

# **CITY OF COLUMBUS**

## **CONSTRUCTION PREQUALIFICATION HELPFUL TIPS AND SUPPORTING DOCUMENTATION EXAMPLES**

**OFFICE OF  
CONSTRUCTION PREQUALIFICATION**

Director of Finance and Management

*Joe Lombardi*

# CATEGORY A

(329.211a)

➡ **Must meet all of the following mandatory criteria.**

✓ Requires Supporting Documentation

Criteria		Helpful Tips and Items to Consider
1	✓ <b>Workers' Compensation</b>	This must be an Ohio Workers Compensation Certificate that is submitted.
2	✓ <b>Unemployment Compensation Policy*</b>	·Quarterly summaries with canceled checks will no longer be accepted.
3	✓ <b>Bonding** (Modified)</b>	·Please be sure that the surety letter is notarized and that if there is a notary seal, it is readable in a fax or email. ·Did you remember to submit the bonding affidavit, found in the application?
4	✓ <b>Financial Statements</b>	Complete the Application Affidavit found in the application. It must be notarized and signed by an officer of the business. Do not submit financial statements.
5	<b>Debarment</b>	
6	✓ <b>City Taxes</b>	·Call (614)645-8368 and specifically request the Prequalification Letter. Letter may be no older than 30 days of receipt by this Office. ·This letter is also needed to meet Criteria 11-Local Business

\*Unemployment Compensation

- Provide an explanation and documentation from the Ohio Department of Jobs and Family Services if you have checked the "not applicable" box.
- **Out of State applicants:** provide documentation from your state agency and provide documentation from Ohio Department of Jobs and Family Services. Documentation must note either no outstanding balance, no obligation, non-labile, or that the policy is current.

\*\*Bonding is required for all bids. Those business entities prequalifying to perform only licensed construction trade subcontract work, should check the box for "subcontract work only." Should these business entities wish to later bid, they will need comply with the bonding criteria and submit the required supporting documentation to the Office of Construction Prequalification. Criteria #3 (Bonding) will be deemed met for those business entities who will only perform licensed construction trade subcontract work.

# CATEGORY B

(329.211b)

**Must meet at least three (3) of the following five (5) criteria.**

✓ Requires Supporting Documentation to meet criteria

Criteria		Helpful Tips and Items to Consider
10 points Each		
7	✓ Local Workforce	<p>Criteria is based on the <u>applicant's previous</u> fiscal year.</p> <p>If "True" the Local Workforce Worksheet for full-time equivalent employees that reside in the City of Columbus must be completed and submitted with the application (<u>See page 30</u>). No other alternative forms of documentation will be accepted for the Local Workforce Worksheet included in this application. Submit only the Worksheet in this application. Submit additional Worksheets if needed.</p> <p>If "True" Local Workforce Worksheet must be submitted. Verify employee addresses. Is the tax district City of Columbus?</p> <p><b>Construction service employees</b> include those employees whose <u>sole</u> responsibility is directly related to construction service work.</p> <p>No points will be awarded if criteria page is incomplete and or the Local Workforce Worksheet is incomplete or not completed.</p>
8	Quality Training	See list of licensed construction trades listed in the application when responding to this criteria.
9	✓ Healthcare	<p>This criteria only applies to those employees, whose sole responsibility is directly related to construction service work.</p> <p>If benefits are provided via union, answer "true" and provide union contract dates for policy dates.</p> <p>No points will be awarded if policy information is not completely filled out.</p> <p>Do not submit union contracts</p>
10	✓ Retirement/Pension	<p>This criteria only applies to those employees, whose sole responsibility is directly related to construction service work.</p> <p>No points will be awarded if policy information is not completely filled out.</p> <p>Policy end date: If there is no end date, note ongoing.</p> <p>If benefits are provided via union, answer "true" and provide union contract dates for policy dates.</p> <p>Do not submit union contracts</p>
11	✓ Local Business	<p>Do you meet all stated requirements as noted in application?</p> <p>Verify your business address location. Is your tax district the City of Columbus?</p> <p>Did you submit the local business affidavit, found in the application?</p> <p>Relationship must be shown between the property owner and applicant</p> <p>No points will be awarded if Criteria 6 is also not met.</p>

# CATEGORY C

(329.21c)

**The following criteria shall be used to further determine responsibility prequalification.**

✓ Requires Supporting Documentation to meet criteria

Criteria		Helpful Tips and Items to Consider
6 points Each		
12	Debarment	·Did your previous application disclose judgments? If so, are those judgments still within the time frame noted for each criteria?  ·Were you previously notified by the Office of Construction Prequalification of judgments not disclosed within your previous application? If so, are those judgments still within the time frame noted for each criteria?
13	Criminal Conviction	
14	Civil Liability	
15	City Litigation	
16	Bond Claims	
17	Liquidated Damages	
18	Non-Discrimination	
0-1 incident/violation = 10pts; 2-4 incidents/violations = 5pts; 5 or more incidents/violations = 0 pts		
19a	Labor Standards	·Did your previous application disclose incidents/violations? If so, are those judgments still within the time frame noted for each criteria?
19b	Prevailing Wage	
19c	Unemployment	·Were you previously notified by the Office of Construction Prequalification of incidents/violations not disclosed within your previous application? If so, are those judgments still within the time frame noted for each criteria?
19d	✓ Workers' Compensation	Does your coverage history show lapses?  Per Ohio Bureau of Workers' Compensation (BWC): A lapse in coverage will occur when BWC does not receive an employers' premium payment timely. The Certificate of Premium Payment will not be renewed until BWC receives the payment. Lapse indicates the employer did not have active workers' compensation coverage for that lapse period. Although the employer may lapse and does not have coverage, BWC will still cover the claim and bill the employer for all costs associated with the claim on a monthly basis.
19e	OSHA (Willful or Serious)	·Did your previous application disclose incidents/violations? If so, are those judgments still within the time frame noted for each criteria?  ·Were you previously notified by the Office of Construction Prequalification of incidents/violations not disclosed within your previous application? If so, are those incidents/violations still within the time frame noted for each criteria?
19f	OSHA Penalties	
19g	Licenses	
19h	Worker Classification	
19i	Worker Identification	
19j	EPA	
2 points Each		
19k	OSHA Plan	
19l	OSHA Log	
19m	✓ EMR	
19n	Drug Free Workplace	



Other		Helpful Tips and Items to Consider
	<b>Supporting Documentation</b>	<p>·Did you review the Required Supporting Documentation page in the application? Have you submitted all required supporting documentation as noted on the Supporting Documentation page of the application? <b>See examples of some documentation in on next page?</b></p> <p>·Number your supporting documentation according to the criteria it corresponds to.</p>
	<b>How to Submit?</b>	<p>Application and supporting documentation will be accepted by fax and email only. No hard copies will be accepted. No zip files or locked files please.</p> <p>FAX: (614)645-5818 EMAIL: <a href="mailto:prequalification@columbus.gov">prequalification@columbus.gov</a></p>
	<b>Applicant Contact Person</b>	All correspondence will only be made with the contact person list in application. Does your contact person routinely read and respond to their emails?
	<b>Confidential Information</b>	Please do not send documents with employees' social security numbers. Redact all confidential information.
	<b>Scoring</b>	<p><b>An applicant must do <u>all</u> of the following (see criteria headings for point distribution):</b></p> <p>Meet <u>all</u> criteria in Category A Meet 3 of 5 criteria in Category B Meet point threshold</p> <ul style="list-style-type: none"> <li>○ Prequalified Responsible 200-151 points</li> <li>○ Prequalified Provisionally Responsible 150-131 points</li> <li>○ Prequalified Not Responsible 130 points or less</li> </ul>
	<b>Processing Time</b>	Allow 30 days to receive a determination.

# Supporting Documentation Examples



Bureau of Workers'  
Compensation

Criteria # 1

30 W. Spring St.  
Columbus, OH 43215

### Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer

[REDACTED]

Period specified below

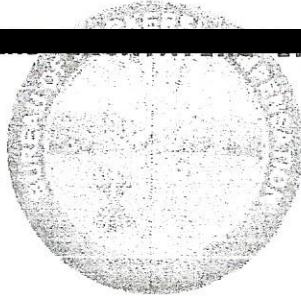
07/01/2015 through  
06/30/2016

[REDACTED]

COLUMBUS, OH 43219-1135

[www.bwc.ohio.gov](http://www.bwc.ohio.gov)

Issued by:



*Stephen Bucher*  
Administrator/CEO

You can reproduce this certificate as needed.

### Ohio Bureau of Workers' Compensation

#### Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'  
Compensation

You must post this language with the Certificate of Ohio Workers' Compensation



Bureau of Workers'  
Compensation



30W. Spring St.  
Columbus, OH 43215-2256

Governor John R. Kasich  
Administrator/CEO Stephen Buehrer

www.bwc.ohio.gov  
1-800-644-6292

## **CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY**

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 	Period Specified Below
	1st DAY OF April 2015
	1st DAY OF April 2016

Subs




THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.



Stephen Buehrer  
Administrator/CEO

Summary of Prior Debits - 0204 [REDACTED] 5 - T [REDACTED] CO., INC.

Instructions: The total amount due does not account for any scheduled payment or approved credits associated with your account. Click the appropriate link to view any scheduled payment or credits which may reduce your total amount due. [Help](#) 

Total Amount Due: \$0.00

						<a href="#">View Scheduled Payments</a>
<u>Debit Description</u>	<u>Quarter/Year</u>	<u>Month/Year</u>	<u>Amount Assessed</u>	<u>Amount Paid</u>	<u>Amount Due</u>	<u>Transaction Date</u>
CONTRIBUTION	Q2/2015		\$3,502.57	\$3,502.57	\$0.00	07/28/2015
CONTRIBUTION	Q1/2015		\$53,259.41	\$53,259.41	\$0.00	04/21/2015
CONTRIBUTION	Q4/2014		\$5,375.03	\$5,375.03	\$0.00	02/02/2015
CONTRIBUTION	Q3/2014		\$9,421.23	\$9,421.22	\$0.00	10/28/2014
CONTRIBUTION	Q2/2014		\$11,124.34	\$11,124.34	\$0.00	07/29/2014
CONTRIBUTION	Q1/2014		\$53,838.61	\$53,838.61	\$0.00	04/29/2014
CONTRIBUTION	Q4/2013		\$4,842.52	\$4,842.51	\$0.00	01/29/2014
CONTRIBUTION	Q3/2013		\$4,338.00	\$4,338.00	\$0.00	10/29/2013
CONTRIBUTION	Q2/2013		\$5,482.27	\$5,482.27	\$0.00	07/23/2013
CONTRIBUTION	Q1/2013		\$56,140.92	\$56,140.92	\$0.00	04/29/2013

[<Previous](#)

[Make Online Payment](#)

## Criteria 2-Where to Find Summary of Prior Debits

**Ohio.gov** | Department of Job and Family Services

[About](#) [Manage Benefits](#) [Log Out](#)

**ERIC** | EMPLOYER RESOURCE INFORMATION CENTER

[MENU](#) [MESSAGE CENTER](#)

[HOME](#) [MANAGE MY ACCOUNT](#) [QUARTERLY REPORTS](#) [TRANSFERS](#) [REIMBURSING/CONVERSIONS](#) [RATES/GROUPS](#) [MANAGE PAYMENTS](#) [MONETARY REQUESTS](#) [ALL OTHERS](#)

**Navigation Menu**

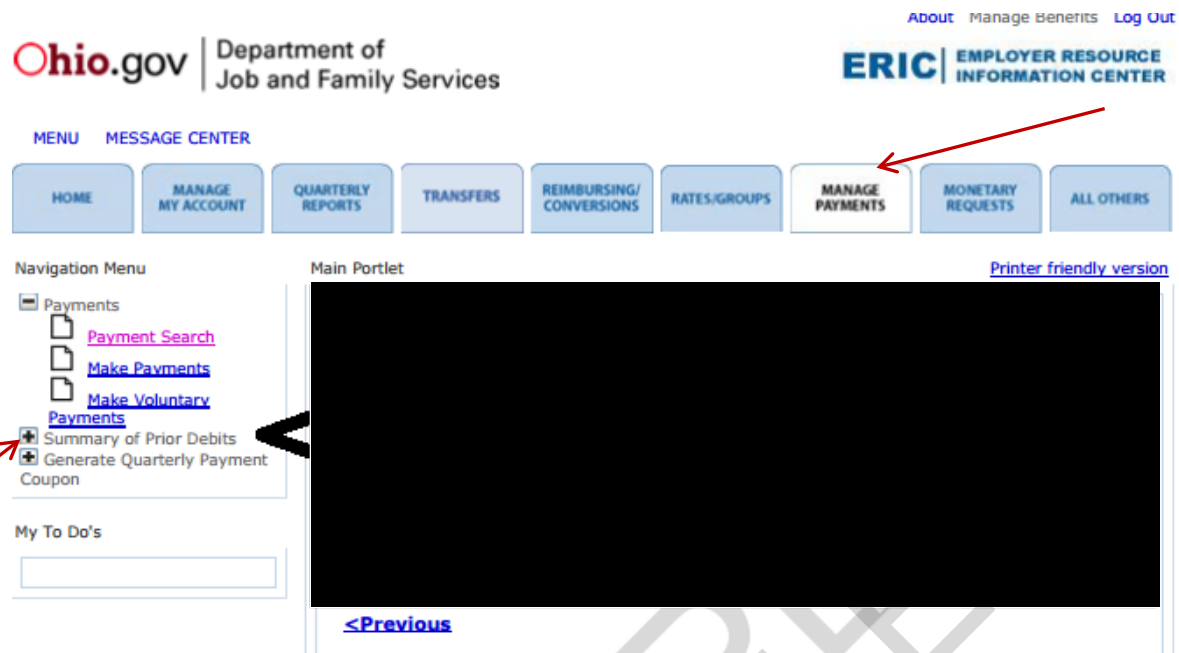
- Payments
  - [Payment Search](#)
  - [Make Payments](#)
  - [Make Voluntary Payments](#)
  - [Summary of Prior Debits](#)
  - [Generate Quarterly Payment Coupon](#)

**My To Do's**

**Main Portlet** [Printer friendly version](#)

[<Previous](#)

**Click here** →



OHIO DEPT. OF JOB & FAMILY SERVICES  
OFFICE OF UNEMPLOYMENT COMPENSATION  
P.O. BOX 182404  
COLUMBUS OH 43218-2404

Criteria # 2-Example C-No outstanding balance

|||||



Mail Date: 06/05/2015



<http://unemployment.ohio.gov>  
(614) 466-2319

Dear Employer:

Thank you for your inquiry concerning your Ohio Unemployment Compensation tax account.

As of the date of this letter, your account has no outstanding balance due.

For complete online access to your account, please visit our web site at <http://unemployment.ohio.gov> anytime of the day or night. If you should have any questions, please contact me at (614) 644-3709, extension 00000.

Sincerely,  
JAMES DURBIN  
Contribution Section  
Bureau of UC Tax Operations



## Criteria 2-Out of state



MI 48180-4412

Mail Date: October 29, 2015  
Letter ID: L [REDACTED]  
Account #: [REDACTED]  
Employer: [REDACTED]

## Clearance of Account

Based on your request for a review of the unemployment tax account for [REDACTED], we found that all required reports for this account have been submitted and the associated taxes paid in full through the quarter ending date September 30, 2015.

Therefore, Clearance of Account is granted.

Sincerely,

Collections Tax Unit  
(313) 456-2090

EXAMPLE





OHIO DEPT. OF JOB & FAMILY SERVICES  
 OFFICE OF UNEMPLOYMENT COMPENSATION  
 P.O. BOX 182404  
 COLUMBUS OH 43218-2404

## Criteria 2-Non-labile

Construction and  
 Columbus OH 43211-2011

### Ohio Unemployment Tax Notification Determination of Employer's Liability

<http://unemployment.ohio.gov>  
 (614) 466-2319

This is an official notification of your account status and liability as an employer under the Ohio Unemployment Compensation Law.

Employer: Construction and	Mail Date: 10/21/2015	Correspondence Number: CDT00000000004909847
Effective Date of Liability: Not Liable	Employer Account Number: Please use this number on all correspondence concerning your account.	

Information received on behalf of your enterprise indicates that you have not met the definition of an employer as defined in Section 4141.01 of the Ohio Revised Code. Accordingly, you are not subject to the provisions of the Ohio Unemployment Compensation Law.

If at any time in the future you incur liability by:

1. Employing one or more individuals for some portion of a day in 20 weeks in a calendar year **OR**
2. Paying wages totaling \$1,500 or more in a calendar quarter **OR**
3. Paying wages which are subject to the Federal Unemployment Tax Act,

it will be your responsibility to notify this agency. You may do so by completing the information on the enclosed page and submitting it to the address shown above.

City of Columbus / Department of Building and Zoning Services **COPY** Avenue, Columbus, Ohio 43224**CONTRACTOR LICENSE / REGISTRATION BOND FORM**

Bond #: [REDACTED]

Effective Date: September 30th, 2015Amount: **\$25,000.00****KNOW ALL MEN BY THESE PRESENTS:**

That (Insert Name of Individual Licensee / Registrant) [REDACTED]

of (Insert Company Name) [REDACTED]

as Principal, and (Insert Name of Bonding Company) [REDACTED]

as Surety, are held and firmly bound unto the City of Columbus, c/o City Treasurer, City Hall, 90 West Broad Street, Columbus, Ohio 43215, as Obligee, in the sum of **Twenty Five Thousand and no/100 Dollars (\$25,000.00)** to be paid to said Obligee, its successors and assigns, and for the payment thereof well and truly to be made, we, the Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above Principal has or is about to apply to said Obligee for a License / Registration as a Contractor effective upon approval and expiring in accordance with the last name of the individual applicant as set out in the expiration schedule listed in the instructions for this form, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, the expiration date of this bond shall coincide with the expiration date of said License/Registration.

WHEREAS, the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on the applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such License / Registration, pursuant to Columbus City Code Chapter 33 or 41, as applicable.

NOW THEREFORE, if the License / Registration shall be issued to the Principal and the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property of the City of Columbus and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the Obligee c/o Director for the Department of Building and Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224 and, upon receipt of such cancellation notice, the Surety is relieved of any further liability. The Surety will be liable for loss accruing up to the effective date of said cancellation; but, in no event will the liability to the Surety exceed \$25,000.00

Signed this 18th day of September, in the year 2015.LICENSEE / REGISTRANT [REDACTED]  
(PRINT OR TYPE NAME)

By: [REDACTED]

SURETY: WESTERN SURETY COMPANY  
(PRINT OR TYPE NAME)

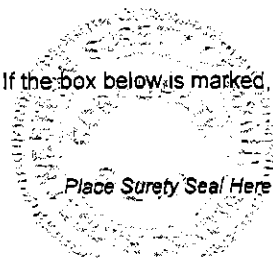
By: [REDACTED]

Attorney-in-Fact

Paul T. Bruflat, Vice President

Telephone No. of Attorney-in-Fact for Surety 605-336-0850

If the box below is marked, then an electronic / facsimile signature will be accepted:

☒

Pursuant to a Resolution adopted by the Surety or in accordance with its Bylaws, the above referenced Surety allows signatures, appointed by the attached Power of Attorney, and Company Seal to be printed electronically or by facsimile and such bond so executed, sealed and certified with respect to any bond or undertaking to which it is attached shall continue to be valid and binding upon the Surety.

NOTICE TO AGENT AND SURETY: Please refer to the Instructions on the other side of this bond form.



Surety Field

October 24<sup>th</sup>, 2016

Re: [REDACTED]

To The City of Columbus, Ohio

We understand the above referenced contractor will be submitting a bid for work to the City of Columbus. It has been the privilege of The [REDACTED] Insurance Company to provide surety bonds on behalf of [REDACTED] Inc. for over 10 years, during which time [REDACTED] Inc. has performed, and we have issued performance and payment bonds for, contracts valued in the range of \$15 million. In our opinion, [REDACTED] Inc. remains properly financed, well equipped and capably managed.

At the present time, The [REDACTED] Insurance Company provides a \$25 million single project/\$70 million aggregate surety program to [REDACTED]. As always, The [REDACTED] Insurance Company reserves the right to perform normal underwriting at the time of any bond request, including, without limitation, prior review and approval of relevant contract documents, bond forms, and project financing. We assume no liability to you or your affiliates if for any reason we do not execute such bonds.

The [REDACTED] Insurance Company is listed on the U.S. Treasury Department's Listing of Approved Sureties (Department Circular 570) and is rated A+ (Superior) by A.M Best Company.

Very Truly Yours,

[REDACTED]

[REDACTED]

Subscribe and affirmed before me in the county of Bay, State of Michigan, this 24th day of October, 2016

[REDACTED]  
[REDACTED] Public Bay County, Michigan

June 30, 2022  
Commission Expiration Date

NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF BAY  
My Commission Expires June 30, 2022  
Acting in the County of Bay

[REDACTED]

February 2, 2017

Re: [REDACTED]

To Whom It May Concern:

[REDACTED] has been qualified for surety credit with [REDACTED] for single projects up to \$3,500,000.00 and \$8,000,000.00 aggregate. Under the right circumstances, these would not be considered maximum limits. We have written bonds for the account since 1995. We have found the company enjoys an excellent reputation with their customers and vendors.

The execution of any final bonds would be subject to review of the final contract terms, acceptable bid results, conditions, and financing by our client and us, and the final determination of providing such bonds is between our client and us. This letter is not a commitment to any party to issue any bonds.

If we can provide any further assurance or assistance, please do not hesitate to contact me at [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]



# CITY OF COLUMBUS

## INCOME TAX DIVISION

77 N. Front Street, 2nd Floor  
Columbus, OH 43215  
Mail to: Box 183190, Columbus, OH 43218-3190  
[www.columbusax.net](http://www.columbusax.net)

July 31, 2015

Acct. No. 3 [REDACTED]

ATTN: PAYROLL TAX  
[REDACTED] INC  
[REDACTED] ST  
COLUMBUS OH 43206-3403

### Construction Pre-Qualification Letter

Dear Employer,

Our office has received your request for a Construction Pre-Qualification Letter for [REDACTED] and [REDACTED]. Our records indicate the following regarding your business and withholding city tax accounts:

You have active accounts on file with our office beginning 1/1/1985. As of the date of this letter, all filings are current and no outstanding liability is due. Our records show that your business has a fiscal year end of December 31st for tax filing purposes.

Please retain a copy of this letter for your records. If you should have any questions regarding this letter or your accounts, please contact our office at the number below.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Smith".

Eric Smith  
Tax Supervisor  
PHONE: (614) 645-8368  
Fax Number: (614) 724-0232

**Ohio Laborers' Fringe Benefit Programs**

OLDC-OCA Insurance Fund  
LDC&C Pension Fund of Ohio  
Ohio Laborers' Training & Apprenticeship Trust Fund  
OLDC-OCA Cooperation & Education Trust Fund

800 Hillside Road • Westerville, OH 43081-3302 • (614) 898-9006 • (800) 236-6437 • Fax (614) 898-9169 • [www.olfbp.com](http://www.olfbp.com)

October 9, 2015

To Whom It May Concern:

This letter confirms that [REDACTED] is a signatory contractor to the Ohio Highway Heavy Municipal – Utility State Construction Agreement between Laborers' District Council of Ohio and Ohio Contractors Association Labor Relations Division. Under this collective bargaining agreement, [REDACTED] is required to remit contributions to various wage fringe programs including, but not limited to, the Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund (the "Insurance Fund") and the Laborers' District Council and Contractors' Pension Fund of Ohio (the "Pension Fund").

The Insurance Fund provides comprehensive medical, prescription, vision, and other benefits to eligible members. The Insurance Fund is considered a qualified health plan under the Affordable Care Act's standards of quality, coverage, and affordability.

The Pension Fund is a defined benefit plan that provides retirement benefits to eligible members. The Pension Fund's current funding percentage (according to Pension Protection Act guidelines) is approximately 104%.

[REDACTED] is current on all required fringe benefit contribution requirements to this office and has been for at least the last twelve consecutive months.

Should you have any questions about [REDACTED] participation in the wage fringe programs set forth in the collective bargaining agreement, please do not hesitate to contact me.

Sincerely,

[REDACTED]

October 14, 2016

City of Columbus  
Office of Construction Prequalification  
Columbus, OH 43215

Re: Regarding M [REDACTED] Inc. & Sequent Midwest Business  
Health Fund. Health Insurance Policy number [REDACTED]

To Whom it may concern:

We certify that premiums and claims have been paid to United Medical  
Resources (UMR) on behalf of M [REDACTED] Inc. for  
active health insurance coverage as of Sept. 30, 2016

Sincerely,

[REDACTED]

Sequent Midwest Business Health Fund







2400 Market Street, Youngstown, OH 44507

June 8, 2016

To Whom It May Concern:

[REDACTED] Co, Inc. is a current Anthem Blue Cross and Blue Shield customer and has been since January 1, 2016. They offer medical and prescription drug benefits through the program they have in place to their employees. They are timely and current on membership changes as well as premium payments.

If I can be of further assistance, please feel free to contact me at 330-783-3590

Sincerely,

ANTHEM BLUE CROSS AND BLUE SHIELD

[REDACTED]  
Account Executive





SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

Criteria 10

October 21, 2016

[REDACTED] Co, Inc.

Re: City of Columbus Pre-Qualification

Dear Ms. [REDACTED],

As you are aware, we are the third party administrator for the [REDACTED], Inc. (the Company) Profit Sharing Plan (the Plan). The Plan is a tax qualified retirement plan designed to satisfy Internal Revenue Code Section 401 et seq. which was created on January 1, 1995. The Plan allows participants to defer part of their pay to a 401(k) account. The Company makes a matching contribution to the Plan, and also has made a profit sharing contribution to the Plan in recent years.

Salary deferrals are deposited with the custodian of the Plan's assets on a monthly basis. Deferrals are deposited monthly, and the most recent deposit of \$ 4417.51 was made on September 28, 2016.

Matching contributions are made before the end of the calendar year. Profit sharing contributions are typically made prior to the filing of the Company's corporate tax return for the year, including extensions.

If you have any questions, please call.

Very truly yours,


Skoda Minotti

[REDACTED] D

Enclosures: as stated




Resources	<a href="#">About us</a>	<a href="#">Locate a service office</a>	<a href="#">Contact Ombuds Office</a>	<a href="#">Download forms or publications</a>
	<a href="#">Update communications profile</a>	<a href="#">Report fraud</a>	<a href="#">Privacy</a>	<a href="#">Site map</a>
	<a href="#">Help</a>	<a href="#">Injured Workers' Rights</a>	Industrial Commission of Ohio	

#19M



Bureau of Workers' Compensation

Ohio.gov State Agencies | Online Services

[HOME](#)
[WORKERS](#)
[EMPLOYERS](#)
[SAFETY SERVICES](#)
[MEDICAL PROVIDERS](#)
[BWC LIBRARY](#)
[CONTACT US](#)

[Accident/Injury Info »](#)
[Billing »](#)
[Claim Costs/Reserves »](#)
[Claim Info »](#)
[Claim Payment »](#)
[Claim Reference Info »](#)
[Communications profile](#)
[Custom Services »](#)
[Payroll/Premium »](#)
[Rates »](#)
[Policy Management »](#)
[Programs »](#)
[Safety Services »](#)
[Self-Insured](#)
[State-fund guide](#)
[Forms](#)
[Section Map](#)

☒ log off
 [help](#)
[print](#)
[search](#)
[glossary](#)
[contact](#)
[e-account](#)

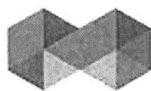
Employer: XXXXXXXXXX Policy #: XXXXXXXXXX  
OhioBWC - Employer - Service: (Experience modifier history) - Details  
Current policy coverage status: REINSTATE  
Coverage effective date: 05/14/2008

Policy period	1/1/15 - 6/30/15	7/1/14 - 12/31/14	1/1/14 - 6/30/14	7/1/13 - 12/31/13	1/1/13 - 6/30/13	7/1/12 - 12/31/12	1/1/12 - 6/30/12	7/1/11 - 12/31/11	1/1/11 - 6/30/11	7/1/10 - 12/31/10
Published EM	0.55	0.55	0.57	0.57	0.68	0.68	0.61	0.61	0.61	0.61
EM cap	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Current EM	0.54	0.54	0.57	0.57	0.67	0.67	0.60	0.60	0.60	0.60
EM cap	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Rating plan	GROUP	GROUP	GROUP	GROUP	GROUP	GROUP	GROUP	GROUP	GROUP	GROUP
Discount programs	DFSP	DFSP	DFSP	DFSP	DFSP	DFSP	DFSP	DFSP	DFSP	DFSP

[download](#)

Note: If you have Microsoft Excel 2007, you will receive a Microsoft error message. You can disregard this message. Simply click Yes to download the file.

[Enter policy number | Experience modifier history](#)  
[Experience period data | Rating adjustment history](#)  
[Rating plan information](#)



[REDACTED]  
AGENCY

WORLD CLASS. LOCAL TOUCH.

March 4, 2015

To whom it may concern:

[REDACTED]

Please be advised that the Workers Compensation Experience Modification Factor for our noted client is as follows:

2014/2015 -- .78

2013/2014 -- .78

2012/2013 -- .91

Please let me know if you have any questions or need anything further. Thank you.

Sincerely,

[REDACTED], CPIW  
Account Executive

Direct Phone: 9 [REDACTED]  
Email: cb [REDACTED] nce.com  
Office: 40 [REDACTED] 400, Dayton, Ohio 45402

[REDACTED]