

## ATTACHMENT 4

Contractor Certification Regarding Project: **12805B23R0018**

	2018	2019	2020	2021
Number of serious, willful, or repeat violations from OSHA within the last 4 years. Please attach explanation for any violations. (Three serious, one repeat, or one willful violation shall 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: \_\_\_\_\_