

# TECHNICAL SUBMITTAL

## Technical Section 1

### Section T-1A Introduction to the Project Team

Horizon Construction Group, based in Seneca and Sandy Lake, PA is the Prime Contractor. The primary subcontractor is Clarion Environmental Services of Clarion, PA, who will perform all required hazmat remediation.

**Horizon Construction Group** (HCG) is a Small Business (DGS Certification Number 181817-2022-06-SB) that employs a management team that includes two registered professional engineers with a combined 50 years of experience, four construction superintendents / foremen each with over 20 years of experience, along with a skilled labor force of approximately 12 workers, including operators, carpenters, cement finishers, truck drivers, and general purpose laborers. Horizon's equipment fleet includes excavators, backhoes, trucks, dozer, rollers, pumps, and many other smaller tools and equipment. Horizon has been in business since 2000. Horizon's employees are skilled and experienced with a wide variety of heavy & highway construction projects, including PennDOT bridges, public water and sewer infrastructure, commercial building construction, and site work. Horizon also is very experienced with design-build work in all of these fields, and has successfully completed several DGS projects in the past. Horizon is a small business that prides itself in a track record of attention to detail and providing a quality product for our customers.

**Clarion Environmental Services** (CES) is a division of Francis J. Palo, Inc. Clarion Environmental has been providing services to clients across the state of Pennsylvania since 2003. Clarion Environmental specializes in asbestos abatement, asbestos building inspection, asbestos air testing, mold and mildew remediation, mold testing, shot blasting of floor mastics, and interior/exterior demolition. Clarion Environmental is a licensed asbestos abatement contractor in the state of Pennsylvania, and has the additional certification for asbestos abatement in Allegheny County.

The project at McKeever Environmental Center is primarily a demolition project. On Horizon's typical projects, demolition and hazmat remediation is a relatively small component of the project. On this project, Horizon will perform the demolition work after CES performs the required remediation. Horizon and CES have worked together in the past, on a PennDOT road realignment and bridge project in Oil City, PA, where this project team of HCG and CES worked together successfully to handle hazardous waste abatement and demolition of several houses. This project is well within the capabilities of both firms.

On this project, Horizon will provide the lead design services required, including finalization of the preliminary drawings and specifications with the addition of necessary construction details, NPDES Permit application to the Mercer County Conservation District and PA DEP (since earth disturbance is over 1 acre), and the Labor & Industry Demolition permit application and NESHAP Demolition Notification Form, with input from CES. Horizon will hire a SDB firm to provide the E&S Plan for County Conservation District approval. Horizon will also coordinate utility impacts, including a PA One Call, locating underground service connections to existing buildings to be terminated, and repairing the water line behind Dormitory D-2. Prior to any earth disturbance or substantial work on the site, Horizon will

will ensure that utility service will be maintained to buildings that are not in the contract during demolition of the other buildings. Any utility shutoffs, if required, will be done only in close coordination with the Owner and park staff to minimize impacts to operations. Throughout the project, the entire site will remain gated and closed to the public, as it is currently, however Horizon will maintain vehicle access to Owner and/or Park staff, to all portions of the site that are not under construction as may be required.

Following these preliminary operations, and within the framework established by Horizon, CES will mobilize to the site and provide all required remediation and disposal services. Once a building is properly remediated, Horizon will follow CES with general building demolition and disposal. All material will be segregated by type and disposed of at an appropriate landfill. Metals will be scrapped for recycling. Concrete block material will be crushed and recycled. Lumber and other building materials will be appropriately landfilled. Horizon will follow building demolition with removal of asphalt and sidewalk areas, cleanup of the debris behind the maintenance building, then placement and grading of cover soil and seed/mulch. Horizon will remove E&S Controls after the site has achieved 70% vegetative stabilization.

Horizon will ensure that all work is performed in accordance with an approved Safety Plan and approved QC Plan. Safety measures for this project will include, but not limited to, appropriate PPE for environmental remediation and demolition activities, the use of proper equipment for the task, placement of warning signs and fencing, and regular on-site safety meetings. Due to the limited scope of the project, the QC Plan will be relatively minimal, however it will include requirements for hazmat monitoring during remediation activities and compaction testing for any soil or stone backfill.

### **Section T-1B Prime Contractor: Qualifications, Experience, and Past Performance**

See attached for Horizon Construction Group, Inc.

### **Section T-1C Designated Critical Work: Qualifications, Experience, and Past Performance**

See attached for Clarion Environmental Services.

## Technical Section 2

### **Section T-2A Project Management Team**

Included below are brief narratives for key personnel for each firm identified in the project team. Attached are resumes with specific project experience.

#### **Horizon Construction Group, Inc.**

- Brian Creighton, P.E. – Executive Manager / QC Manager

Mr. Creighton will handle overall project oversight and be responsible to see that all design tasks and management tasks are taking place on time and in accordance with the QC Plan. He has served in this capacity on numerous projects, both design-build, and standard design-bid-build. Through his experience, Mr. Creighton has a good general understanding of the workings of a relatively simple project like this, from the design and permitting process, to solid waste management and hazardous material abatement.

- Dale Sorensen, P.E. – Project Engineer / Manager

Mr. Sorensen will be responsible for any engineering related tasks on the project, including final design drawings, specifications, permitting, and any project documentation required. He will coordinate with the subcontractors as required during the design and permitting process. He will oversee construction of the project by working closely with the Field Supervisor to ensure compliance with the final drawings and specifications. He has served in this type of capacity on numerous projects, both design-build, and standard design-bid-build.

- Dennis Hepler – Field Supervisor

Mr. Hepler will serve as the Field Supervisor, controlling the overall project schedule, managing Horizon's crews and equipment, and coordinating with the subcontractors to provide seamless project for the Owner. He will work closely with the Project Engineer to ensure the design intentions are followed and a quality project is constructed. He has served in this capacity for many years on projects of equal and greater complexity.

Also, refer to Section T-1B, which includes projects performed by Horizon that were managed by these personnel.

### **Section T-2B Work Plan and Schedule**

See attached Conceptual Schedule, created using Powerproject. The schedule will include more detail after the project is awarded.

## **Section T-2C Safety Plan**

Horizon Construction and Clarion Environmental operate in accordance with company specific Safety Plans.

**Horizon Construction Group** – Horizon updates its Safety Plan annually, and conducts an annual Safety Training with the insurance carrier. In addition, every Horizon employee is trained and certified in CPR. The Cover Page and Table of Contents of the Safety Plan are included as an attachment. On this project, Horizon will conduct weekly safety meetings that relate to the actual jobsite tasks and conditions. Horizon's Safety Plan will be submitted for review and approval by the Owner prior to any operations on site.

**Clarion Environmental Services** – CES operates under an extensive safety program with industry specific requirements in the field of hazardous material remediation. This will be submitted for review and approval by the Owner prior to any operations on site.

## **Section T-2D Quality Control Plan**

The following measures will be taken by Horizon to manage the project in a quality fashion:

**Procedures for tracking and reporting:** During the design and construction process, the project manager will maintain a spreadsheet log to track all required submittals. During construction, the field supervisor will complete daily reports tracking manhours, materials, equipment, and subcontractors. The daily reports will be turned in weekly along with timesheets and any receivers or delivery tickets and receipts. The project manager will review daily reports and maintain close contact with the field supervisor to ensure all tasks are being completed on time and within budget.

**Procedures for tracking Change Orders, RFI's, Shop Drawings, Project Submissions, Material Certifications, and Testing:** The project manager will maintain a spreadsheet log for tracking these things, that will include the date submitted, the date approved, etc.

Subcontractors will be monitored closely by the field supervisor, if not with a constant site presence, then with daily phone conversations. All subcontractors will be paid in accordance with the terms of their invoices.

At project closeout, a punchlist will be generated by the Owner. We anticipate addressing the punchlist items as soon as possible after the punchlist is generated and prior to de-mobilizing from the site.

## **Technical Section 3**

### **Section T-3A Staffing Resources**

Horizon's work on the site will require approximately one operator and two to three workers, to accomplish the required tasks in an efficient manner. Horizon employs approximately 12 skilled workers, in addition to its supervisors and will have a sufficient pool of workers to select from for this project. Horizon has consistently employed largely the same pool of workers for well over 10 years and foresees no problems providing staffing for this project.

It is anticipated that Clarion Environmental's work on the site will require three to five workers. Similar to Horizon, CES is a well-established firm and has consistently employed largely the same pool of workers for over 10 years and foresees no problems providing staffing for this project.

### **Section T-3B Skill Training**

Horizon facilitates training for select employees in order to maintain certifications with ACI and PennDOT as concrete field testing technicians and concrete finishers. Also, select employees are certified with PennDOT as Asphalt Field technicians. These certifications are updated as required to stay current with industry standards, and in order to place concrete and asphalt on PennDOT projects.

Clarion Environmental also facilitates skills training and employee development to stay current the field of hazmat remediation and stay current with all required certifications.

### **Section T-3C Workforce Safety**

All Horizon employees participate in MSHA training yearly, a general safety training by our insurance carrier yearly, in addition to CPR training every other year, and have been trained as flaggers. Horizon has a zero-tolerance policy regarding the use of drugs in the workplace. Horizon's truck drivers are subject to random drug testing. All other Horizon employees that drive company vehicles are subject to DOT physicals yearly. Horizon's supervisors perform weekly safety meetings with all employees on every project that deal with job-specific hazards and potential problems. On this project, these weekly meetings will involve Clarion Environmental personnel in order to maintain close coordination regarding matters pertaining to safety and well-being of the crews on site.

## **Technical Section 4**

### **Section T-4A Proposal Signature Page**

See attached.

### **Section T-4B Non-Collusion Affidavit**

See attached.

**Section T-2A**

**RESUMES**

# BRIAN CREIGHTON, P.E.

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## EXPERIENCE

### DATES FROM 1991 TO 1997

#### STAFF ENGINEER, NORTHWEST ENGINEERING, TIDIOUTE, PA

- Worked on/managed design of various water, wastewater, site development projects.

### DATES FROM 1997 TO 2000

#### PROJECT ENGINEER, MILES DEVELOPING & CONTRACTING, INC., CLARION, PA

- Estimate and manage civil heavy/highway construction projects (roadway, site development, water, wastewater)
- Design site development projects

### DATES FROM 2000 TO PRESENT

#### OWNER, DIRECTOR OF ENG. SERVICES, HORIZON CONSTRUCTION GROUP, INC., SENECA, PA

- Estimate and manage civil heavy/highway projects (bridges, culverts, site development, water, wastewater, buildings)
- Design stormwater and site development projects
- Manage day-to day business operations

## EDUCATION

MAY 1991

BS CIVIL ENGINEERING, PENNSYLVANIA STATE UNIVERSITY

## CERTIFICATION

PROFESSIONAL ENGINEER LICENSE

PA LICENSE #PE 050744-E

AUGUST 1996-CURRENT



# **DALE W. SORENSEN, P.E.**

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## **EDUCATION**

**JUNE 2000**  
**B.S. MECHANICAL ENGINEERING, CEDARVILLE UNIVERSITY**

## **CERTIFICATION**

**PROFESSIONAL ENGINEER, PA LICENSE #PE-073270**  
**PROFESSIONAL ENGINEER, OH LICENSE #PE-79885**

## **EXPERIENCE**

**AUGUST 2000 – AUGUST 2011** **NORTHWEST ENGINEERING, INC., TIDIOUTE, PA**  
**PROJECT ENGINEER / PROJECT MANAGER**

- Drafting and permitting for water/wastewater infrastructure projects
- Planning, design, construction management for water/wastewater projects
- Design and construction management for PennDOT-oversight municipal bridge replacement projects
- NBIS Bridge Inspection Program inspector/manager for locally-owned bridges for several counties

**AUGUST 2011 – PRESENT** **HORIZON CONSTRUCTION GROUP, INC., SENECA, PA**  
**PROJECT ENGINEER / PROJECT MANAGER**

- Project manager for heavy/highway infrastructure projects including PennDOT and local municipalities
- Design of temporary shoring and support systems during construction
- Engineer & Manager for Design-build projects including commercial buildings and bridges

# DENNIS HEPLER

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## EXPERIENCE

**1988 – 2000**

**PROJECT SUPERINTENDENT, MILES DEVELOPING & CONTRACTING**

Project Superintendent for numerous multi-million dollar infrastructure projects – coordinating labor, equipment, material, and subcontractors for simple to complex projects.

**2000 – PRESENT**

**OWNER/PROJECT SUPERINTENDENT, HORIZON CONSTRUCTION GROUP, INC.**

Project Superintendent for numerous multi-million dollar infrastructure projects – coordinating labor, equipment, material, and subcontractors for simple to complex projects.

## EDUCATION

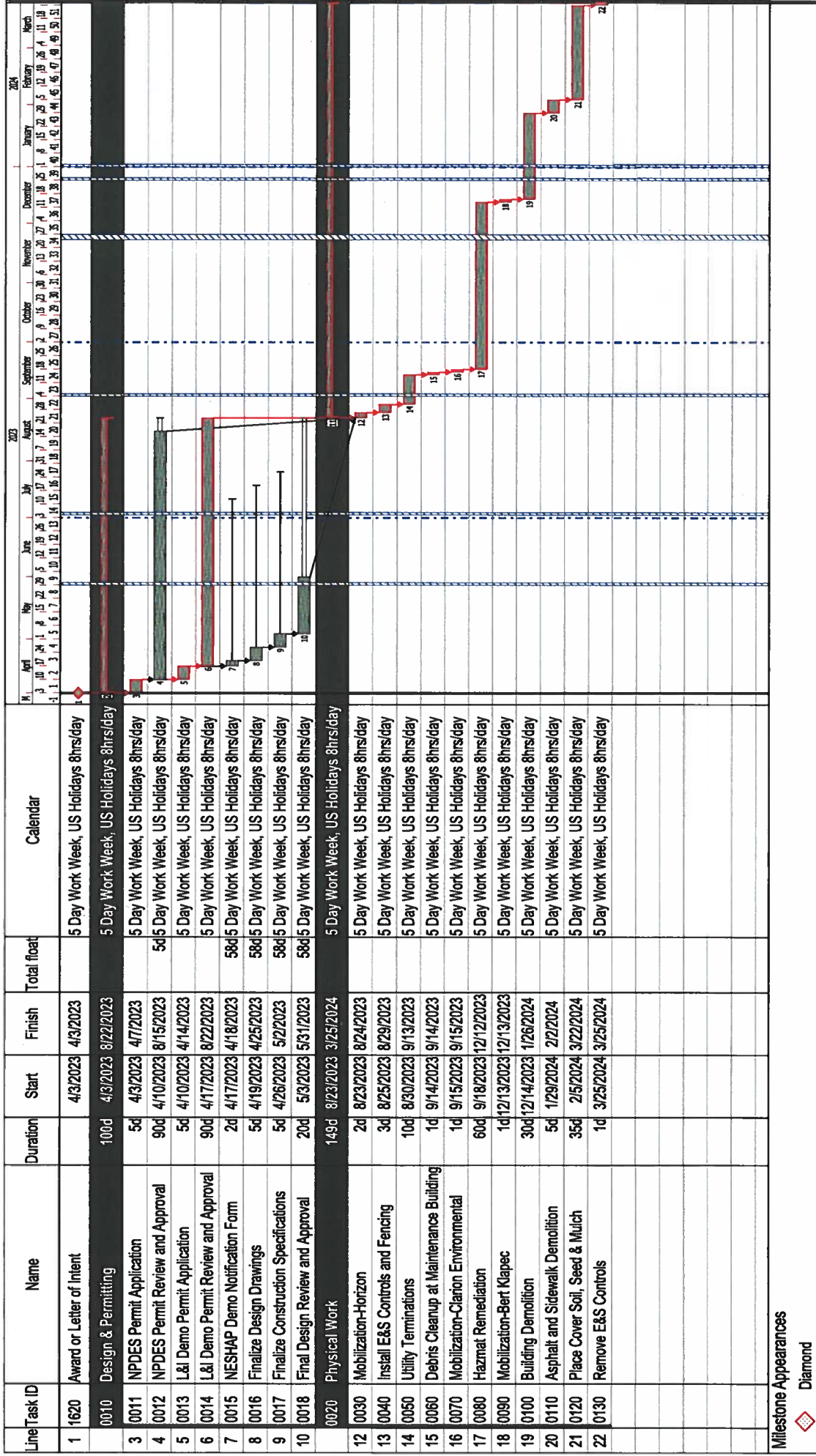
**1979**

**EAST FOREST HIGH SCHOOL**

## NOTES & CERTIFICATIONS

- Provide constructability recommendations to design staff on Design-Build projects
- Provide estimating assistance to project estimators
- Job Scheduling and Coordination
- NECEPT Asphalt Technician #511158
- PennDOT Concrete Technician #511158
- ACI Certification Concrete Field Technician #00124026
- ACI Certification Concrete Finisher #fceEX4Is
- AWS Welder ID #6597

# Section T-2B Schedule



Milestone Appearances  
 Diamond

<b>McKeever Conceptual Schedule</b> <b>Bar Chart View</b>		Prog no: A Date: 2/27/2023 Drawn: 2/16/2006	Revision no: A Rev. date: 4/27/2006 Author: Planner - Chart Properties
		Asta Powerproject	

Section T-2C

Safety Plan Introduction



## **SAFETY MANUAL**

AND

## **HAZARD COMMUNICATION POLICY**

2022/23 Edition

Dennis D. Hepler  
Safety Director

## **CONTENTS**

- OSHA Inspection Procedures
- Accident / Incident Reporting Procedure
- Safety Policy Statement
- Safety Program Responsibilities
- General Safety Rules
- First Aid and Medical Attention
- Housekeeping
- Fire Protection and Prevention
- Personal Protective Equipment
- Respiratory Protection Program
- Confined Space Entry
- Compressed Gas Cylinders
- Welding
- Temporary Heaters
- Ladders and Scaffolding Safety
- Tool Safety
- Safety Guards
- Electric Safety
- Lock-Out/ Tag-Out
- Battery Charging Safety
- Trenching and Excavation Safety
- Jack Safety
- Motor Vehicles and Mechanized Equipment Safety
- Material Handling and Lifting Safety
- Material and Personnel Hoists
- Rigging and Hoisting Safety
- Cranes, Hoists, Elevators, Conveyors
- Explosive Safety
- Floors, Wall Openings and Stairways
- Asbestos Information
- Drug-Free Work Force Policy
- Hazard Communication Company Policy
- List of Competent Persons

\*\*\*some sections cover more than just the title statement\*\*\*

### Forms:

- PPE Issue
- Designation of Safety Competent
- Report of Training
- Company Safety Indoctrination
- Company Office Safety Indoctrination
- Privacy Act Statement
- Training Syllabus
- Designated Hazard Communication Representative
- Hazardous material Site Specific Introduction Worksheet
- Site Inspection
- Accident Report Form

## APPENDIX G

# DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G  
DESIGNATED CRITICAL WORK  
QUALIFICATIONS STATEMENT**

COVER SHEET

DGS Project Name Demolition of McKeever Environmental Center

DGS Project Number 0404-0044

**DESIGNATED CRITICAL WORK: For proper evaluation, the Proposer MUST submit at least one "Designated Critical Work Qualification Statement" for each Work item listed in T-1C for the respective contract. NOTE: The selected Proposer shall enter subcontracts with each listed subcontractor in T-1C.**

Check One Work item for which this Qualification Statement is being submitted:

- General Construction (.1 contract)
- Hazmat/Environmental Abatement
- Quality Control

Name of Firm Clarion Environmental Services

Address 245 S. Fourth Ave. Clarion, PA 16214

Principal Office 309 S. Fourth Ave. Clarion, PA 16214

Owner or Authorized Representative Chris Castonguay

**SECTION 1 – FIRM INFORMATION**

**1.1 Background Information**

a) How many years has the firm been in business? 20

b) How many years has the firm been doing business in proposed contract field? 20

Under what former names has the firm conducted business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL OTHER INFORMATION  
ON THIS FORM WILL BE  
PROVIDED AFTER BID DATE

c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.

\_\_\_\_\_  
\_\_\_\_\_

d) If the firm is a corporation, provide the following information:

Date of incorporation \_\_\_\_\_

State of incorporation \_\_\_\_\_

President's name \_\_\_\_\_

Vice President's name(s) \_\_\_\_\_

Secretary's name \_\_\_\_\_

Treasurer's name \_\_\_\_\_

e) If the firm is a partnership, provide the following information:

Date of formation \_\_\_\_\_

Type of partnership \_\_\_\_\_

Names of partners \_\_\_\_\_

f) If the firm is individually owned, provide the following information:

Date of formation \_\_\_\_\_

Name of owner \_\_\_\_\_

g) If the form of the firm is other than those listed above, describe it and name the principals:

\_\_\_\_\_  
\_\_\_\_\_



## SECTION 2 - EXPERIENCE AND PERFORMANCE

### 2.1 General

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force \_\_\_\_\_
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

### 2.2 Project Experience and References

Submit as **Attachment 1** to this Qualifications Statement:

- a) Suggested number of Sheets/Pages:

- 3 sheets/ (6 pages)

Three (3) detailed project descriptions for relevant projects similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:

- vii. Name of project, type of project and location
- viii. Description of the project and relevance of work to the Contract Work
- ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
- x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
- xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- xii. As available, performance ratings of the work evaluated by owner or owner's representative.

### 2.3 Contractor Safety Record

Submit as **Attachment 2** to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

- b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

\*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

- c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

\*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

- d) Provide in an **Attachment 3** to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

### **SECTION 3 - REQUIRED DISCLOSURES**

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an **Attachment 5** to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

- 3.1 Is the firm currently debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes \_\_\_ No \_\_\_

- 3.2 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes \_\_\_ No \_\_\_

- 3.3 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state, or local government agency or private entity?

Yes \_\_\_ No \_\_\_

- 3.4 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state, or local government agency or private entity?

Yes \_\_\_ No \_\_\_

- 3.5 Has the firm defaulted, been terminated for cause, or otherwise failed to complete any project that it was awarded?

Yes \_\_\_ No \_\_\_

- 3.6 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?

Yes \_\_\_ No \_\_\_

- 3.7 Has the firm had any business or professional license, registration, certificate, or certification suspended or revoked?  
Yes \_\_\_ No \_\_\_
- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?  
Yes \_\_\_ No \_\_\_
- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?  
Yes \_\_\_ No \_\_\_
- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?  
Yes \_\_\_ No \_\_\_
- \*Note: information regarding health and safety violations is addressed in a previous section.
- 3.11 Has the firm or its owners, officers, directors, or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?  
Yes \_\_\_ No \_\_\_
- 3.12 Has the firm been the subject to any bankruptcy proceeding?  
Yes \_\_\_ No \_\_\_

#### **SECTION 4 - REQUIRED REPRESENTATIONS**

In submitting this Qualifications Statement, along with the other representations and authorizations listed in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.
- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex, or national origin.

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF LABOR & INDUSTRY**

**Asbestos Contractor License**

CLARION ENVIRONMENTAL SERVICES INC  
309 SOUTH 4TH AVENUE  
CLARION PA 16214

Pursuant to Pennsylvania Act #194 of 1990, is hereby certified by the Department of Labor & Industry to perform asbestos abatement in Pennsylvania.

JANUARY 28, 2023

EXPIRATION DATE

*Christina J. Slaybaugh*

ADMINISTRATOR

C0528A

LICENSE NO.

JANUARY 28, 2022

ISSUE DATE

Department of Labor & Industry  
Certification, Accreditation  
& Licensing Division  
651 Boas Street  
Harrisburg, PA 17121-0750  
717.772.3396

- THIS CERTIFICATE IS NOT TRANSFERABLE -



## APPENDIX F

# PRIME CONTRACTOR QUALIFICATION STATEMENT

**APPENDIX F**  
**PRIME CONTRACTOR**  
**QUALIFICATION STATEMENT**

**COVER SHEET**

DGS Project Name Demolition of McKeever Environmental Center  
DGS Project Number 0404-0044

**Check One:**

- Corporation,  
 Partnership,  
 Individual,  
 Joint Venture,  
 Other \_\_\_\_\_

Name of Firm Horizon Construction Group, Inc.  
Address 3272 State Route 257 Seneca, PA 16346  
Principal Office 3272 State Route 257 Seneca, PA 16346  
Owner or Authorized Representative Brian Creighton, President

**SECTION 1 – INFORMATION ON FIRM**

1.1 Background Information

a) How many years has the firm been in business? 23

b) How many years has the firm been doing business in proposed contract field? 23

Under what former names has the firm conducted business?

None

c) Provide an **Attachment 1** to this Qualifications Statement identifying all jurisdictions in which the firm is licensed or otherwise qualified to do business. List and provide copies of any business or trade licenses, certificates or registrations (to the extent that they apply to the Contract Work) held by the firm.

d) If the firm is a corporation, provide the following information:

Date of incorporation June 2000

State of incorporation Pennsylvania

President's name Brian Creighton

Vice President's name(s) \_\_\_\_\_

Secretary's name Dennis Hepler

Treasurer's name \_\_\_\_\_

e) If the firm is a partnership, provide the following information:

Date of formation \_\_\_\_\_

Type of partnership \_\_\_\_\_

Names of partners \_\_\_\_\_

f) If the firm is individually owned, provide the following information:

Date of formation \_\_\_\_\_

Name of owner \_\_\_\_\_

g) If the form of the firm is other than those listed above, describe it and name the principals:

\_\_\_\_\_  
\_\_\_\_\_



## SECTION 2 - EXPERIENCE AND PERFORMANCE

### 2.1 General

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 2022 \$ 4.6 million
- Year 2021 \$ 5.9 million
- Year 2020 \$ 7.8 million
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 80%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. Design, Demolition, Earthwork, Landscaping

### 2.2 Project Experience and References

Submit as **Attachment 2** to this Qualifications Statement:

- a) Suggested number of Sheets/Pages:

- 3 sheets / (6 pages)

Three (3) detailed project descriptions for relevant projects that are similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:

- i. Name of project, type of project and location
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- v. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- vi. As available, performance ratings of the work evaluated by owner or owner's representative.

### 2.3 Contractor Safety Record

Submit as **Attachment 3** to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:

Year 1:	<u>2022</u>	<u>0.80</u>
Year 2:	<u>2021</u>	<u>0.79</u>
Year 3:	<u>2020</u>	<u>0.78</u>

- b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

Year 1:	<u>2022</u>	<u>6.72</u>
Year 2:	<u>2021</u>	<u>0</u>
Year 3:	<u>2020</u>	<u>0</u>

\*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

- c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

Year 1:	<u>2022</u>	<u>6.72</u>
Year 2:	<u>2021</u>	<u>0</u>
Year 3:	<u>2020</u>	<u>0</u>

\*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

- d) Provide in an **Attachment 4** to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

### **SECTION 3 - REQUIRED DISCLOSURES**

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an **Attachment 5** to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

- 3.1 Has the firm ever been debarred or suspended from doing business with any federal, state, or local government agency or private entity?  
Yes \_\_\_ No X
- 3.2 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?  
Yes \_\_\_ No X
- 3.3 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?  
Yes \_\_\_ No X
- 3.4 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?  
Yes \_\_\_ No X
- 3.5 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?  
Yes \_\_\_ No X

- 3.6 Has the firm had any business or professional license, registration, certificate, or certification suspended or revoked?  
Yes \_\_\_ No X
- 3.7 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?  
Yes \_\_\_ No X
- 3.8 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?  
Yes \_\_\_ No X
- 3.9 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?  
Yes \_\_\_ No X
- \*Note: information regarding health and safety violations is addressed in a previous section.
- 3.10 Has the firm or its owners, officers, directors, or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?  
Yes \_\_\_ No X
- 3.11 Has the firm been the subject to any bankruptcy proceeding?  
Yes \_\_\_ No X

#### **SECTION 4 - REQUIRED REPRESENTATIONS**

In submitting this Qualifications Statement, along with the representations and authorizations listed on the Proposal Signature page and in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.
- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## **Attachment 1**

Horizon Construction Group, Inc. is licensed and qualified to do business in the Commonwealth of Pennsylvania.

JUN 22 2000

Microfilm Number \_\_\_\_\_

Filed with the Department of State on \_\_\_\_\_

Entity Number 2948798

*Kim Fitzgerald*

Secretary of the Commonwealth

ARTICLES OF INCORPORATION-FORPROFIT  
OF  
Horizon Construction Group, Inc.  
Name of Corporation  
A TYPE OF CORPORATION INDICATED BELOW

Indicate type of domestic corporation:

- Business-stock (15 Pa.C.S. § 1306)
- Business-nonstock (15 Pa.C.S. § 2102)
- Business-statutory close (15 Pa.C.S. § 2303)
- Cooperative (15 Pa.C.S. § 7102)
- Management (15 Pa.C.S. § 2702)
- Professional (15 Pa.C.S. § 2903)
- Insurance (15 Pa.C.S. § 3101)

DSCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a corporation for profit hereby, state(s) that:

1. The name of the corporation is: Horizon Construction Group, Inc.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) <u>9920 State Hwy 6, PO Box 73, Conneaut Lake, PA 16316</u>	<u>Crawford</u>
Number and Street	City State Zip County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized is: 10,000 (other provisions, if any, attach 8 1/2 x 11 sheet)

5. The name and address, including number and street, if any, of each incorporator is:

Name	Address
<u>Mark Sylvester</u>	<u>9920 State Hwy 6, PO Box 73, Conneaut Lake, PA 16316</u>
<u>Clarence Gregory</u>	<u>RD 1, Box 12, Smethport, PA</u>
<u>Brian Creighton</u>	<u>165 Roseland Avenue, Seneca, PA 16346</u>
<u>Dennis Hepler</u>	<u>121 Hepler Lane, Mayport, PA 16240</u>

PA DEPT. OF STATE

JUN 22 2000

3. The specified effective date, if any, is: \_\_\_\_\_  
month day year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

8. **Statutory close corporation only:** Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).

9. **Cooperative corporations only:** (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: \_\_\_\_\_

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 14 day of June, 2000.

[Signature]  
(Signature)

[Signature]  
(Signature)

[Signature]  
(signature)

[Signature]  
(signature)

## **Attachment 2**

### **Project Experience & References**

#### **Project 1:**

**Project Name:** Replacement of 9 miles of Waterline

**Location:** Moraine State Park

**Owner:** PA DCNR      **Contact:** Dustin Drew      **Phone:** 724-368-8811

**Original Contract Price:** \$3,785,000

**Final Contract Price:** \$4,809,101

**Original Completion Date:** 1/12/2021

**Actual Completion Date:** 1/12/2021

**Number of Subcontractors:** 2

**Subcontracted Work Value:** \$2,400,000

**Project Description:** The project was a design-build project for the installation of 9 miles of waterline throughout the park, and installation of a new well and water treatment plant. The park's water service was maintained throughout the length of the project. Design tasks included topographic mapping of the waterline corridor, DEP permitting for stream and wetland crossings, E&S Plan, and design and permitting of the water treatment system and building, and as-built drawings. Most of the design work was performed by Horizon in-house. The pipeline was installed by Horizon's directional drilling subcontractor, with connections made by Horizon. This required close coordination with the subcontractor. The well treatment building was installed by Horizon, and the water treatment equipment and water well was installed by another subcontractor. The difference between original contract price, and final contract price, was due to additions to the project by the Owner, such as additional pipeline and additional equipment.



**Project 2:**

Project Name: Pymatuning Spillway Trail & Messerall Bridge

Location: Pymatuning State Park

Owner: PA DCNR & PennDOT

DCNR Contact: Dan Bickel Phone: 724-932-3142

PennDOT Contact: Marcus Cramer Phone: 814-678-7122

Original Contract Price: \$2,289,000

Final Contract Price: \$2,256,118

Original Completion Date: 7/7/2022

Actual Completion Date: 10/10/2022

Number of Subcontractors: 6

Subcontracted Work Value: \$558,000

Project Description: The project included construction of an asphalt bicycle/pedestrian trail in Pymatuning State Park. The project included the re-purposing of an historical iron truss bridge from another location, refurbishing it, and installing it on the new trail at Pymatuning State Park. The project required significant coordination with the subcontractors and material suppliers – primarily the blacksmith who helped to refurbish the truss, and the steel fabricator who created new parts for the truss. Horizon also designed the crane lift plans for truss removal and installation, and performed the removal and installation of the truss using a subcontracted crane service. Note: The project was completed late, due to an error by PennDOT central office when they created the contract. Once PennDOT realized there was an error and had no way to pay the contractor, they stopped our work, and took 3 months to create a new contract.

**Project 3:**

Project Name: Mayburg Bridge Modular Overlay  
Location: Kingsley Township, Forest County, PA  
Owner: USDA North East Acquisition Team  
Contact: Ashley Witmer Phone: 814-728-6258  
Original Contract Price: \$582,800  
Final Contract Price: \$585,899  
Original Completion Date: 12/31/2019  
Actual Completion Date: 12/31/2019  
Number of Subcontractors: 1  
Subcontracted Work Value: \$19,000

Project Description: This was a design-build project for the design and construction of a steel bridge superstructure to be installed over an existing 3-span bridge over Tionesta Creek, to maintain access to the village of Mayburg. The new bridge bears on the existing abutments and piers, and was installed above the existing deteriorated superstructure. The project start date was 9/23/2019 and required a DEP GP-11 permit, as well as the design of the substructure supports and the superstructure. Close coordination was required between the Owner, DEP, and the steel bridge fabricator to ensure the project was completed on-time. Horizon completed all design and permitting in-house. Horizon subcontracted with a crane service to set the new bridge components in place. The additional cost was incurred by the Owner to place additional guiderail on the approaches to the bridge.

## **Attachment 3**

### **Contractor Safety Record**

See attached Insurance audits for EMR Rate for the past three years, and OSHA 300 Forms.

In 22 years of business, Horizon experienced no Recordable Incidents until September 2022, when one of our workers was using a hand operated grinding wheel when it kicked back and contacted his opposite arm, causing a severe laceration. The accident was caused by operator error. He is now recovering and will be back to work upon doctor's clearance. We immediately briefed all employees on the proper method to operate grinding wheels.

# OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional, through 1904.12.

**Reminders:**

- Complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Year 20 20

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name  
Horizon Construction Group, Inc.

city Sandy Lake State PA

**Step 1. Identify the person**

(A) Case no. (B) Employee's name (C) Job title (e.g., Welder)

(D) Date of injury or onset of illness (e.g., 2/10) month / day

(E) Where the event occurred (e.g., Loading dock north end)

(F) Describe injury or illness, parts of body affected, and objective/biomechanical analysis of injury or illness. Specify injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

**Step 2. Describe the case**

**Step 3. Classify the case**

SELECT ONE; Y ONE; circle based on the most serious outcome.

Enter the number of days the injured or ill worker was:

Remembered at Work

Select one column:

Illness	Days away from work or restriction (M)	Job transfer or restriction (L)	Days away from work (N)	Death (G)	Days away from work or restriction (I)	Other recordable cases (J)
(1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(6) (6)	

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# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 20

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types			
Total number of . . .	(1) Injuries	(4) Poisonings	(6) All other illnesses
(M)	0	0	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name Horizon Construction Group, Inc.

Street 3285 S Main St

City Sandy Lake State PA Zip 16145

Industry description (e.g., *Manufacture of motor truck trailers*)

General Construction (Heavy/Highway)

North American Industrial Classification (NAICS), if known (e.g., 336212)

237310

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 20

Total hours worked by all employees last year 31,796.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Title Pres.

Company executive 724-376-4473 Date 3-12-2021

Reset

# OSHA's Form 300 (Rev. 04/2004)

## Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 21  
U.S. Department of Labor  
Occupational Safety and Health Administration

### Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.12, through 1904.12.

### Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Horizon Construction Group, Inc.

Establishment name

PA State

Seneca city

### Step 1. Identify the person

(A) Case no. (B) Employee's name (C) Job title (e.g., Welder)

(D) Date of injury or onset of illness (e.g., 2/1/10)

(E) Where the event occurred (e.g., Loading dock north end)

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

### Step 2. Describe the case

### Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Enter the number of days the injured or ill worker was:

Select one column:

	Remained at Work			Days away from work or restriction (M)	Job transfer or restriction (N)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Illness												
	Death (G)	Days away from work or restriction (H)	Job transfer or restriction (I)						Days away from work (K)	On job transfer or restriction (L)	Injury	Skin disorder	Respiratory condition	Poisoning	Fracture loss	All other illnesses					
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3064, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals **0**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

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Year 20 21

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of ... (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
0	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name: Horizon Construction Group, Inc.

Street: 3272 State Route 257

City: Seneca State: PA Zip: 16346

Industry description (e.g., *Manufacture of motor truck trailers*): \_\_\_\_\_

General Construction (Heavy/Highway)

North American Industrial Classification (NAICS), if known (e.g., 336212)

237310

Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees: 20

Total hours worked by all employees last year: 33,748.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the figures are true, accurate, and complete.

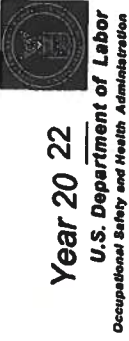
Company executive: [Signature] Title: pres.  
Phone: 814-493-8329 Date: 3-8-2022

Reset

# Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

**Please Record:**  
 \* Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.  
 \* Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional through 1904.12.

**Reminders:**  
 - Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.  
 - Feel free to use two lines for a single case if you need to.  
 - Complete the 5 steps for each case.

Horizon Construction Group, Inc. Seneca PA

### Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/1/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that caused injury or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset	1	Scott Wilkinson	Laborer	9/22 month / day	Severed artery in left forearm from grinding wheel
Reset				Job Site - Smithport, PA	
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					
Reset					

### Step 2. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Enter the number of days the injured or ill worker was:

(M) Injury	(L) On job transfer or restriction	(K) Away from work	(G) Death
(1) <input checked="" type="radio"/> 1	(1) <input type="radio"/> 1	(35) <input type="radio"/> 35	(1) <input type="radio"/> 1
(2) <input type="radio"/> 2	(2) <input type="radio"/> 2		(2) <input type="radio"/> 2
(3) <input type="radio"/> 3	(3) <input type="radio"/> 3		(3) <input type="radio"/> 3
(4) <input type="radio"/> 4	(4) <input type="radio"/> 4		(4) <input type="radio"/> 4
(5) <input type="radio"/> 5	(5) <input type="radio"/> 5		(5) <input type="radio"/> 5
(6) <input type="radio"/> 6	(6) <input type="radio"/> 6		(6) <input type="radio"/> 6
(7) <input type="radio"/> 7	(7) <input type="radio"/> 7		(7) <input type="radio"/> 7
(8) <input type="radio"/> 8	(8) <input type="radio"/> 8		(8) <input type="radio"/> 8
(9) <input type="radio"/> 9	(9) <input type="radio"/> 9		(9) <input type="radio"/> 9
(10) <input type="radio"/> 10	(10) <input type="radio"/> 10		(10) <input type="radio"/> 10
(11) <input type="radio"/> 11	(11) <input type="radio"/> 11		(11) <input type="radio"/> 11
(12) <input type="radio"/> 12	(12) <input type="radio"/> 12		(12) <input type="radio"/> 12
(13) <input type="radio"/> 13	(13) <input type="radio"/> 13		(13) <input type="radio"/> 13
(14) <input type="radio"/> 14	(14) <input type="radio"/> 14		(14) <input type="radio"/> 14
(15) <input type="radio"/> 15	(15) <input type="radio"/> 15		(15) <input type="radio"/> 15
(16) <input type="radio"/> 16	(16) <input type="radio"/> 16		(16) <input type="radio"/> 16
(17) <input type="radio"/> 17	(17) <input type="radio"/> 17		(17) <input type="radio"/> 17
(18) <input type="radio"/> 18	(18) <input type="radio"/> 18		(18) <input type="radio"/> 18
(19) <input type="radio"/> 19	(19) <input type="radio"/> 19		(19) <input type="radio"/> 19
(20) <input type="radio"/> 20	(20) <input type="radio"/> 20		(20) <input type="radio"/> 20
(21) <input type="radio"/> 21	(21) <input type="radio"/> 21		(21) <input type="radio"/> 21
(22) <input type="radio"/> 22	(22) <input type="radio"/> 22		(22) <input type="radio"/> 22
(23) <input type="radio"/> 23	(23) <input type="radio"/> 23		(23) <input type="radio"/> 23
(24) <input type="radio"/> 24	(24) <input type="radio"/> 24		(24) <input type="radio"/> 24
(25) <input type="radio"/> 25	(25) <input type="radio"/> 25		(25) <input type="radio"/> 25
(26) <input type="radio"/> 26	(26) <input type="radio"/> 26		(26) <input type="radio"/> 26
(27) <input type="radio"/> 27	(27) <input type="radio"/> 27		(27) <input type="radio"/> 27
(28) <input type="radio"/> 28	(28) <input type="radio"/> 28		(28) <input type="radio"/> 28
(29) <input type="radio"/> 29	(29) <input type="radio"/> 29		(29) <input type="radio"/> 29
(30) <input type="radio"/> 30	(30) <input type="radio"/> 30		(30) <input type="radio"/> 30

### Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Enter the number of days the injured or ill worker was:

(M) Injury	(L) On job transfer or restriction	(K) Away from work	(G) Death
(1) <input checked="" type="radio"/> 1	(1) <input type="radio"/> 1	(35) <input type="radio"/> 35	(1) <input type="radio"/> 1
(2) <input type="radio"/> 2	(2) <input type="radio"/> 2		(2) <input type="radio"/> 2
(3) <input type="radio"/> 3	(3) <input type="radio"/> 3		(3) <input type="radio"/> 3
(4) <input type="radio"/> 4	(4) <input type="radio"/> 4		(4) <input type="radio"/> 4
(5) <input type="radio"/> 5	(5) <input type="radio"/> 5		(5) <input type="radio"/> 5
(6) <input type="radio"/> 6	(6) <input type="radio"/> 6		(6) <input type="radio"/> 6
(7) <input type="radio"/> 7	(7) <input type="radio"/> 7		(7) <input type="radio"/> 7
(8) <input type="radio"/> 8	(8) <input type="radio"/> 8		(8) <input type="radio"/> 8
(9) <input type="radio"/> 9	(9) <input type="radio"/> 9		(9) <input type="radio"/> 9
(10) <input type="radio"/> 10	(10) <input type="radio"/> 10		(10) <input type="radio"/> 10
(11) <input type="radio"/> 11	(11) <input type="radio"/> 11		(11) <input type="radio"/> 11
(12) <input type="radio"/> 12	(12) <input type="radio"/> 12		(12) <input type="radio"/> 12
(13) <input type="radio"/> 13	(13) <input type="radio"/> 13		(13) <input type="radio"/> 13
(14) <input type="radio"/> 14	(14) <input type="radio"/> 14		(14) <input type="radio"/> 14
(15) <input type="radio"/> 15	(15) <input type="radio"/> 15		(15) <input type="radio"/> 15
(16) <input type="radio"/> 16	(16) <input type="radio"/> 16		(16) <input type="radio"/> 16
(17) <input type="radio"/> 17	(17) <input type="radio"/> 17		(17) <input type="radio"/> 17
(18) <input type="radio"/> 18	(18) <input type="radio"/> 18		(18) <input type="radio"/> 18
(19) <input type="radio"/> 19	(19) <input type="radio"/> 19		(19) <input type="radio"/> 19
(20) <input type="radio"/> 20	(20) <input type="radio"/> 20		(20) <input type="radio"/> 20
(21) <input type="radio"/> 21	(21) <input type="radio"/> 21		(21) <input type="radio"/> 21
(22) <input type="radio"/> 22	(22) <input type="radio"/> 22		(22) <input type="radio"/> 22
(23) <input type="radio"/> 23	(23) <input type="radio"/> 23		(23) <input type="radio"/> 23
(24) <input type="radio"/> 24	(24) <input type="radio"/> 24		(24) <input type="radio"/> 24
(25) <input type="radio"/> 25	(25) <input type="radio"/> 25		(25) <input type="radio"/> 25
(26) <input type="radio"/> 26	(26) <input type="radio"/> 26		(26) <input type="radio"/> 26
(27) <input type="radio"/> 27	(27) <input type="radio"/> 27		(27) <input type="radio"/> 27
(28) <input type="radio"/> 28	(28) <input type="radio"/> 28		(28) <input type="radio"/> 28
(29) <input type="radio"/> 29	(29) <input type="radio"/> 29		(29) <input type="radio"/> 29
(30) <input type="radio"/> 30	(30) <input type="radio"/> 30		(30) <input type="radio"/> 30

### Step 4. Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals: 0 1 0 0 0 0 35 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

U.S. Department of Labor  
Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	35
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Form approved OMB no. 1218-0176

### Establishment Information

Your establishment name Horizon Construction Group, Inc.

Street 3272 State Route 257

City Seneca State PA Zip 16346

Industry description (e.g., *Manufacture of motor truck trailers*)

General Construction (Heavy/Highway)

North American Industrial Classification (NAICS), if known (e.g., 336212)

237310

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 18

Total hours worked by all employees last year 29,769.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Title PRES.

Company executive  
Phone 814-493-8329 Date 2-22-2022

Reset



**The Cincinnati Insurance Company**  
A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496  
[www.cinfin.com](http://www.cinfin.com) ■ 513-870-2000

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
FINAL AUDIT STATEMENT (PHYSICAL)**

Policy No.	Policy Period		Previous Policy No.	Billing Method
	From	To		
EWC 044 36 06-02	06-20-2019	06-20-2020	EWC0443606-01	DIRECT BILL
Agency 37-096	Carrier 15385	Risk ID No. 3040505	Entity CORPORATION	

Agent  
FIRST NATIONAL INSURANCE AGENCY, LLC  
764 BESSEMER ST STE 101  
MEADVILLE, PA 16335-1862

1. Named Insured and Address  
HORIZON CONSTRUCTION GROUP INC  
3285 S MAIN ST  
SANDY LAKE, PA 16145

Final Audited Premium	\$ 24,891
Deposit Premium	\$ 32,265
Taxes / Assessments	\$ -134
RETURN Premium Due Now	\$ -7,508

**SUBTRACT FUTURE (UNPAID) INSTALLMENTS FROM REFUND DUE BEFORE TAKING CREDIT**

**ANY RETURN PREMIUM IS AUTOMATICALLY APPLIED TO YOUR OUTSTANDING ACCOUNT BALANCE**

**AUDIT PERIOD DETAIL**

08-25-2020 09:15

**Taxes / Assessments Schedule**

<b>Taxes / Assessments</b>	<b>Rate / Percentage</b>	<b>Premium</b>
<b>PA EMPLOYER ASSESSMENT</b>	<b>0.0183</b>	<b>\$456</b>
	<b>Total Taxes / Assessments</b>	<b>\$456</b>

**08-25-2020 09:15**

**WC 98 06 12**

**EWC 044 36 06-02**

**Page 2 of 5**

Classification of Operations  
State: PA

Loc. No.	Code No.	Classification Description	Actual Exposure	Rate per \$100 of Remuneration	Earned Premium
001	0601	ROAD OR STREET CONSTRUCTION: PAVING OR REPAVING	97,052	6.720	6,522
001	0603	SEWER CONSTRUCTION - ALL WORK TO COMPLETION, INCLUDING MASONRY WORK IN CONNECTION THEREWITH , NO TUNNELING	72,732	6.230	4,531
001	0608	FLAT CEMENT WORK	9,403	6.640	624
001	0609	EXCAVATION	335,086	3.780	12,666
001	0617	GAS, STEAM OR WATER MAIN CONSTRUCTION - ALL WORK TO COMPLETION	31,657	3.040	962
001	0651	CARPENTRY - COMMERCIAL STRUCTURES	0	6.450	0
001	0653	MASONRY	97	7.580	7
001	0654	CONCRETE CONSTRUCTION	87,871	8.040	7,065
001	0661	ELECTRICAL WIRING - WITHIN BUILDINGS	15,305	3.300	505
001	0665	PAINTING AND DECORATING, INCLUDING SHOP	0	7.740	0

08-25-2020 09:15

001	0931	JAMESJEFFERSON - OUTSIDE	104,000	0.290	302
001	0953	CLERICAL OFFICE EMPLOYEES	220,234	0.120	264
				Manual Premium \$ 33,448	
9812		EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	468
9898		EXPERIENCE MODIFICATION		0.7820	-7,394
9887		SCHEDULE MODIFICATION		0.9900	-265
9890		CERTIFIED SAFETY CREDIT		0.0500	-1,313
0063		PREMIUM DISCOUNT		0.0550	-1,372
9115		WAIVER OF SUBROGATION	3	250.0000	750
				State Premium \$ 24,322	
0900		EXPENSE CONSTANT			190
9740		TERRORISM		0.0290	282
9741		CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)		0.0100	97

08-25-2020 09:15

**State Total Premium \$ 24,891**

**Final Audited Premium \$ 24,891**

**08-25-2020 09:15**

**WC 98 06 12**

**EWC 044 36 06-02**

**Page 5 of 5**



# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

## LIABILITY PREMIUM ADJUSTMENT STATEMENT

POLICY NO.: EPP0443611

INSURED: HORIZON CONSTRUCTION GRP INC

AGENT: 37096 - First National Insurance Agency, LLC

POLICY PERIOD		PREMIUM BASIS A. Area P. Payroll S. Sales C. Cost O. Each/Other	ADDITIONAL PREMIUMS ARE DUE UPON PRESENTATION OF STATEMENT *** DIRECT BILL ***							
TERM OF AUDIT			RATES		DEPOSIT PREMIUM		EARNED PREMIUM		DIFFERENCE	
CLASS CODE NUMBER	CLASSIFICATION		Prod/Comp.	All Other	Prod/Comp.	All Other	Prod/Comp.	All Other	Prod/Comp.	All Other
From 06/20/2019 to 06/20/2020	From 06/20/2019 to 06/20/2020									
29923 PA	Automatic Additional Insured	O 44,663	0	0.035	0	1,419	0	1,563	0	144
91342 PA	CARPENTRY-NOC	P 0	7.198	19.479	187	507	0	0	(187)	(507)
91560 PA	CONCRETE CONSTRUCTION	P 136,204	7.085	14.82	2,822	5,902	965	2,019	(1,857)	(3,883)
91580 PA	EXECUTIVE SUPERVISOR	P 5,200	0	19.479	0	113	0	101	0	(12)
91581 PA	SUBCONTRACTED WORK	C 1,371,849	4.381	2.6	8,762	5,200	6,010	3,567	(2,752)	(1,633)
92215 PA	DRIVEWAY, SIDEWALK PAVING	P 14,576	5.243	10.975	117	245	76	160	(41)	(85)
92478 PA	ELECTRICAL WORK - WITHIN BUILDINGS	P 23,722	3.446	4.946	17	24	82	117	65	93
92663 PA	ENGINEERS OR ARCHITECTS - CONSULTING	P 86,800	0	1.931	0	172	0	168	0	(4)
94007 OH	EXCAVATION	P 14,927	9.329	13.082	0	0	139	195	139	195

Prepared by:

MMOORHE 8/25/2020



# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

## LIABILITY PREMIUM ADJUSTMENT STATEMENT

POLICY NO.: EPP0443611

INSURED: HORIZON CONSTRUCTION GRP INC

AGENT: 37096 - First National Insurance Agency, LLC

POLICY PERIOD From 06/20/2019 to 06/20/2020		PREMIUM BASIS A. Area P. Payroll S. Sales C. Cost O. Each/Other	ADDITIONAL PREMIUMS ARE DUE UPON PRESENTATION OF STATEMENT *** DIRECT BILL ***								
TERM OF AUDIT From 06/20/2019 to 06/20/2020			RATES		DEPOSIT PREMIUM		EARNED PREMIUM		DIFFERENCE		
CLASS CODE NUMBER	CLASSIFICATION		Prod/Comp.	All Other	Prod/Comp.	All Other	Prod/Comp.	All Other	Prod/Comp.	All Other	
94007 PA	EXCAVATION	P 484,413	9.249	33.351	2,461	8,875	4,480	16,156	2,019	7,281	
97447 PA	MASONRY	P 96	6.35	6.817	48	52	1	1	(47)	(51)	
98305 PA	PAINTING-INTERIOR	P 0	1.97	10.462	9	46	0	0	(9)	(46)	
98820 PA	SEWER CONSTRUCTION	P 112,738	7.72	26.51	1,125	3,863	870	2,989	(255)	(874)	
99315 PA	STREET OR ROAD CONSTRUCTION	P 150,435	3.879	31.214	0	0	584	4,696	584	4,696	
99946 PA	WATER MAIN CONSTRUCTION	P 49,069	5.145	21.094	0	0	252	1,035	252	1,035	
29975 PA	CONTRACTORS BROADENED COVERAGE	O 44,663	0	0.035	0	1,419	0	1,563	0	144	

Total Earned Premium:	<u>\$13,459</u>	<u>\$34,330</u>
Deposit Premium:	<u>\$15,548</u>	<u>\$27,837</u>
Additional/Return Premium:	<u>(\$2,089)</u>	<u>\$6,493</u>
Net Additional Premium	<u>\$4,404</u>	

Prepared by:

MMOORHE 8/25/2020





764 Bessemer Street, Suite 101  
 Meadville, PA 16335  
 Phone: (800) 252-4850  
 Fax: (814) 724-3200

<b>Classification</b>	<b>Code</b>	<b>Basis Type</b>	<b>Policy Basis</b>	<b>Audit Basis</b>	<b>Renewal Basis</b>
<b>Carpentry</b>	<b>0651</b>	<b>Payroll</b>	<b>\$1,000</b>	<b>\$10,820</b>	<b>\$17,183</b>
<b>Masonry</b>	<b>0653</b>	<b>Payroll</b>	<b>\$3,151</b>	<b>\$0</b>	<b>\$5,006</b>
<b>Concrete Construction</b>	<b>0654</b>	<b>Payroll</b>	<b>\$302,438</b>	<b>\$111,927</b>	<b>\$262,985</b>
<b>Salesperson</b>	<b>0951</b>	<b>Payroll</b>	<b>\$104,000</b>	<b>\$104,000</b>	<b>\$104,000</b>
<b>Electrical</b>	<b>0661</b>	<b>Payroll</b>	<b>\$0</b>	<b>\$1,837</b>	<b>\$0</b>
<b>Clerical</b>	<b>0953</b>	<b>Payroll</b>	<b>\$247,496</b>	<b>\$224,441</b>	<b>\$222,240</b>
<b>Flat Cement</b>	<b>0608</b>	<b>Payroll</b>	<b>\$35,212</b>	<b>\$56,535</b>	<b>\$14,726</b>
<b>Excavation</b>	<b>0609</b>	<b>Payroll</b>	<b>\$223,148</b>	<b>\$270,397</b>	<b>\$175,803</b>
<b>Painting</b>	<b>0665</b>	<b>Payroll</b>	<b>\$0</b>	<b>\$194</b>	<b>\$2,926</b>
<b>Sewer</b>	<b>0603</b>	<b>Payroll</b>	<b>\$77,697</b>	<b>\$64,682</b>	<b>\$96,352</b>
<b>Street/Road</b>	<b>0601</b>	<b>Payroll</b>	<b>\$0</b>	<b>\$86,499</b>	<b>\$115,027</b>
<b>Water Main</b>	<b>0617</b>	<b>Payroll</b>	<b>\$32,357</b>	<b>\$107</b>	<b>\$137</b>

**"Confidential Information – Do not Copy or Distribute. Must be securely stored and securely destroyed"**



**First National  
Insurance Agency, LLC**

One North Shore Center, 12 Federal Street, Suite 405, Pittsburgh, PA 15212

December 6, 2021

Horizon Construction Group Inc  
Brian Creighton  
3272 State Route 257  
Seneca, PA 16346

RE: Worker's Compensation Policy #EWC0443606  
FINAL AUDIT ADJUSTMENT

Dear Brian Creighton

Enclosed is the Final Audit for the above referenced policy. This audit is for the 6/20/2020 through 6/20/2021 policy period and resulted in a change to your annual premium. We ask that you please take time to examine the audit carefully to ensure the audit is accurate.

The audit resulted in additional premium of \$11,312.00. This amount will be billed to you by Cincinnati.

As there is a time limit to notify the carrier of any audit discrepancies, please contact me immediately if changes or corrections are needed. In order to avoid an additional or return premium next year, you may want to consider amending the current exposures to reflect the audited exposures. If you would like to make this change, please contact our office. Thank you.

Sincerely,

*Pamela Voigt / sp*

Pamela Voigt  
Account Executive  
(216) 278-0441  
[VoigtP@fnb-corp.com](mailto:VoigtP@fnb-corp.com)

Enclosure/sp

***Please see reverse for Audit Exposure Verification***

**"Confidential Information – Do not Copy or Distribute. Must be securely stored and securely destroyed"**



### Audit Exposure Verification

<b>Classification</b>	<b>Code</b>	<b>Basis Type</b>	<b>Policy Basis</b>	<b>Audit Basis</b>	<b>Renewal Basis</b>
Road or street construction: paving/repaving	0601	Payroll	\$115,027	\$100,294	\$115,027
SEWER CONSTRUCTION - ALL WORK TO COMPLETION, INCLUDING MASONRY WORK IN CONNECTION THEREWITH, NO TUNNELING	0603	Payroll	\$96,352	\$143,072	\$96,352
FLAT CEMENT WORK	0608	Payroll	\$14,726	\$156,954	\$14,726
EXCAVATION	0609	Payroll	\$175,803	\$340,670	\$175,803
GAS, STEAM OR WATER MAIN CONSTRUCTION - ALL WORK TO COMPLETION	0617	Payroll	\$137	\$182,840	\$137
CARPENTRY - COMMERCIAL STRUCTURES	0651	Payroll	\$17,183	\$5,516	\$17,183
MASONRY	0653	Payroll	\$5,006	\$1,533	\$5,006

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First National  
Insurance Agency, LLC

CONCRETE  
CONSTRUCTION

0654

Payroll

\$262,985

\$235,244

\$262,985

One North Shore Center, 12 Federal Street, Suite 405, Pittsburgh, PA 15212

ELECTRICAL  
WIRING -  
WITHIN  
BUILDINGS

0661

Payroll

If any

\$62,966

If any

PAINTING AND  
DECORATING,  
INCLUDING  
SHOP

0665

Payroll

\$2,926

\$1,994

\$2,926

SALESPERSON -  
OUTSIDE

0951

Payroll

\$104,000

\$135,200

\$104,000

CLERICAL  
OFFICE  
EMPLOYEES

0953

Payroll

\$222,240

\$282,131

\$222,240

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stored and securely destroyed"



# The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496  
www.cinfin.com ■ 513-870-2000

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE FINAL AUDIT STATEMENT (PHYSICAL)

Policy No.	Policy Period		Previous Policy No.	Billing Method
	From	To		
EWC 044 36 06-03	06-20-2020	06-20-2021	EWC0443606-02	DIRECT BILL
Agency 37-096	Carrier 15385	Risk ID No. 3040505	Entity CORPORATION	

### Agent

FIRST NATIONAL INSURANCE AGENCY, LLC  
764 BESSEMER ST STE 101  
MEADVILLE, PA 16335-1862

### 1. Named Insured and Address

HORIZON CONSTRUCTION GROUP INC  
3272 STATE ROUTE 257  
SENECA, PA 16346-2532

Final Audited Premium	\$ 35,683
Deposit Premium	\$ 24,595
Taxes / Assessments	\$ 224
ADDITIONAL Premium Due Now	\$ 11,312

**SUBTRACT FUTURE (UNPAID) INSTALLMENTS FROM REFUND DUE BEFORE TAKING CREDIT**

**ANY RETURN PREMIUM IS AUTOMATICALLY APPLIED TO YOUR OUTSTANDING ACCOUNT BALANCE**

### AUDIT PERIOD DETAIL

08-30-2021 10:24

**Taxes / Assessments Schedule**

<b>Taxes / Assessments</b>	<b>Rate / Percentage</b>	<b>Premium</b>
<b>PA EMPLOYER ASSESSMENT</b>	<b>0.0202</b>	<b>\$721</b>
	<b>Total Taxes / Assessments</b>	<b>\$721</b>

Classification of Operations  
State: PA

Loc. No.	Code No.	Classification Description	Actual Exposure	Rate per \$100 of Remuneration	Earned Premium
001	0601	ROAD OR STREET CONSTRUCTION: PAVING OR REPAVING	100,294	5.820	5,837
001	0603	SEWER CONSTRUCTION - ALL WORK TO COMPLETION, INCLUDING MASONRY WORK IN CONNECTION THEREWITH , NO TUNNELING	143,072	5.600	8,012
001	0608	FLAT CEMENT WORK	156,954	6.030	9,464
001	0609	EXCAVATION	340,670	3.520	11,992
001	0617	GAS, STEAM OR WATER MAIN CONSTRUCTION - ALL WORK TO COMPLETION	182,840	2.890	5,284
001	0651	CARPENTRY - COMMERCIAL STRUCTURES	5,516	5.730	316
001	0653	MASONRY	1,533	6.710	103
001	0654	CONCRETE CONSTRUCTION	235,244	7.320	17,220
001	0661	ELECTRICAL WIRING - WITHIN BUILDINGS	62,966	2.910	1,832
001	0665	PAINTING AND DECORATING, INCLUDING SHOP	1,994	6.880	137

08-30-2021 10:24

001	0951	SUBROGATION - OUTSIDE	135,200	0.250	338
001	0953	CLERICAL OFFICE EMPLOYEES	282,131	0.100	282
				Manual Premium \$ 60,817	
9812		EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	851
9898		EXPERIENCE MODIFICATION		0.7900	-12,950
9887		SCHEDULE MODIFICATION		0.8000	-9,744
9890		CERTIFIED SAFETY CREDIT		0.0500	-1,949
0063		PREMIUM DISCOUNT		0.0790	-2,925
9115		WAIVER OF SUBROGATION	3	250.0000	750
				State Premium \$ 34,850	
0900		EXPENSE CONSTANT			190
9740		TERRORISM		0.0290	478
9741		CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)		0.0100	165

08-30-2021 10:24



**State Total Premium \$ 35,683**

**Final Audited Premium \$ 35,683**

**08-30-2021 10:24**

**WC 98 06 12**

**EWC 044 36 06-03**

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# The Cincinnati Insurance Company

A Stock Insurance Company

**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141

**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496

[www.cinfin.com](http://www.cinfin.com) ■ 513-870-2000

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CORRECTED AUDIT STATEMENT (PHYSICAL)

Policy No.	Policy Period		Previous Policy No.	Billing Method
	From	To		
EWC 044 36 06-04	06-20-2021	06-20-2022	EWC0443606-03	DIRECT BILL
Agency	Carrier	Risk ID No.	Entity	
37-265	15385	3040505	CORPORATION	

**Agent**

MCGROARTY & BRADBURN INSURANCE, LLC  
4175 STEUBENVILLE PIKE  
PITTSBURGH, PA 15205

**1. Named Insured and Address**

HORIZON CONSTRUCTION GROUP INC  
3272 STATE ROUTE 257  
SENECA, PA 16346-2532

Final Audited Premium	\$ 41,115
LESS PREVIOUSLY BILLED	\$ 21,189
Deposit Premium	\$ 25,556
Taxes / Assessments	\$ -139
RETURN Premium Due Now	\$ -5,769

**SUBTRACT FUTURE (UNPAID) INSTALLMENTS FROM REFUND DUE BEFORE TAKING CREDIT**

**ANY RETURN PREMIUM IS AUTOMATICALLY APPLIED TO YOUR OUTSTANDING ACCOUNT BALANCE**

**THIS IS A CORRECTED AUDIT - THE AMOUNT DUE ASSUMES YOU HAVE COLLECTED OR RETURNED THE PREVIOUS AMOUNTS**

### AUDIT PERIOD DETAIL

01-21-2023 10:23

Taxes / Assessments Schedule

Taxes / Assessments	Rate / Percentage	Premium
PA EMPLOYER ASSESSMENT	0.0248	\$1,020
	Total Taxes / Assessments	\$1,020

Classification of Operations  
State: PA

Loc. No.	Code No.	Classification Description	Actual Exposure	Rate per \$100 of Remuneration	Earned Premium
001	0601	ROAD OR STREET CONSTRUCTION: PAVING OR REPAVING	267,946	5.970	15,996
001	0603	SEWER CONSTRUCTION - ALL WORK TO COMPLETION, INCLUDING MASONRY WORK IN CONNECTION THEREWITH , NO TUNNELING	132,422	6.770	8,965
001	0608	FLAT CEMENT WORK	156,894	6.950	10,904
001	0609	EXCAVATION	516,167	3.390	17,498
001	0617	GAS, STEAM OR WATER MAIN CONSTRUCTION - ALL WORK TO COMPLETION	10,893	2.940	320
001	0651	CARPENTRY - COMMERCIAL STRUCTURES	12,480	4.420	552
001	0653	MASONRY	0	6.620	0
001	0654	CONCRETE CONSTRUCTION	143,000	7.290	10,425
001	0655	IRON ERECTION	31,129	11.220	3,493
001	0661	ELECTRICAL WIRING - WITHIN BUILDINGS	2,242	3.130	70

01-21-2023 10:23

001	0665	PAINING AND DECORATING, INCLUDING SHOP	14,500	5.870	851
001	0951	SALESPERSON - OUTSIDE	124,800	0.270	337
001	0953	CLERICAL OFFICE EMPLOYEES	264,720	0.140	371
				Manual Premium \$ 69,782	
9812		EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	977
9898		EXPERIENCE MODIFICATION		0.7950	-14,506
9887		SCHEDULE MODIFICATION		0.8100	-10,688
9890		CERTIFIED SAFETY CREDIT		0.0500	-2,278
0063		PREMIUM DISCOUNT		0.0870	-3,766
9115		WAIVER OF SUBROGATION	3	250.0000	750
				State Premium \$ 40,271	
0900		EXPENSE CONSTANT			190
9740		TERRORISM		0.0290	486

01-21-2023 10:23

State Total Premium \$ 41,115

Final Audited Premium \$ 41,115

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WC 98 06 12

EWC 044 36 06-04

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## **Attachment 4**

### **Health / Safety Citations**

There have been no health or safety citations issued by federal or state agencies to Horizon Construction Group in the past 3 years.