BEFORE THE PUBLIC UTILITY COMMISSION

OF OREGON

Docket No. UE 374

In the Matter of)	MOTION FOR ADMISSION PRO HAC VICE
PACIFICORP d/b/a PACIFIC POWER)	
Request for a General Rate Revisions)	

Pursuant to Ore. UTCR 3.170 and OAR 860-001-0320, 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 Statement of Scott F. Dunbar, Certificate of Good Standing from the State Bar of Colorado, and Certificate of Insurance.

Respectfully submitted this 26th day of March, 2020,

BY: /s/ Scott F. Dunbar Scott F. Dunbar Keyes & Fox LLP 1580 Lincoln St., Suite 880 Denver, CO 80203 Mobile: 949-525-6016 sdunbar@keyesfox.com

Counsel for ChargePoint, Inc.

BEFORE THE PUBLIC UTILITY COMMISSION

OF OREGON

Docket No. UE 374

In the Matter of)	CTATEMENT OF
PACIFICORP d/b/a PACIFIC POWER)	STATEMENT OF SCOTT F. DUNBAR
Request for a General Rate Revisions)	

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 Steve Elzinga, an active member in good standing of the Oregon State Bar, who will participate meaningfully in this proceeding. Mr. Elzinga's contact information is as follows below:

Steve Elzinga, OR Bar No. 123102 Sherman Sherman Johnnie & Hoyt, LLP 693 Chemeketa St. NE Salem, OR 97301 Telephone: 503-364-2281

Email: steve@shermlaw.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 <u>26th</u> day of March, 2020

Dunbar

Scott F. Dunbar



STATE OF COLORADO, ss:

Colorado, do hereby certify that	I. Cheryl Stevens
	Clerk of the Supreme Court of the State of

Scott French Dunhar	olorado, do hereby certify that			
		•		

has been duly licensed and admitted to practice as an

ATTORNEY AND COUNSELOR AT LAW

the said_	day of May	and Cour	within th
Scott French Dunbar	May	and Counselors at Law in my office of date the	is State; and that his/H
Dunbar	A. D. 2012	fice of date the	her name appears
	A. D. 2012 and that at the date hereof	29 th	within this State; and that his/her name appears upon the Roll of Attorneys

is in good standing at this Bar.

Cherk Deputy Cherk	Cheryl Stevens	25th day of March A. D. 2020	affixed the Seal of said Supreme Court, at Denver, in said State, this	IN WITNESS WHEREOF, I have hereunto subscribed my name and



OP ID: KB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2020

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	e te	rms and conditions of th	e polic	y, certain p	olicies may ı			
PRODUCER Ahern Insurance Brokerage 9655 Granite Ridge Dr., #500 San Diego, CA 92123 Susan B. Kilano			CONTACT Susan B. Kilano PHONE (A/C, No, Ext): 858-571-9030 E-MAIL ADDRESS: skilano@aherninsurance.com							
Jous	ali B. Kilalio					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Aspen	Specialty In	surance Co.		
INSU Key	JRED es & Fox, LLP 0 Lincoln Street, Suite 880 Iver, CO 80203				INSURE	RB:				
Den	0 Lincoln Street, Suite 880 iver, CO 80203				INSURE	RC:				
					INSURER D:					
					INSURER E :					
	VERAGES CER	TIFIO	A T.	NUMBER:	INSURE	RF:		DEVICION NUMBER.		
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY FXCLUSIONS AND CONDITIONS OF SUCH F	OF IN QUIRI PERTA POLIC	NSUF EME AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	
								PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(i di addident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Claims Made			LR004GH19		07/01/2019	07/01/2020	_		1,000,000
	Lawyers Prof Liab							AGGREGATE		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										
CE	RTIFICATE HOLDER				CANO	ELLATION				
Oregon Public Utilities Commission			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.				
l						RIZED REPRESE				
	1				Din	on B. Ki	lano			

ACORD

)	
In re:)	Certificate of Compliance
Name of Out-of-State Attorney)	For <i>Pro Hac Vice</i> Admission
ī	(print r	name) am an attorney in the State of
I, and I intend to seek <i>pro hac vice</i> admission in accordance with ORS proceeding:	S 9.241 a	and UTCR 3.170 in the following Oregon court action o
Case Name:		
Court:		Case No.:
I certify that (check all that apply):		
 I am an attorney in good standing in the State of certificate issued by the licensing authority in that state. I am not subject to any pending disciplinary proceedings in I am subject to pending disciplinary proceedings in another attachment to this certificate. I intend to associate in the above-referenced action or proceeding. 	any juris jurisdict	diction; or ion, the nature and status of which are described in an
	es of the Stion of the Stion of the Stion of the Stion all hed certification. It is many reason of the Stion	State of Oregon; be familiar with and comply with the Oregon courts and Oregon State Bar with respect to liability insurance substantially equivalent to the Oregon ficate of insurance coverage. The trial court promptly of any changes in my insurance to the oregon factor wice in the above-referenced matter when such an in, I will promptly notify the Oregon State Bar. The established by ORS 9.241 and the rules of the Oregon from the date of the Acknowledgment of Receipt issued
Dated this day of)	
X Dunbar		Bar No.:
(Applicant Signature)	(Hor	me Jurisdiction)
Mailing Address:	Phor	ne:
	FAX	<u> </u>
	Ema	il:
Acknowledgme	nt of l	Receint
As Director of Regulatory Services of the Oregon State Bar, I ackr Certificate of Compliance for Pro Hac Vice Admission and attachments, and Oregon action or proceeding. The fee is for a period of twelve months from t	nowledge to the \$500	receipt from the above-named out-of-state attorney of the fee for pro hac vice appearance in the above-referenced
Dated this day of, 20	·	
☐ SEE MATERIALS ATTACHED:		
·	Cour	tney C. Dippel, Director of Regulatory Services