and procedural rules of the State of Oregon; will be familiar with and comply with the disciplinary rules of the Oregon State Bar, and will submit to the jurisdiction of the Oregon courts and the Oregon State Bar with respect to acts and omissions occurring during his admission in this proceeding.

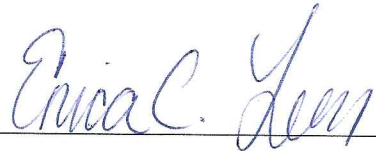
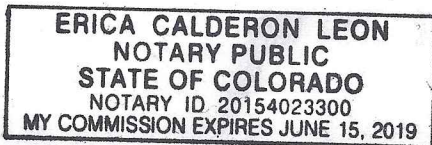
4. Scott F. Dunbar will notify the Public Utility Commission of Oregon promptly of any changes in his insurance or status.

Dated this 12<sup>th</sup> day of January, 2017



Scott F. Dunbar

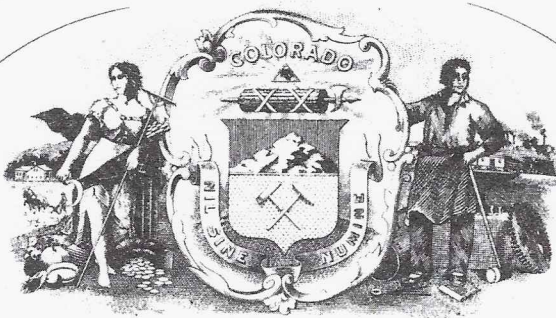
Subscribed and sworn before me this 12 day of January, 2017,



Notary Public, State of Colorado

My commission expires June 15, 2019

# SUPREME COURT



## State of Colorado,

STATE OF COLORADO, ss:

I, Christopher T. Ryan Clerk of the Supreme Court of the State of Colorado, do hereby certify that

Scott French Dunbar

has been duly licensed and admitted to practice as an

*ATTORNEY AND COUNSELOR AT LAW*

within this State; and that his/her name appears upon the Roll of Attorneys and Counselors at Law in my office of date the 29<sup>th</sup>

day of May A. D. 2012 and that at the date hereof the said Scott French Dunbar

is in good standing at this Bar.

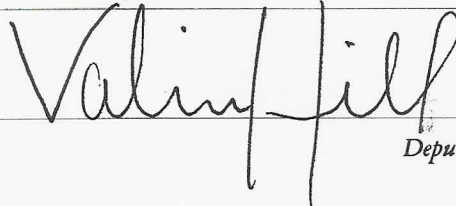
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the Seal of said Supreme Court, at Denver, in said State, this

12<sup>th</sup> day of January A. D. 2017

Christopher T. Ryan

Clerk

By



Deputy Clerk





# CERTIFICATE OF LIABILITY INSURANCE

KEYES-1

OP ID: AC

DATE (MM/DD/YYYY)  
01/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                        |                                                                                                                                        |                                    |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>PRODUCER</b><br>Ahern Insurance Brokerage<br>9655 Granite Ridge Dr., #500<br>San Diego, CA 92123<br>Susan B. Kilano | <b>CONTACT NAME:</b> Susan B. Kilano<br><b>PHONE (A/C, No, Ext):</b> 858-571-9030<br><b>E-MAIL ADDRESS:</b> skilano@aherninsurance.com | <b>FAX (A/C, No):</b> 858-571-9010 |
|                                                                                                                        | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : Aspen Specialty Insurance Co.                                                      |                                    |
| <b>INSURED</b><br>Keyes & Fox, LLP<br>436 14th Street, Suite 1305<br>Oakland, CA 94612                                 | <b>INSURER B :</b><br><b>INSURER C :</b><br><b>INSURER D :</b><br><b>INSURER E :</b><br><b>INSURER F :</b>                             |                                    |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                            | ADDL INSD                                                                                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                                                                                     |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                 |                                                                                                     |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                           |                                                                                                     |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                | <input type="checkbox"/> Y<br><input checked="" type="checkbox"/> N<br><input type="checkbox"/> N/A |          |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| <b>A</b> | <b>Claims Made</b><br><b>Lawyers Prof Liab</b>                                                                                                                                                                                                               |                                                                                                     |          | LR004GH16     | 07/01/2016              | 07/01/2017              | <b>Per Claim</b> 1,000,000<br><b>Aggregate</b> 2,000,000                                                                                                                                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Deductible: \$25,000 per claim****CERTIFICATE HOLDER****CANCELLATION**

|                                                 |                                                                                                                                                                                                                           |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FOR REF</b><br><br><b>FOR REFERENCE ONLY</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Susan B. Kilano</i> |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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In re: Scott F. Dunbar  
Name of Out-of-State Attorney )

**Certificate of Compliance  
For Pro Hac Vice Admission**

I, Scott F. Dunbar (print name), am an attorney in the State of Colorado  
and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the following Oregon court action or proceeding:

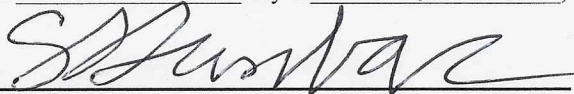
Case Name: Pacificorp Transportation Electrification Demonstration and Development Pilot Program

Court: Public Utility Commission of Oregon Case No.: UM 1812

I certify that (check all that apply):

- I am an attorney in good standing in the State of Colorado, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
- I am not subject to any pending disciplinary proceedings in any jurisdiction; or
- I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I intend to associate in the above-referenced action or proceeding with Kevin T. Fox, OSB No. 052551, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to notify the trial court promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.
- I submit \$500 to the Oregon State Bar as payment of the *pro hac vice* fee established by ORS 9.241 and the rules of the Oregon Supreme Court. I acknowledge that this fee is for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that an additional fee of \$500 will be required in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this 12th day of January, 20 17.

**X**   
(Applicant Signature)

Colorado Bar No.: 44521  
(Home Jurisdiction)

Mailing Address: Keyes & Fox LLP  
1580 Lincoln St., Suite 880  
Denver, CO 80203

Phone: 720-216-1184  
FAX: 510-225-3848  
Email: sdunbar@kfwlaw.com

**Acknowledgment of Receipt**

As Director of Regulatory Services of the Oregon State Bar, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission and attachments, and the \$500 fee for pro hac vice appearance in the above-referenced Oregon action or proceeding. The fee is for a period of twelve months from the date of this acknowledgment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

SEE MATERIALS ATTACHED:

\_\_\_\_\_  
Dawn Evans, Director of Regulatory Services