

**Contractor Certification Regarding Project: 610A4-14-101**

	2011	2012	2013
Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Three serious, one repeat, or one willful violation could result in being determined non-responsible.)			

Company's Current Insurance Experience Modification Rate (EMR) = \_\_\_\_\_

*(Note: Contractor must support the EMR with a signed letter from Insurance Carrier on their letterhead.)*

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_