BID FORM FOR CONSTRUCTION CONTRACT

The terms used in this Bid with initial capital letters have the meanings stated in the Instructions to Bidders, the General Conditions, and the Supplementary Conditions.

ARTICLE 1—OWNER AND BIDDER

- 1.01 This Bid is submitted to: Town of Johnstown, 450 S. Parish Ave, Johnstown CO 80534
- 1.02 The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with Owner in the form included in the Bidding Documents to perform all Work as specified or indicated in the Bidding Documents for the prices and within the times indicated in this Bid and in accordance with the other terms and conditions of the Bidding Documents.

ARTICLE 2—ATTACHMENTS TO THIS BID

- 2.01 The following documents are submitted with and made a condition of this Bid:
 - A. Required Bid security;
 - B. List of Proposed Subcontractors;
 - C. List of Proposed Suppliers;
 - D. Evidence of authority to do business in the state of the Project; or a written covenant to obtain such authority within the time for acceptance of Bids;
 - E. Contractor's license number as evidence of Bidder's State Contractor's License or a covenant by Bidder to obtain said license within the time for acceptance of Bids; and
 - F. Required Bidder Qualification Statement with supporting data.

ARTICLE 3—BASIS OF BID—LUMP SUM BID AND UNIT PRICES

3.01 Unit Price Bids

A. Bidder will perform the following Work at the indicated unit prices:

| Item No. | Description | Unit | Estimated Quantity | Bid Unit Price | Bid Amount |
|-------------|--|------|-----------------------|----------------|------------------|
| 1 | Mobilization, Administration, Bonding | LS | 1 | \$195,916.00 | \$ 195,916.00 |
| 2 | Project Controls (SWPPP, Traffic) | LS | 1 | \$173,031.00 | \$ 173,031.00 |
| 3.01 | 12-inch C-900 PVC pipe | LF | 5,192 | \$102.00 | \$ 529,584.00 |
| 3.02 | 8-inch C-900 PVC pipe | LF | 2,425 | \$56.10 | \$ 136,042.50 |
| 3.03 | 12-inch Gate Valve | EA | 25 | \$4,590.00 | \$ 114,750.00 |
| 3.04 | 8-inch Gate Valve | EA | 10 | \$3,059.00 | \$ 30,590.00 |
| 3.05 | Service Line Re-Connections | EA | 11 | \$3,333.00 | \$ 36,663.00 |
| 3.06 | Meter Pit Installation | EA | 11 | \$3,605.00 | \$ 39,655.00 |
| 3.07 | Waterline Lowering | EA | 5 | \$6,380.00 | \$ 31,900.00 |
| 3.08 | Air-Vac and Vault | EA | 3 | \$11,376.00 | \$ 34,128.00 |
| 3.09 | Hydrant Assembly | ΕA | 8 | \$10,208.00 | \$ 81,664.00 |
| 3.10 | Reconnect Existing Hydrant | EA | 1 | \$ 7,536.00 | \$ 7,536.00 |

| | ,174.00 |
|--|---------|
| 3 12 Parish Tie-in IS 1 \$15 345 00 \$ 15 | 245 00 |
| 5.12 Talish fic iii | ,345.00 |
| 3.13 Angove Tie-in LS 1 \$14,359.00 \$ 14 | ,359.00 |
| 3.14 Kuner Tie-in LS 1 \$9,986.00 \$ 9 | ,986.00 |
| 3.15 Tunnel Bore #1 EA 1 \$143,305.00 \$ 143 | ,305.00 |
| 3.16 Tunnel Bore #2 EA 1 \$104,562.00 \$ 104 | ,562.00 |
| 3.17 Tunnel Bore #3 EA 1 \$125,988.00 \$ 125 | ,988.00 |
| | ,838.00 |
| 3.19 Full Depth Pavement Removal SY 1,050 \$30.20 \$ 31 | ,710.00 |
| 3.20 Asphalt Repair (Type A Surface SY 1,050 \$150.50 \$ 158 | ,025.00 |
| 3.21 Gravel Road/Lot Restoration (Type B SY 900 \$13.50 \$ 12 | ,150.00 |
| 3.22 Miscellaneous Surface Repair (Natural Ground) (Type C Surface Repair) \$ 3,975 \$3.45 | ,713.75 |
| 3.23 Hydrant Guard Bollards EA 8 \$1,258.00 \$ 10 | ,064.00 |
| 3.24 CSG Service Connection LS 1 \$50,789.00 \$ 50 | 789.00 |
| 3.25 Irrigation Line Extension LS 1 \$7,284.00 \$ 7 | 284.00 |
| Total of All Unit Price Bid Items \$2,501 | 752.25 |

B. Bidder acknowledges that:

- each Bid Unit Price includes an amount considered by Bidder to be adequate to cover Contractor's overhead and profit for each separately identified item, and
- estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids, and final payment for all Unit Price Work will be based on actual quantities, determined as provided in the Contract Documents.

ARTICLE 4—TIME OF COMPLETION

- 4.01 Bidder agrees that the Work will be substantially complete and will be completed and ready for final payment in accordance with Paragraph 15.06 of the General Conditions on or before the dates or within the number of calendar days indicated in the Agreement.
- 4.02 Bidder accepts the provisions of the Agreement as to liquidated damages.

ARTICLE 5—BIDDER'S ACKNOWLEDGEMENTS: ACCEPTANCE PERIOD, INSTRUCTIONS, AND RECEIPT OF ADDENDA

5.01 Bid Acceptance Period

A. This Bid will remain subject to acceptance for 60 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of Owner.

5.02 Instructions to Bidders

A. Bidder accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the disposition of Bid security.

5.03 Receipt of Addenda

A. Bidder hereby acknowledges receipt of the following Addenda:

(Add rows as needed. Bidder is to complete table.)

|)9-06-2024)9-11-2024 |
|--------------------------|
| 19-11-2024 |
| 77-11 2024 |
| 9-17-2024 |
| |
| |

ARTICLE 6—BIDDER'S REPRESENTATIONS AND CERTIFICATIONS

6.01 Bidder's Representations

- A. In submitting this Bid, Bidder represents the following:
 - 1. Bidder has examined and carefully studied the Bidding Documents, including Addenda.
 - 2. Bidder has visited the Site, conducted a thorough visual examination of the Site and adjacent areas, and become familiar with the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
 - 3. Bidder is familiar with all Laws and Regulations that may affect cost, progress, and performance of the Work.
 - 4. Bidder has carefully studied the reports of explorations and tests of subsurface conditions at or adjacent to the Site and the drawings of physical conditions relating to existing surface or subsurface structures at the Site that have been identified in the Supplementary Conditions, with respect to the Technical Data in such reports and drawings.
 - Bidder has carefully studied the reports and drawings relating to Hazardous Environmental Conditions, if any, at or adjacent to the Site that have been identified in the Supplementary Conditions, with respect to Technical Data in such reports and drawings.
 - 6. Bidder has considered the information known to Bidder itself; information commonly known to contractors doing business in the locality of the Site; information and observations obtained from visits to the Site; the Bidding Documents; and the Technical Data identified in the Supplementary Conditions or by definition, with respect to the effect of such information, observations, and Technical Data on (a) the cost, progress, and performance of the Work; (b) the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder, if selected as Contractor; and (c) Bidder's (Contractor's) safety precautions and programs.
 - 7. Based on the information and observations referred to in the preceding paragraph, Bidder agrees that no further examinations, investigations, explorations, tests, studies, or data are necessary for the performance of the Work at the Contract Price, within the Contract Times, and in accordance with the other terms and conditions of the Contract.

- 8. Bidder is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Bidding Documents.
- Bidder has given Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and of discrepancies between Site conditions and the Contract Documents, and the written resolution thereof by Engineer is acceptable to Contractor.
- 10. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for performance and furnishing of the Work.
- 11. The submission of this Bid constitutes an incontrovertible representation by Bidder that without exception the Bid and all prices in the Bid are premised upon performing and furnishing the Work required by the Bidding Documents.

6.02 Bidder's Certifications

A. The Bidder certifies the following:

- 1. This Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any collusive agreement or rules of any group, association, organization, or corporation.
- 2. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid.
- Bidder has not solicited or induced any individual or entity to refrain from bidding.
- 4. Bidder has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the Contract. For the purposes of this Paragraph 6.02.A:
 - a. Corrupt practice means the offering, giving, receiving, or soliciting of anything of value likely to influence the action of a public official in the bidding process.
 - b. Fraudulent practice means an intentional misrepresentation of facts made (a) to influence the bidding process to the detriment of Owner, (b) to establish bid prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition.
 - c. Collusive practice means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish bid prices at artificial, non-competitive levels.
 - d. Coercive practice means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

BIDDER hereby submits this Bid as set forth above:

| ı | 2 | id | Ы | ۵ | r | |
|---|----|----|---|---|---|----|
| | Э. | ıu | u | | | ı, |

| Coyote Ridge Construction LLC | | | | | |
|--|--|--|--|--|--|
| | (typed or printed name of organization) | | | | |
| By: | COMINS | | | | |
| | (individual's signature) | | | | |
| Name: | Ken Baty | | | | |
| | (typed or printed) | | | | |
| Title: | President (typed or printed) | | | | |
| D. L. | | | | | |
| Date: | 09-19-2024 (typed or printed) | | | | |
| IE Dialalania | | | | | |
| ıj Biaaer is | a corporation, a partnership, or a joint venture, attach evidence of authority to sign. | | | | |
| Attest: | lan jerree | | | | |
| | (individual's signature) | | | | |
| Name: | Ian Jessee | | | | |
| | (typed or printed) | | | | |
| Title: | Senior Estimator | | | | |
| | (typed or printed) | | | | |
| Date: | 09-19-2024 (typed or printed) | | | | |
| | (typed of printed) | | | | |
| A al al u a a a 4 | | | | | |
| Address f | or giving notices: | | | | |
| Address f | | | | | |
| Address f | or giving notices: | | | | |
| | or giving notices: 6648 County Road 56, Johnstown, CO 80534 | | | | |
| Address f | or giving notices: 6648 County Road 56, Johnstown, CO 80534 Contact: | | | | |
| | Contact: Ian Jessee | | | | |
| Bidder's (Name: | Contact: Ian Jessee (typed or printed) | | | | |
| Bidder's (| Contact: Ian Jessee (typed or printed) Senior Estimator | | | | |
| Bidder's (Name: Title: | Contact: Ian Jessee (typed or printed) Senior Estimator (typed or printed) | | | | |
| Bidder's (Name: Title: Phone: | Contact: Ian Jessee (typed or printed) Senior Estimator (1970) 685-0260 | | | | |
| Bidder's (Name: Title: | Contact: Ian Jessee (typed or printed) Senior Estimator (typed or printed) | | | | |
| Bidder's (Name: Title: Phone: | Contact: Ian Jessee (typed or printed) Senior Estimator (typed or printed) (970) 685-0260 ijessee@crc-co.net | | | | |
| Bidder's (Name: Title: Phone: Email: | Contact: Ian Jessee (typed or printed) Senior Estimator (1970) 685-0260 | | | | |
| Bidder's (Name: Title: Phone: Email: | Contact: Ian Jessee (typed or printed) Senior Estimator (typed or printed) (970) 685-0260 ijessee@crc-co.net | | | | |
| Bidder's (Name: Title: Phone: Email: Address: | Contact: Ian Jessee (typed or printed) Senior Estimator (typed or printed) (970) 685-0260 ijessee@crc-co.net | | | | |

BID BOND (PENAL SUM FORM)

| Name: Coyote Ridge Construction, LLC Address (principal place of business): 6648 County Road 56 | Name: Philadelphia Indemnity Insurance Company |
|---|---|
| Address (principal place of business): | |
| 6648 County Road 56 | Address (principal place of business): |
| | One Bala Plaza, Suite 100 |
| Johnstown, CO 80534 | Bala Cynwyd, PA 19004-1403 |
| Owner | Bid |
| Town of Johnstown Name: | Project (name and location): |
| Address (principal place of business): 450 S. Parish Ave | SH60 Waterline Johnstown, Colorado |
| Johnstown CO 80534 | |
| | Bid Due Date: September 19, 2024 |
| Bond | |
| Penal Sum: Five Percent of the Total Amount Bid (5%) | |
| Date of Bond: September 12, 2024 | |
| | hereby, subject to the terms set forth in this Bid Bond, |
| do each cause this Bid Bond to be duly executed by | |
| Bidder | Surety |
| Coyote Ridge Construction, LLC | Philadelphia Indemnity Insurance Company |
| (Full formal name of Bidder) By: | (Full formal dame of Surety) (corporate seal) By: (Signature) (Attach Power of Attorney) |
| Name: Kennedh H. Baff (Printed or typed) | Name: Sarah C. Brown (Printed or typed) |
| Title: Pecsident | Title: Attorney-in-Fact |
| | Mallana allen |
| Attest: (Signature) | Attest: (Signature) |
| | (Signature) |
| (Signature) | (Signature) |

- 1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors, and assigns to pay to Owner upon default of Bidder the penal sum set forth on the face of this Bond. Payment of the penal sum is the extent of Bidder's and Surety's liability. Recovery of such penal sum under the terms of this Bond will be Owner's sole and exclusive remedy upon default of Bidder.
- 2. Default of Bidder occurs upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents.
- 3. This obligation will be null and void if:
 - 3.1. Owner accepts Bidder's Bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents, or
 - 3.2. All Bids are rejected by Owner, or
 - 3.3. Owner fails to issue a Notice of Award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by Paragraph 5 hereof).
- 4. Payment under this Bond will be due and payable upon default of Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the amount due.
- 5. Surety waives notice of any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by Owner and Bidder, provided that the total time for issuing Notice of Award including extensions does not in the aggregate exceed 120 days from the Bid due date without Surety's written consent.
- 6. No suit or action will be commenced under this Bond prior to 30 calendar days after the notice of default required in Paragraph 4 above is received by Bidder and Surety, and in no case later than one year after the Bid due date.
- 7. Any suit or action under this Bond will be commenced only in a court of competent jurisdiction located in the state in which the Project is located.
- 8. Notices required hereunder must be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier, or by United States Postal Service registered or certified mail, return receipt requested, postage pre-paid, and will be deemed to be effective upon receipt by the party concerned.
- 9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent, or representative who executed this Bond on behalf of Surety to execute, seal, and deliver such Bond and bind the Surety thereby.
- 10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond will be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable statute, then the provision of said statute governs and the remainder of this Bond that is not in conflict therewith continues in full force and effect.
- 11. The term "Bid" as used herein includes a Bid, offer, or proposal as applicable.

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Todd D. Bengford, Mark Sweigart, Donald E. Appleby, Sarah C. Brown, Jessica Jean Rini, and Mary Ashley Allen of Holmes Murphy and Associates, LLC its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, he it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

1927 CF

(Seal)

Joh Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal Vanessa Mckenzie, Notary Public Montgomery County My commission expires November 3, 2024 Commission number 1366394 Member, Pennsylvania Association of Notaries

residing at:

Notary Public:

Bala Cynwyd, PA

Vanessa mckenzie

My commission expires:

November 3; 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 12th day of September

1927

Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

2024

QUALIFICATIONS STATEMENT

ARTICLE 1—GENERAL INFORMATION

1.01 Provide contact information for the Business:

| | Legal Name of Business: Coyote Ridge Construction LLC | | | | | | | |
|------|--|--------------------|----------------|-----------------|------------------|-------------------|----------|--|
| | Corpora | te Office | 110 | | | | | |
| | Name: | Ken Baty | | | Phone number | er: (970)776 | -9165 | |
| | Title: | President | | | Email address | : kbaty@cr | c-co.net | |
| | Busines | s address of corpo | rate office: | 6648 | County Roa | ad 56 | | |
| | | | | Johns | town, CO | 30534 | | |
| | | | | | | | | |
| | Local Office | | | | | | | |
| | Name: | N/A | | | Phone number | er: N/A | | |
| | Title: N/A Business address of local office: | | | | Email address | : N/A | | |
| | | | | | N/A | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1.02 | Drovido i | nformation on the | Ducinoss's o | raonizatio | nal structura. | | | |
| 1.02 | Provide ii | normation on the | e business s c | rganizatio | nai structure: | | | |
| | Form of | Business: ☐ So | ole Proprieto | rship 🗆 Pa | rtnership 🗆 Co | rporation | | |
| | ☑ Limite | ed Liability Compa | ıny □ Joint V | enture co | mprised of the f | ollowing companie | es: | |
| | 1. | | | | | | | |
| | 2. | | | | | | | |
| | 3. | | | | | | | |
| 12 | Provide | a separate Qualifi | cation State | ment for e | ach Joint Ventu | rer. | | |
| | Date Bu | siness was formed | d: 08-20 | -09 St a | te in which Busi | ness was formed: | Colorado | |
| | Is this B | usiness authorized | d to operate | in the Proj | ect location? | ☑ Yes ☐ No ☐ Pe | nding | |
| 1.03 | Identify all businesses that own Business in whole or in part (25% or greater), or that are wholly or partly (25% or greater) owned by Business: | | | | | | | |
| | Name of | f business: | | | Affiliation: | | | |
| | Address | : | | | 100 | | | |
| | Name of | f business: | | | Affiliation: | | | |
| | Address | : | | | | | | |

| | Name of business: | | | A | ffiliation: | | | | |
|-------------|--------------------------------|--------------------------------|--------------------------|------------------|-------------|--------|-------------|-----------------------|--|
| | Address | : | | | | | | | |
| 1.04 | Provide i | nformation r | egarding the Business's | officers, p | artners, a | nd lin | nits of aut | hority. | |
| | Name: | Kenneth | H Baty | Title: | Pres | ider | nt | | |
| | Authori | zed to sign co | ontracts: 🛛 Yes 🗆 No | Limit | of Autho | rity: | \$ N/A | | |
| | Name: | Pauline | Jane Delling | Title: | Trea | sure | r | | |
| | Authori | zed to sign co | ontracts: 🛛 Yes 🗆 No | Limit | of Autho | rity: | \$ N/A | | |
| | Name: | | | Title: | | | | | |
| | Authoria | zed to sign co | ontracts: ☐ Yes ☐ No | Limit | of Autho | rity: | \$ | | |
| | Name: | | | Title: | | | | | |
| ARTICLI | E 2—LICE I Provide i | | egarding licensure for B | usiness: | | | | | |
| | Name o | f License: | N/A | | | | | | |
| | Licensin | g Agency: | | | | | | | |
| License No: | | No: | | Expiration Date: | | | | | |
| | Name o | f License: | | | | | | | |
| | Licensin | g Agency: | | | | | | | |
| | License | No: | | Expiratio | n Date: | | | | |
| | Provide i | | egarding Business's Dive | erse Busin | ess Certif | icatio | n, if any. | Provide evidence | |
| | | Cer | tification | | Certifyin | g Agei | ncy | Certification Date | |
| | ☐ Disac | lvantaged Bu | siness Enterprise | | | | | | |
| | ☐ Mino | rity Business | Enterprise | | | | | | |
| | □ Wom | an-Owned B | usiness Enterprise | | | | | | |
| | ☐ Smal | l Business En | terprise | | | | | | |
| | ☐ Disab | oled Business | Enterprise | | | | | | |
| | □ Vete | ran-Owned B | usiness Enterprise | | | | | | |
| | ☐ Servi | ce-Disabled \ | Veteran-Owned Busines | S | | | | | |
| | 1 | Zone Busines tilized) Busin | s (Historically ess | | | | | | |

| ☐ Other | | |
|---------|--|--|
| ☑ None | | |

ARTICLE 4—SAFETY

4.01 Provide information regarding Business's safety organization and safety performance.

| Name of Business's Safety Officer: | ety Officer: Anthony Puchino | | | | | |
|------------------------------------|------------------------------|----------------|------------|--|--|--|
| Safety Certifications | | | | | | |
| Certification Name | | Issuing Agency | Expiration | | | |
| OSHA 30 | | OSHA | N/A | | | |
| OSHA 510 | | OSHA | N/A | | | |

4.02 Provide Worker's Compensation Insurance Experience Modification Rate (EMR), Total Recordable Frequency Rate (TRFR) for incidents, and Total Number of Recorded Manhours (MH) for the last 3 years and the EMR, TRFR, and MH history for the last 3 years of any proposed Subcontractor(s) that will provide Work valued at 10% or more of the Contract Price. Provide documentation of the EMR history for Business and Subcontractor(s).

| Year | 2023 | 3 | | 202 | 2 | | 202 | 1 | |
|----------------|------|------|---------|------|-------|---------|------|-------|---------|
| Company | EMR | TRFR | МН | EMR | TRFR | мн | EMR | TRFR | МН |
| Coyote Ridge | 0.62 | 0 | 228,951 | 0.64 | 37.68 | 238,844 | 0.82 | 33.07 | 151,215 |
| Coleman Const. | 1.00 | 0 | 12,477 | 1.26 | 0 | 8669 | 1.27 | 0 | 7373 |

ARTICLE 5—FINANCIAL

5.01 Provide information regarding the Business's financial stability. Provide the most recent audited financial statement, and if such audited financial statement is not current, also provide the most current financial statement.

| Financial Institution: | Plante & Moran, PLLC | | | | | |
|---|---|------|--|--|--|--|
| Business address: | 1321 Oakridge Drive Fort Collins, CO 80525 | | | | | |
| Date of Business's most recent financial statement: 12−31−23 ☐ Attached | | | | | | |
| Date of Business's mo | ☐ Attached | | | | | |
| Financial indicators from the most recent financial statement | | | | | | |
| Contractor's Current F | 1.94 | | | | | |
| Contractor's Quick Ra Short Term Investmen | nts Receivable + | 1.03 | | | | |

ARTICLE 6—SURETY INFORMATION

6.01 Provide information regarding the surety company that will issue required bonds on behalf of the Business, including but not limited to performance and payment bonds.

| Surety Name: | Philadel | Philadelphia Indemnity Insurance Company | | | | | | | | | |
|--|---|--|---------|---------------|-------------|--------|--|--|--|--|--|
| Surety is a corpo | ration organiz | ed and existing u | nder th | e laws of th | e state of: | Penna. | | | | | |
| Is surety authoriz | zed to provide | surety bonds in t | he Pro | ject location | i? ⊠ Yes □ |] No | | | | | |
| Is surety listed in "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies" published in Department Circular 570 (as amended) by the Bureau of the Fiscal Service, U.S. Department of the Treasury? ☑ Yes ☐ No | | | | | | | | | | | |
| Mailing Address | | One Bala F | laza | , Suite | 100 | | | | | | |
| (principal place o | of business): | Bala Cynwyd, PA 19004-1403 | | | | | | | | | |
| | | | | | | | | | | | |
| Physical Address | Physical Address One Bala Plaza, Suite 100 | | | | | | | | | | |
| (principal place of business): Bala Cynwyd, PA 19004-1403 | | | | | | | | | | | |
| | | | | | | | | | | | |
| Phone (main): | (877) 438-7459 Phone (claims): (800) 765-9749 | | | | | | | | | | |

ARTICLE 7—INSURANCE

7.01 Provide information regarding Business's insurance company(s), including but not limited to its Commercial General Liability carrier. Provide information for each provider.

| Name of insurance provider, and type of policy (CLE, auto, etc.): | | | | | | | |
|---|----------------|---------------------|------------------------------------|-------------|------------|--|--|
| In | surance Provid | ler | Type of Policy (Coverage Provided) | | | | |
| Zurich Ameri | can Insurar | nce Company | General Lia | ability, | Auto, | | |
| | | | Workers' Co | omp | | | |
| Continenta | l Insuran | ce Company | Umbrella | | | | |
| | | | | | | | |
| Are providers lic | ensed or auth | orized to issue po | licies in the Project | t location? | ⊠ Yes □ No | | |
| Does provider h | ave an A.M. Be | est Rating of A-VII | l or better? | | | | |
| Mailing Address | | 1299 Zuric | h Way | | | | |
| (principal place | of business): | Schaumburg | , IL 60196-1 | 1056 | | | |
| | | | | | | | |
| Physical Address 1299 Zurich Way | | | | | | | |
| (principal place of business): Schaumburg | | | , IL 60196-1056 | | | | |
| | | | | | | | |
| Phone (main): (800) 382-2150 Phone (claims): (800) 987-3373 | | | | | | | |

ARTICLE 8—CONSTRUCTION EXPERIENCE

8.01 Provide information that will identify the overall size and capacity of the Business.

| Average number of current full-time employees: | 165 |
|--|--------|
| Estimate of revenue for the current year: | \$55MM |
| Estimate of revenue for the previous year: | \$58MM |

8.02 Provide information regarding the Business's previous contracting experience.

| Years of experience with projects like the proposed project: 15 | | | | | | | |
|---|------------|----------------------------|-------------|--------------------------|--|--|--|
| As a general contractor: | 15 | As a joint venturer: | | | | | |
| Has Business, or a predecesso | or in inte | erest, or an affiliate ide | entified in | Paragraph 1.03: | | | |
| Been disqualified as a bidde | r by an | / local, state, or federa | l agency | within the last 5 years? | | | |
| ☐ Yes ☒ No | | | | | | | |
| Been barred from contracti | ng by ar | y local, state, or feder | al agency | within the last 5 years? | | | |
| □ Yes 🖾 No | | | | | | | |
| Been released from a bid in the past 5 years? ☐ Yes ☒ No | | | | | | | |
| Defaulted on a project or failed to complete any contract awarded to it? ☐ Yes ☒ No | | | | | | | |
| Refused to construct or refused to provide materials defined in the contract documents or in | | | | | | | |
| a change order? ☐ Yes ☒ No | | | | | | | |
| Been a party to any currently pending litigation or arbitration? ☐ Yes ☒ No | | | | | | | |
| Provide full details in a separate attachment if the response to any of these questions is Yes. | | | | | | | |

- 8.03 List all projects currently under contract in Schedule A and provide indicated information.
- 8.04 List a minimum of three and a maximum of six projects completed in the last 5 years in Schedule B and provide indicated information to demonstrate the Business's experience with projects similar in type and cost of construction.
- 8.05 In Schedule C, provide information on key individuals whom Business intends to assign to the Project. Provide resumes for those individuals included in Schedule C. Key individuals include the Project Manager, Project Superintendent, Quality Manager, and Safety Manager. Resumes may be provided for Business's key leaders as well.

ARTICLE 9—REQUIRED ATTACHMENTS

- 9.01 Provide the following information with the Statement of Qualifications:
 - A. If Business is a Joint Venture, separate Qualifications Statements for each Joint Venturer, as required in Paragraph 1.02.
 - B. Diverse Business Certifications if required by Paragraph 3.01.
 - C. Certification of Business's safety performance if required by Paragraph 4.02.
 - D. Financial statements as required by Paragraph 5.01.

This Statement of Qualifications is offered by:

| Business: | Coyote Ridge Construction LLC |
|--------------|---|
| | (typed or printed name of organization) |
| By: | CONT. |
| -,. | (individual's signature) |
| Name: | Ken Baty |
| | (typed or printed) President |
| Title: | |
| | (typed or printed) 09-19-2024 |
| Date: | (date signed) |
| 46.0 | |
| (If Business | is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.) |
| | |
| Attest: | (individual's signature) |
| | |
| Name: | Ian Jessee |
| | (typed or printed) Senior Estimator |
| Title: | |
| | (typed or printed) |
| Address for | r giving notices: |
| | 6648 County Road 56 |
| | Johnstown, CO 80534 |
| Designated | Representative: |
| Name: | Ian Jessee |
| Name. | (typed or printed) |
| Title: | Senior Estimator |
| Title. | (typed or printed) |
| Address: | |
| | 6648 County Road 56 |
| | Johnstown, CO 80534 |
| Phone: | |
| | |
| Email: | ijessee@crc-co.net |

- E. Attachments providing additional information as required by Paragraph 8.02.
- F. Schedule A (Current Projects) as required by Paragraph 8.03.
- G. Schedule B (Previous Experience with Similar Projects) as required by Paragraph 8.04.
- H. Schedule C (Key Individuals) and resumes for the key individuals listed, as required by Paragraph 8.05.
- I. Additional items as pertinent.

00 10 H 3 H

Department of Public Works

Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

ADDENDUM No. 1

September 6, 2024

Addendum No. 1 to the Plans, Specifications, and Contract Documents as prepared by J-U-B ENGINEERS, Inc. is hereby submitted for use in bid preparation and submittal.

The following changes, additions, and/or deletions are hereby made a part of the Town of Johnstown – SH60 Waterline Replacement and Extension project, as fully and completely as if the same were entirely set forth in the Specifications and Contract Documents.

The corrections, clarifications, changes and approvals described herein shall become an integral part of any contract entered into between the Owner and Contractor.

Pre-Bid Meeting

See Attachment #1 for Pre-Bid Meeting Q&A notes.

See Attachment #2 for Pre-Bid Meeting attendee contact list.

Plans Plans

Sheets I&M-1, I&M-2, and I&M-3

Replace with revised Sheets I&M-1, I&M-2, and I&M-3 in Attachment #3

Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

NOTICE is hereby given that this Addendum must be signed and enclosed with a sealed bid for the Town of Johnstown – SH60 Waterline Replacement and Extension project, as evidence that the Bidder has familiarized themselves with all changes incorporated herein.

| Name | | Title | |
|-----------------------|--------------------|------------|--|
| Ken Baty | | President | |
| Signature | | Date | |
| ву: | | 09-19-2024 | |
| NAME OF BIDDER:Coyote | Ridge Construction | LLC | |

Submitted by:

J-U-B ENGINEERS, Inc.

Kur C Jag

Kadin C. Young, P.E. Project Engineer



Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

ADDENDUM No. 2

September 11, 2024

Addendum No. 2 to the Plans, Specifications, and Contract Documents as prepared by J-U-B ENGINEERS, Inc. is hereby submitted for use in bid preparation and submittal.

The following changes, additions, and/or deletions are hereby made a part of the Town of Johnstown – SH60 Waterline Replacement and Extension project, as fully and completely as if the same were entirely set forth in the Specifications and Contract Documents.

The corrections, clarifications, changes and approvals described herein shall become an integral part of any contract entered into between the Owner and Contractor.

Specifications

Section 01010 - Summary of Work

Add the following paragraph to 01010-1.5.A.1:

a. Contractor will be added to the existing Utility Permit Application submitted to CDOT by the Town of Johnstown. Contractor shall coordinate with CDOT and the Town of Johnstown to provide all required information, including Contractor's insurance, traffic control plans, etc.

Add the following paragraph to 01010-1.5.A.2:

- a. Contractor must meet all OmniTRAX requirements (see https://omnitrax.com/track-access/)
- b. Crossing fee will be paid by the Town of Johnstown

Add the following paragraphs to 01010-1.5.A:

- 7. Town of Johnstown Right-of-Way Work Permit
 - a. Contractor shall apply for ROW permit and comply with all Town of Johnstown requirements. Town of Johnstown fees will be waived.

General Questions and Clarifications

Select Questions and Answers

- What is the projected depth of the asphalt in Parish Ave. for restoration?
 - See Note 7, Detail 15, Sheet C-502 for patch thickness requirements. See SUE Plans Sheet SU2, Utility Test Hole Matrix for information regarding pavement thickness noted at test hole locations.

ADDENDUM No. 2 Page 1 of 2

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Department of Public Works

Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

NOTICE is hereby given that this Addendum must be signed and enclosed with a sealed bid for the Town of Johnstown – SH60 Waterline Replacement and Extension project, as evidence that the Bidder has familiarized themselves with all changes incorporated herein.

| Name | Title |
|--|------------|
| Ken Baty | President |
| Signature | Date |
| By: () 5 | 09-19-2024 |
| NAME OF BIDDER: Coyote Ridge Construct | ion LLC |

Submitted by:

J-U-B ENGINEERS, Inc.

Kur C Yy

Kadin C. Young, P.E. Project Engineer



Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

ADDENDUM No. 3

September 17, 2024

Addendum No. 3 to the Plans, Specifications, and Contract Documents as prepared by J-U-B ENGINEERS, Inc. is hereby submitted for use in bid preparation and submittal.

The following changes, additions, and/or deletions are hereby made a part of the Town of Johnstown – SH60 Waterline Replacement and Extension project, as fully and completely as if the same were entirely set forth in the Specifications and Contract Documents.

The corrections, clarifications, changes and approvals described herein shall become an integral part of any contract entered into between the Owner and Contractor.

Specifications

Section 01014 – Work Sequence

Add the following sentences to Paragraph 1.4.D:

"Contractor shall coordinate service shutdowns with Town and property owners, including coordination with impacted businesses for a reasonable shutdown window. Contractor may, at Contractor's expense, propose an alternate solution such as temporary water service where outage limit cannot be maintained. In such cases, submit plan for approval."

<u>Section 02370 – Erosion and Sediment Control</u>

Remove the final sentence from Paragraph 1.3.B and replace with:

"The Contractor shall be responsible for developing and complying with a Stormwater Management Plan (SWMP) for the Contractor's use."

Plans

Plan Sheet G-004

Add the following Note #34 to notes list:

"MATCH EXISTING SERVICE LINE SIZE FOR RECONNECTIONS. SERVICES ARE EXPECTED TO BE ¾" UNLESS OTHERWISE NOTED."



Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

Plan Sheet C-201

Add plan note at approximately STA 10+00 to read:

"RETAIN & PROTECT EXISTING CONCRETE CROSS PAN ACROSS PARISH AVE"

Plan Sheet C-205

Remove the following sentence from plan note at approximately STA 27+00:

"PROVIDE TEMPORARY WATER SERVICE TO PROPERTY OWNER DURING SHUTDOWN."

Plan Sheet C-218

Amend plan note at approximately STA 78+25 to read:

"REMOVE & REPLACE EXISTING 12" CMP CULVERT AND RESTORE TO EXISTING OR BETTER CONDITION"

Plan Sheet C-502

Add the following sentence to Note #1 at the top of Detail 11:

"ANY SUCH CONFLICT MAY BE MITIGATED WITHOUT THE USE OF FITTINGS BY MINOR DEFLECTIONS OR PROFILE ADJUSTMENTS NOT MORE THAN 1 FT FROM WHAT IS SHOWN IN THE PLANS AT NO ADDITIONAL COST TO OWNER."

General Questions and Clarifications

Select Questions and Answers

- Will Contractor need to provide temporary water services? If so, can a detail be provided for temporary water services?
 - See Section 01014 1.4.D
- The geo-report does not show any bore holes at the intersection of HW60 & Parish Ave.; nor does it show anything to the east where services are to be reconnected, does the Town anticipate ground water at these locations?
 - See Geotechnical Investigation Report for groundwater levels noted during subsurface investigation and construction considerations regarding dewatering efforts.
- Will SH60 allow a complete shut down? Or will SH60 need to keep traffic open in both east/west directions?
 - Contractor is responsible for traffic control plans and coordination of allowable closures and detours per impacted agencies. Notes from CDOT's lane closure strategy for the stretch of highway were given in the Phasing Plan sheets as a basis. All approvals and/or variances from CDOT or other agencies must be coordinated by the Contractor.

ADDENDUM No. 3 Page 2 of 5



Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

- Can base course be acceptable for temporary patching of trench? What will the requirements be for trench cover for working days and weekends?
 - Temporary patches and trench cover must meet the requirements set forth by the Contractor's right-of-way work permit(s) and the applicable agency's requirements.
- The 12" CMP shown on sheet C-218, will this line require headwalls at each end or Flared End?
 - See note on plan sheet added by this addendum
- Will seeding be required, if so at what locations? If so, what type of seeding specifications are we to follow?
 - See Section 02950 for "Type C" site restoration requirements
- What is the deadline date for the waterline to WWTP?
 - o See Article 4, Paragraph 4.02.A of the Agreement (C-520) for Substantial Completion deadline
- Do waterline spoils need to be hauled away. If so, does the Town want the spoils, if so what location do the spoils need to be hauled to?
 - Spoils and disposal are the responsibility of the Contractor. The Town does not plan to accept spoils.
- Are all blow-offs temporary or permanent?
 - Permanent blow-offs are to be installed as indicated in the plans. Temporary blowoffs for Contractor use are allowed as needed by Contractor.
- Will each phase need to be tested out prior to moving to the next phase? What is the maximum length of pipe that can be tested at one time?
 - See Section 2622 1.2.M for maximum increments for testing
 - Phases as set forth on Sheet TC-401 are only indicating differing phases as it relates to notes on the right side of the plan sheet. Contractor may set forth their own phasing plan for testing and acceptance under the requirements of the Specifications.
- Is Class 6 Road Base acceptable for the Type B resurfacing?
 - o See Detail 15, Sheet C-502 and Section 02207 for aggregate material requirements
- Will the concrete cross-pan and ramps need to be replaced on the north side of the Parish Intersection?
 - See note on plan sheet added by this addendum
- Who is to be copied on the bid submittal?
 - See Advertisement for Bids (C-111) for email address to submit bids
- Will an erosion control plan set be provided?
 - See Section 02370 for erosion and sediment control requirements. Contractor shall be responsible for developing a Stormwater Management Plan.
- Where are the staging areas located?
 - No specific staging areas are provided
- What type of mix design is required for the Type A surfacing?
 - See Section 02510
- Please advise on whether the Town will be providing a technician for hydrostatic/bacteriological sampling of the newly installed Waterline for the project.
 - The Town will not be providing a technician for testing. Testing is the responsibility of the Contractor per Sections 02516 and 02622.
- Please confirm material type of existing Waterline (AC, PVC, DI, etc.).
 - o Existing waterlines at tie-in locations are anticipated to be cast iron, ductile iron, and/or PVC
- Please identify locations where Bl#3.07 Waterline Lowering is anticipated to be used.
 - See notes at the top of Detail 11, Sheet C-502. See also plan sheets general notes #6 & 7.

Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

- Bid Item 3.07 has no specific location but is intended to be used at Owner's discretion in any instance utilizing Detail 11 for an unforeseen utility conflict with the installation. Quantity given in the Bid Form may not be used.
- Please confirm that each Service Line Re-Connection (BI#3.05) has a corresponding Meter Pit Installation (BI#3.06). This is assumed due to Bid Quantity; however, only one meter pit is called out in the Plan.
 - Each service tie in includes a meter pit. See plan sheets general note #11.
- Please identify locations where BI#3.08 Air-Vac and Vault is to be used. Only 1ea was called out in the Plan.
 - See notes at the top of Detail 11, Sheet C-502. See also plan sheets general notes #6 & 7.
 - Bid Item #3.08 is intended to cover payment for ARV-1 and any additional ARVs that may be deemed necessary by Owner in conjunction with an unplanned waterline lowering per Detail 11.
 Quantity given in the Bid Form may not be used.

OF SOURCE OF

Department of Public Works

Town of Johnstown – SH60 Waterline Replacement and Extension 450 S. Parish Ave, Johnstown, CO 80534

NOTICE is hereby given that this Addendum must be signed and enclosed with a sealed bid for the Town of Johnstown – SH60 Waterline Replacement and Extension project, as evidence that the Bidder has familiarized themselves with all changes incorporated herein.

| NAME OF BIDDER:Coyote Ridge Const | ruction LLC |
|-----------------------------------|-------------|
| By: | 09-19-2024 |
| Signature | Date |
| Ken Baty | President |
| Name | Title |

Submitted by:

J-U-B ENGINEERS, Inc.

Kur C Yy

Kadin C. Young, P.E. Project Engineer



September 19, 2024

Town of Johnstown 450 S Parish Avenue Johnstown, Colorado 80534

To Whom It May Concern,

As it pertains to the Bid Form for Construction Contract, Article 2, Section 2.01(E.), there is no state contractors license in the State of Colorado. Please accept this as evidence of Coyote Ridge Construction's ("bidder") intention to comply with local city and or county License requirements within the timeframe for acceptance of Bids.

Respectfully,

Ken Baty President

Town of Johnstown - State Highway 60 Waterline Replacement And Extension

List of Proposed Subcontractors:

- Asphalt Paving—Martin Marietta
- Boring—Coleman Construction
- Concrete Flatwork—Front Range Concrete
- Erosion Control—Elite Stormwater Management
- Settlement Monitoring and Instrumentation—Kilduff Underground Engineering.
- Surveying and Staking—Lat 40
- Traffic Control and Striping—Loveland Barricade

Town of Johnstown - State Highway 60 Waterline Replacement And Extension

List of Proposed Suppliers:

- Aggregates—Denver Rock Company
- Field Office—Satellite Shelters
- Pipe—Core and Main
- Precast Structures—Oldcastle Infrastructure



COYOTE RIDGE CONSTRUCTION LIST OF CURRENT CONTRACTS 9/19/24

In-Construction Projects

| Name of Organization | Coyote Ridge Construction LL | C | | | | | | |
|--------------------------------|---|------------|-------------------|---------------------|---------------------------|--|---|--|
| Project Owner | Baseline Metropolit | an Distric | t No. 1 | Project Name | | East Sheridan Residential | | |
| General Description of P | roject Demolition, erosion of striping, signage, traf | | | ble water, non-pota | able water, storm | n sewer, concrete curb & | k gutter, sidewalk, asphalt paving, | |
| Contract Amount | 11,276,640 | Pı | roject Date | Jul-21 | Anticipate | d Completion Date | July-24 | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety | / Manager | Quality Control Manager | |
| Name | Judson McKinney | | Max G | onzales | Dus | stin Khaffaji | Floyd Danczak / Max Gonzalez | |
| Reference Contact Inforr | mation (listing names indicate | es approv | al to contacting | the names indiv | viduals as a ref | erence) | | |
| | Name | Ti | itle/Position | Organiza | tion | Telephone | Email | |
| Owner | Jim Niemczyk | | | McWh | ninney | N/A | jim.niemczyk@mchwhinney.com | |
| Designer | Ethan Rogers | | Engineer | Harris Koc | cher Smith | 303-623-6300 | erogers@hkseng.com | |
| Construction Manager | Michael Nolte | Proj | ject Manager | AHV Con | nmunities | | mnolte@ahvcommunities.com | |
| Project Owner | Baseline Metropolit | an Distric | t No. 1 | Project Name | South | Southlands Linear Park PH 2 160 Ave Sheridan Pkwy PH 2 | | |
| General Description of Project | Overlot Grading, Uti | ities, Con | crete, Demolition | , Erosion Control, | Asphalt | | | |
| Contract Amount | 1,238,567 | Pı | roject Date | Mar-23 | Anticipate | d Completion Date | Nov-24 | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety | / Manager | Quality Control Manager | |
| Name | Judson McKinney | | Max G | onzales | Dus | stin Khaffaji | Floyd Danczak / Max Gonzalez | |
| Reference Contact Inforr | mation (listing names indicate | es approv | al to contacting | the names indiv | viduals as a ref | erence) | | |
| | Name | Ti | itle/Position | Organization | | Telephone | Email | |
| Owner | Jim Niemczyk | | Mc | | ninney | N/A | jim.niemczyk@mchwhinney.com | |
| Designer | Miranda Johnson | | Engineer | Matrix Engineering | | 303-572-0200 | miranda_johnson@matrixdesigngrou p.com | |
| Construction Manager | Amanda Dawley | Proj | ject Manager | Contour | Contour Services 303-888- | | amanda@contourservices.com | |

| Project Owner | Baseline Metropolit | an Distric | t No. 1 | Project Name | 1 | East Sherid | lan PH 2 (1D) |
|--------------------------------|-------------------------------|------------|-----------------------------|--------------------|---------------------------------------|-------------------|------------------------------|
| General Description of Project | Utilities, Concrete, P | | | 1 -, | | | |
| Contract Amount | 4,616,249 | | roject Date | Jul-22 | Anticipated | d Completion Date | Jul-24 |
| Key Project Personnel | Project Manager | | <u> </u> | erintendent | | Manager | Quality Control Manager |
| Name | Judson McKinney | | | onzales | · · · · · · · · · · · · · · · · · · · | tin Khaffaji | Floyd Danczak / Max Gonzalez |
| Reference Contact Informa | ation (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | • |
| | Name | Ti | tle/Position | Organization | | Telephone | Email |
| Owner | Jim Niemczyk | | | McWl | hinney | N/A | jim.niemczyk@mchwhinney.com |
| Designer | Ethan Rogers | | Engineer | Harris Koo | cher Smith | 303-623-6300 | erogers@hkseng.com |
| Construction Manager | Amanda Dwight | Proj | ect Manager | McWl | hinney | 970-420-5763 | amanda.dwight@mcwhinney.com |
| Project Owner | Mulberry Metrop | olitan Dis | trict | Project Name | | Bloor | m Public |
| General Description of Project | Earthwork, Utilities, | Concrete, | Demolition, Eros | on Control, Pavin | g, Boring | | |
| Contract Amount | 27,138,880 | Pı | roject Date | Feb-23 | Anticipated | d Completion Date | Jul-24 |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety | Manager | Quality Control Manager |
| Name | Kevin Miller/Sam Kapl | an | Jeramie Danczal | x / Jared Brinkley | Dus | tin Khaffaji | Floyd Danczak / Max Gonzalez |
| Reference Contact Informa | ation (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | • |
| | Name | Ti | tle/Position | Organiza | Organization Telephone | | Email |
| Owner | Patrick McMeekin | Preso | odent Of Land | Hartford H | omes LLC. | 970.825.7392 | patrick@hartfordco.com |
| Designer | James Prelog P.E. | Civil E | Engineering PM | Gallow | vay US | 970.888.0809 | jamesprelog@gallowayus.com |
| Construction Manager | Steve Cicione | | ector of Land evelopment | Hartford H | omes LLC. | 970.692.4418 | steve@hartfordco.com |
| Project Owner | Mulberry Metrop | olitan Dis | trict | Project Name | | Bloon | n Private |
| General Description of Project | Earthwork, Utilities, | Concrete, | Demolition, Eros | on Control, Pavin | g, Boring | | |
| Contract Amount | 2,112,690 | Pı | roject Date | Feb-23 | Anticipated | d Completion Date | Jul-24 |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety | Manager | Quality Control Manager |
| Name | Kevin Miller/Sam Kapl | an | Jeramie Danczal | k / Jared Brinkley | Dus | tin Khaffaji | Floyd Danczak / Max Gonzalez |
| Reference Contact Informa | ation (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | |
| | Name | Ti | tle/Position | Organiza | ation | Telephone | Email |
| Owner | Patrick McMeekin | Presi | dent Of Land | Hartford H | omes LLC. | 970.825.7392 | patrick@harfordco.com |
| Designer | James Prelog P.E. | Civil E | Engineering PM | Gallow | vay US | 970.888.0809 | jamesprelog@gallowayus.com |
| Construction Manager | Steve Cicione | | ector Of Land evelopment | Hartford H | omes LLC. | 970.692.4418 | steve@hartfordco.com |
| | | | | | | | Covote Ridge Construction I |

| Project Owner | Town of | Town of Eaton | | | | Town of Eaton Cemetery | | |
|--------------------------------|------------------------------|---------------|----------------------|--------------------------------------|---------------------|------------------------|--------------------------|--|
| General Description of Project | Earthwork, Water, Irr | rigation, E | Electrical, Concrete | 2 | | | | · |
| Contract Amount | 488,596 | Pı | roject Date | e Aug-23 Anticipated Completion Date | | | Jun-24 | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | | Safety | Manager | Quality Control Manager |
| Name | Andrew Quest/ Kevin Mi | iller | Max G | onzales | | Dus | tin Khaffaji | Floyd Danczak / Max Gonzalez |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | /iduals a | as a refe | erence) | |
| | Name | Ti | itle/Position | Organiza | Organization | | Telephone | Email |
| Owner | Greg Brinck | Ci | ty Manager | Town o | f Eaton | | 970-373-8603 | reg@eatonco.org |
| Designer | Brad Curtis | | Engineer | Northern E | ngineeri | ng | 970-591-4291 | bcurtis@northernengineering.com |
| Construction Manager | Brad Curtis | | Engineer | Northern E | ngineeri | ng | 970-591-4292 | bcurtis@northernengineering.com |
| Project Owner | CEI Bui | lders | | Project Name | | | Bella Holsteins I | Dairy-Digester Tank |
| General Description of Project | Erosion Control, Ear | thwork, St | orm Drain, Concre | ete Pads, Sump pit | , digeste | er tank | | |
| Contract Amount | 888,191 | Pı | roject Date | May-23 | Aı | nticipated | d Completion Date | Aug-24 |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | | Safety Manager | | Quality Control Manager |
| Name | Judson McKinney | | Kevin | Martin | | Dus | tin Khaffaji | Kevin Martin |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | /iduals a | as a refe | erence) | |
| | Name | Ti | itle/Position | Organization Telephone | | Email | | |
| Owner | Will Hutchinson | Develo | pment Manager | Vanguard F | Vanguard Renewables | | 508-567-7745 | whutchinson@vanguardrenewables.c |
| Designer | Eric Young | | Engineer | Campos EPC | | | eric.young@camposepc.com | |
| Construction Manager | Craig Lepage | Constr | uction Manager | Vanguard F | anguard Renewables | | 207-573-8090 | clepage@vanguardrenewables.com |
| Project Owner | CEI Bui | lders | | Project Name | | | Bella Holsteins Dairy- | Substraight Water Lines |
| General Description of Project | Utilities | | | | | | | |
| Contract Amount | 93,213 | Project Date | | Jul-23 | Aı | nticipated | d Completion Date | Jun-24 |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | | Safety | Manager | Quality Control Manager |
| Name | Judson McKinney | Kevin | | Martin | | Dus | tin Khaffaji | Kevin Martin |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | /iduals a | as a refe | erence) | |
| | Name | Ti | itle/Position | Organization | | | Telephone | Email |
| Owner | Will Hutchinson | Develo | pment Manager | Vanguard F | Renewab | les | 508-567-7745 | whutchinson@vanguardrenewables.c om |
| Designer | Eric Young | | Engineer | Campo | os EPC | | | eric.young@camposepc.com |
| Construction Manager | Craig Lepage | Constr | uction Manager | Vanguard F | Renewab | les | 207-573-8090 | clepage@vanguardrenewables.com |

| Project Owner | Stratus Redtail Ranch, LLC | | | Project Name | | Redtail Ranch | | | |
|--------------------------------|------------------------------|-------------|----------------------------|----------------------|--------------------|-----------------------------------|--------------------------------|--|--|
| General Description of Project | Earthwork, storm sew | er, draina | ge swales | - | - | | | | |
| Contract Amount | 1,784,289 | Pr | oject Date | Mar-24 | Anticipated | d Completion Date | Jul-24 | | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety | Manager | Quality Control Manager | | |
| Name | Kevin Martin | | Jared 1 | Brinkley | Dus | tin Khaffaji | Floyd Danczak / Jared Brinkley | | |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | • | | |
| | Name | Ti | tle/Position | Organiza | tion | Telephone | Email | | |
| Owner | Richard Dean | | Owner | Stratus Co | ompanies | 720-214-5000 | rdean@stratuscompanies.com | | |
| Designer | Nick Talocco | Proj | ect Engineer | Geosyntec Con | nsultants, Inc. | 720-258.8585 | Nick.Talocco@geosyntec.com | | |
| Construction Manager | Brett Woolard |] | Engineer | CWC Co | onsulting | | brettw@cwc-consulting.com | | |
| Project Owner | Bloom Constru | ction LLC | 2. | Project Name | | Bloom | Filing 2 | | |
| General Description of Project | Earthwork, Utilities, | Concrete, | Demolition, Eros | ion Control, Paving | g, Boring | | | | |
| Contract Amount | 3,075,000.00 | Pr | oject Date | Feb-24 | Anticipated | l Completion Date | Sep-24 | | |
| Key Project Personnel | Project Manager | | Project Sup | perintendent | Safety | Manager | Quality Control Manager | | |
| Name | Kevin Miller/ Sam Kapl | an | Jeramie Dancza | k / Jared Brinkley | Dus | tin Khaffaji | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | • | | |
| | Name | Ti | tle/Position | Organiza | tion | Telephone | Email | | |
| Owner | Patrick McMeekin | Presi | dent Of Land | Hartford Ho | omes LLC. | 970.825.7392 | patrick@harfordco.com | | |
| Designer | James Prelog P.E. | | Ingineering PM | Gallow | vay US | US 970.888.0809 <u>jamesprelo</u> | | | |
| Construction Manager | Steve Cicione | | ctor Of Land evelopment | Hartford Ho | omes LLC. | 970.692.4418 | steve@hartfordco.com | | |
| Project Owner | City of G | reeley | | Project Name | | Suburban Ditch Pipeline | | | |
| General Description of Project | Erosion control, demo | olition, wa | iter, storm, concre | ete flatwork and str | uctures, asphalt p | paving | - | | |
| Contract Amount | 838,545.90 | Pr | oject Date | May-24 | Anticipated | l Completion Date | Oct-24 | | |
| Key Project Personnel | Project Manager | | Project Sup | perintendent | Safety | Manager | Quality Control Manager | | |
| Name | Kevin Miller | | Max C | Gonzalez | Anth | ony Puchino | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informa | tion (listing names indicate | es approv | al to contacting | the names indiv | viduals as a refe | erence) | | | |
| | Name | Ti | tle/Position | Organiza | tion | Telephone | Email | | |
| Owner | Ryan Duve | Proj | ect Engineer | City of (| Greeley | 970.573.2829 | ryan.duve@greeleygov.com | | |
| Designer | City of Greeley | | | | | | | | |
| Construction Manager | Ryan Duve | Proj | ect Engineer | City of 0 | Greeley | 970.573.2829 | ryan.duve@greeleygov.com | | |

| Project Owner | COLA, LLC | | | Project Name | | Baseline Lakes | | |
|--------------------------------|-------------------------------|-------------------|----------------------|---------------------|-----------------------------|---------------------|-------------------------------------|--|
| General Description of Project | Earthwork, utilities, st | | | 1 ' | l | | | |
| Contract Amount | 2,692,094.00 | Project Date | | Aug-24 | Anticipa | ted Completion Date | Sep-24 | |
| Key Project Personnel | Project Manager | Project Sup | | erintendent | Safety Manager | | Quality Control Manager | |
| Name | Ken Lambrecht | Max Go | | onzalez | Aı | nthony Puchino | Jeramie Danczak | |
| Reference Contact Informa | ation (listing names indicate | s approv | al to contacting | the names indiv | iduals as a r | eference) | | |
| | Name | Title/Position | | Organization | | Telephone | Email | |
| Owner | Shane Prahl | Land Developer | | COLA | | 719.505.6914 | sprahl@viewhomesinc.com | |
| Designer | Jason Mann | Civil E | ngineering Mgr | Ware M | alcomb | 303.552.2774 | jmann@waremalcomb.com | |
| Construction Manager | Shane Prahl | Lan | d Developer | CO | COLA | | sprahl@viewhomesinc.com | |
| Project Owner | City of Lon | igmont | | Project Name | | Longmont Sev | wer Trunk Line | |
| General Description of Project | Install sanitary sewer | trunkline | | | | | | |
| Contract Amount | 810,556.00 | Project Date | | Apr-24 | Anticipated Completion Date | | Jul-24 | |
| Key Project Personnel | Project Manager | Project Sup | | erintendent | Safe | ety Manager | Quality Control Manager | |
| Name | Judson McKinney | Max G | | onzalez | Aı | nthony Puchino | Floyd Danczak / Max Gonzalez | |
| Reference Contact Informa | ation (listing names indicate | s approv | al to contacting | the names indiv | iduals as a r | eference) | | |
| | Name | Title/Position | | Organiza | tion | Telephone | Email | |
| Owner | Andrew Carroll | Civil Engineer II | | City of L | ongmont | 970.214.3119 | andrew.carroll@longmontcolorado.gov | |
| Designer | Antonio Esposito |] | Engineer | Jacobs | | 303-710-9013 | antonio.esposito@jacobs.com | |
| Construction Manager | Andrew Carroll | Civil Engineer II | | City of Longmont | | 970-214-3119 | andrew.carroll@longmontcolorado.gov | |
| Project Owner | Aristrocrat Ra | anchettes | | Project Name | | Aristrocrat Ranch | ettes Water Project | |
| General Description of Project | Water main, water tan | ık, pump l | nouse, street repair | ir | | | | |
| Contract Amount | 6,630,571.00 | Pr | oject Date | Apr-24 | Anticipa | ted Completion Date | Jan-25 | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | Safety Manager | | Quality Control Manager | |
| Name | Ken Lambrecht | | | Gonzalez | zalez Anthony Puchino | | Floyd Danczak / Max Gonzalez | |
| Reference Contact Informa | ation (listing names indicate | s approv | al to contacting | the names indiv | iduals as a r | eference) | | |
| | Name | Title/Position | | Organization | | Telephone | Email | |
| Owner | Brian Filkowski | Ad | ministrator | Aristocrat W | ater Project | 303-810-3195 | arwpoffice@gmail.com | |
| Designer | Nicholas P. Marcotte | Project Engineer | | Element E | Element Engineering | | nmarcotte@elementengineering.net | |
| Construction Manager | Mike Hager | Proj | ect Manager | Element Engineering | | 720-582-8441 | mikeh@elementengineering.net | |

| Drainet Owner | GTC | | Project Name | | Poudre Fire Authority | | | | |
|---|--|-----------------|------------------------|------------------------|-----------------------------|---------------------------|------------------------------|--|--|
| Project Owner General Description of Project | Erosion control, demolition, earthwork, grading, | | | | | rougher the Authority | | | |
| , , | | | | | A | 10 13 D | 1.104 | | |
| Contract Amount | 563,902.00 | Project Date | | May-24 | Anticipated Completion Date | | Jul-24 | | |
| Key Project Personnel | Project Manager | Project Supe | | ' | | / Manager | Quality Control Manager | | |
| Name | Kevin Miller/ Justin Davi | | | Martinez | | nony Puchino | Ted Erickson | | |
| Reference Contact Informa | ation (listing names indicates | | | | | 1 | 1 | | |
| | Name | Titl | le/Position | Organization | | Telephone | Email | | |
| Owner | Keith Butler | | PM | GT | GTC | | | | |
| Designer | | | | | | | | | |
| Construction Manager | | | | | | | | | |
| Project Owner | GTC | | | Project Name | T | Brighton I | Fire Training | | |
| General Description of Project | Sanitary sewer, water, | storm sew | ver, concrete | - | - | | | | |
| Contract Amount | 348,001.00 | Project Date | | May-24 | Anticipated Completion Date | | Jun-24 | | |
| Key Project Personnel | Project Manager | Project Su | | perintendent | Safety | / Manager | Quality Control Manager | | |
| Name | Kevin Miller/ Justin Davi | Davis Max (| | Gonzalez | Anth | nony Puchino | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informa | ation (listing names indicates | approva | l to contactin | g the names indiv | viduals as a ref | erence) | | | |
| | Name | Titl | Title/Position Organiz | | tion Telephone | | Email | | |
| Owner | Keith Butler | PM | | GTC | | 303-772-4051 | | | |
| Designer | | | | | | | | | |
| Construction Manager | | | | | | | | | |
| Project Owner | Saunders Nort | th, LLC | | Project Name | | 2nd & Martin Multi family | | | |
| General Description of Project | Earthwork, sanitary sev | wer, water | r, storm | | | | | | |
| Contract Amount | 1,976,220.00 | Pro | ject Date | Mar-24 | Anticipate | d Completion Date | Aug-24 | | |
| Key Project Personnel | Project Manager | | Project Su | Project Superintendent | | / Manager | Quality Control Manager | | |
| Name | Judson McKinney | Judson McKinney | | Max Gonzalez | | nony Puchino | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informa | ation (listing names indicates | approva | l to contactin | g the names indiv | riduals as a ref | erence) | | | |
| | Name | Titl | itle/Position Organ | | tion | Telephone | Email | | |
| Owner | Saunders North, LLC | Andy | Barrat/ PM | Saunders N | Torth, LLC | 970-539-4981 | | | |
| Designer | | | | | | | | | |
| Construction Manager | | | | | | | | | |

| Project Owner | Baseline Metro Dist No. 1 | | | Project Name | | Southlands Public Infrastructure | | |
|--------------------------------|--------------------------------|----------------|-------------------------------|--|---------------------|----------------------------------|------------------------------|--|
| General Description of Project | Earthwork, over-exca | | | i roject rume | | Southands I di | | |
| Contract Amount | 4.880.466.00 | | oject Date | Apr-24 | Anticipated | Completion Date | Dec-24 | |
| Key Project Personnel | Project Manager | | | erintendent | Safety Manager | | Quality Control Manager | |
| Name | Judson McKinney | | | Brinkley | · | ony Puchino | Floyd Danczak / Max Gonzalez | |
| Reference Contact Inform | nation (listing names indicate | s approv | | | | - | - | |
| | Name | Title/Position | | Organization | | Telephone | Email | |
| Owner | Baseline Metro Dist No. 1 | | emczyk - VP of Development | | | 970-310-7566 | | |
| Designer | | | | | | | | |
| Construction Manager | | | | | | | | |
| Project Owner | Two Rivers Marketplace LLC #1 | | | Project Name | | Two Rivers Ma | arketplace- Public | |
| General Description of Project | Overlot Grading, sani | tary sewei | r, watermain servi | ices, concrete flatwork, paving, detention ponds | | | | |
| Contract Amount | 1,009,056.70 | Pr | oject Date | Sep-24 | Anticipated | Completion Date | May-24 | |
| Key Project Personnel | Project Manager | Project Sur | | erintendent | Safety | Manager | Quality Control Manager | |
| Name | Brandon Koehler | Ted E | | rickson | Anthony Puchino | | Floyd Danczak / Max Gonzalez | |
| Reference Contact Inform | nation (listing names indicate | s approv | al to contacting | the names indiv | viduals as a refe | rence) | | |
| | Name | Ti | tle/Position | Organiza | ation | Telephone | Email | |
| Owner | Tom Donkle | | | Two Rivers Marketplace LLC | | | thomas.donkle@gmail.com | |
| Designer | Land One Engineering | S | am Boyd | | | | | |
| Construction Manager | | | | | | | | |
| Project Owner | Two Rivers Marke | tplace LL | C #1 | Project Name | | Two Rivers Marketplace- Private | | |
| General Description of Project | Overlot Grading, sani | tary sewei | r, watermain servi | ices, concrete flatv | vork, paving, deter | ntion ponds | | |
| Contract Amount | 1,971,039.25 | Pr | oject Date | Sep-24 | Anticipated | Completion Date | May-24 | |
| Key Project Personnel | Project Manager | Project Sup | | erintendent | Safety Manager | | Quality Control Manager | |
| Name | Brandon Koehler | ler Ted E | | rickson Antho | | ony Puchino | Floyd Danczak / Max Gonzalez | |
| Reference Contact Inform | nation (listing names indicate | s approv | al to contacting | the names indiv | viduals as a refe | rence) | | |
| | Name | Title/Position | | Organization | | Telephone | Email | |
| Owner | Tom Donkle | | | Two Rivers Ma | arketplace LLC | | thomas.donkle@gmail.com | |
| Designer | Land One Engineering | S | am Boyd | | | | | |
| Construction Manager | | | | | | | | |

| Project Owner | Murata Farms Residential Metro Dist. | | | Project Name | | Murata Farms - Public | | |
|--------------------------------|--------------------------------------|--------------------------------------|-------------------|------------------------|-----------------|------------------------------|-------------------------|--|
| General Description of Project | Earthwork, utilities, co | oncrete fl | atwork, asphalt p | paving | | | | |
| Contract Amount | 4,896,606.29 | 4,896,606.29 Project Date | | | Anticipate | ed Completion Date | Aug-25 | |
| Key Project Personnel | Project Manager | Project Sup | | perintendent | Safety Manager | | Quality Control Manager | |
| Name | Ken Lambrecht Max G | | Gonzalez | nzalez Anthony Puchino | | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informat | ion (listing names indicate | s approv | al to contactin | g the names indiv | iduals as a ref | erence) | • | |
| | Name | Title/Position | | Organiza | tion | Telephone | Email | |
| Owner | Shane Prahl | Owner Rep/ CM | | CO | LA | 719-505-6914 | sprahl@viewhouseinc.com | |
| Designer | Redland | | | | 720-283-6783 | | | |
| Construction Manager | Shane Prahl | Owner Rep/ CM | | COLA | | 719-505-6914 | sprahl@viewhouseinc.com | |
| Project Owner | Murata Farms Reside | Murata Farms Residential Metro Dist. | | | | Murata Fa | rms - Private | |
| General Description of Project | Earthwork, utilities, co | oncrete fl | atwork, asphalt p | paving | | | | |
| Contract Amount | 4,044,703.33 | 044,703.33 Project Date | | Oct-24 | Anticipate | ed Completion Date | Aug-25 | |
| Key Project Personnel | Project Manager | Project Manager Project Sup | | perintendent | Safet | y Manager | Quality Control Manager | |
| Name | Ken Lambrecht Max G | | Gonzalez | Anthony Puchino | | Floyd Danczak / Max Gonzalez | | |
| Reference Contact Informat | ion (listing names indicate | s approv | al to contactin | g the names indiv | iduals as a ref | erence) | • | |
| | Name | Ti | tle/Position | Organiza | tion | Telephone | Email | |
| Owner | Shane Prahl | Owner Rep/ CM | | CO | LA | 719-505-6914 | sprahl@viewhouseinc.com | |
| Designer | Redland | | | | | 720-283-6783 | | |
| Construction Manager | Shane Prahl | Owner Rep/ CM | | CO | COLA | | sprahl@viewhouseinc.com | |



COYOTE RIDGE CONSTRUCTION LIST OF PREVIOUS CONTRACTS WITH SIMILAR EXPERIENCE 9/19/24

In-Construction Projects

Schedule B—Previous Experience with Similar Projects

| Coyote Ridge Construction LLC | | | | | | | |
|--------------------------------|--|---|---|---|--|--|--|
| Kinston Metropolita | Project Name | | Kinston 16th Public Infrastructure | | | | |
| Ct Utilities, Concrete, Den | nolition, T | rails, Erosion Contr | ol, Paving | • | | | |
| 3,512,808 | | | Completion Da | te | | Oct-23 | |
| Project Manager | Project Manager Project St | | rintendent Safet | | ety Manager | Quality Control Manager | |
| Kevin Miller | | Max Go | Max Gonzalez | | stin Khaffaji | Floyd Danczak | |
| on (listing names indicates ap | proval to | contacting the n | ames individual | s as a refere | nce) | | |
| Name | Name Title/Position | | Organization | | Telephone | Email | |
| Jeff Breidenbach | Owners Representative | | McWh | ninney | 970-223-7577 | jeff.breidenbach@mcwhinney.com | |
| Brett Woolard | Principal | | CWC Consulting Group | | 303-395-2702 | brettw@cwc-consulting.com | |
| Casey Milligan | Owners Project Manage | | Pinnacle Consulting Group, Inc | | 970-699-9555 | caseym@pcgi.com | |
| Town of Windsor | | | Project Name | | Windsor Wastewa | Windsor Wastewater Treatment Facility | |
| ct Demolition, Boring, Wa | ater Main, | Erosion Control | | | | | |
| 2,158,803 | | | Completion Da | Completion Date | | Sep-23 | |
| Project Manager | | Project Supe | erintendent S | | ety Manager | Quality Control Manager | |
| Kevin Miller | | Max Go | x Gonzalez Ke | | evin Miller | Max Gonzalez | |
| on (listing names indicates ap | proval to | contacting the n | ames individual | s as a refere | nce) | | |
| Name | Title/Position | | Organization | | Telephone | Email | |
| Dennis Markham | Owners | s Project Manager | Town of Windsor | | 970-388-7864 | dmarkham@windsorgov.com | |
| Steve Tamburini | | Engineer | Jacobs | | 303-818-7515 | steve.tamburini@jacobs.com | |
| Mark Remmers | CM | | Jacobs | | 970-222-5806 | mark.remmers@jacobs.com | |
| | Kinston Metropolit Ct Utilities, Concrete, Den 3,512,8 Project Manager Kevin Miller on (listing names indicates ap Name Jeff Breidenbach Brett Woolard Casey Milligan Town of West 2,158,8 Project Manager Kevin Miller on (listing names indicates ap Name Dennis Markham Steve Tamburini | Kinston Metropolitan District Ct Utilities, Concrete, Demolition, T 3,512,808 Project Manager Kevin Miller on (listing names indicates approval to Name Tile Jeff Breidenbach Brett Woolard Casey Milligan Town of Windsor ct Demolition, Boring, Water Main, 2,158,803 Project Manager Kevin Miller on (listing names indicates approval to Name Tile Dennis Markham Owners Steve Tamburini | Kinston Metropolitan District No.1 Ot Utilities, Concrete, Demolition, Trails, Erosion Control 3,512,808 Project Manager Project Super Kevin Miller Max Go on (listing names indicates approval to contacting the name Title/Position Jeff Breidenbach Owners Representative Brett Woolard Principal Casey Milligan Owners Project Manager Town of Windsor Ot Demolition, Boring, Water Main, Erosion Control 2,158,803 Project Manager Project Super Kevin Miller Max Go on (listing names indicates approval to contacting the name Title/Position Dennis Markham Owners Project Manager Steve Tamburini Engineer | Kinston Metropolitan District No.1 Project Name Ct Utilities, Concrete, Demolition, Trails, Erosion Control, Paving 3,512,808 Completion Da Project Manager Project Superintendent Kevin Miller Max Gonzalez On (listing names indicates approval to contacting the names individuals Name Title/Position Organiz Jeff Breidenbach Owners Representative McWh Brett Woolard Principal CWC Consul Casey Milligan Owners Project Manager Pinnacle Consul Town of Windsor Project Name Ct Demolition, Boring, Water Main, Erosion Control 2,158,803 Completion Da Project Manager Project Superintendent Kevin Miller Max Gonzalez On (listing names indicates approval to contacting the names individuals Name Title/Position Organiza Dennis Markham Owners Project Manager Town of Steve Tamburini Engineer Jaco | Kinston Metropolitan District No. 1 Utilities, Concrete, Demolition, Trails, Erosion Control, Paving 3,512,808 Completion Date Project Manager Project Superintendent Kevin Miller Max Gonzalez Duon (listing names indicates approval to contacting the names individuals as a reference on the contact of the contact o | Kinston Metropolitan District No.1 Project Name Kinston 16th Protect Utilities, Concrete, Demolition, Trails, Erosion Control, Paving 3,512,808 Completion Date Project Manager Project Superintendent Safety Manager Kevin Miller Max Gonzalez Dustin Khaffaji on (listing names indicates approval to contacting the names individuals as a reference) Name Title/Position Organization Telephone Jeff Breidenbach Owners Representative McWhinney 970-223-7577 Brett Woolard Principal CWC Consulting Group 303-395-2702 Casey Milligan Owners Project Manager Pinnacle Consulting Group, Inc 970-699-9555 Town of Windsor Project Name Windsor Wastewa Ct Demolition, Boring, Water Main, Erosion Control 2,158,803 Completion Date Project Manager Project Superintendent Safety Manager Kevin Miller Max Gonzalez Kevin Miller on (listing names indicates approval to contacting the names individuals as a reference) Name Title/Position Organization Telephone Dennis Markham Owners Project Manager Town of Windsor 970-388-7864 Steve Tamburini Engineer Jacobs 303-818-7515 | |

Schedule B—Previous Experience with Similar Projects

| Project Owner | Stoneybrook | | | Project Name | | Stoneybrook Lot 4 | | | |
|---|--|---------------------------|---------------------|--|--------------------------------|---------------------------|-----------------------------|------------------------------------|--|
| General Description of Project | Utilities, Earthwork, Con | ncrete, D | emolition, Erosion | Control, Paving, S | trol, Paving, Site Furnishings | | | | |
| Final Contract Amount | 4,857,9 | 08 | | Completion Da | ate | | | Jun-22 | |
| Key Project Personnel | Project Manager | | Project Supe | erintendent | | Safety | Manager | Quality Control Manager | |
| Name | Lee Rogers | | Max Go | nzalez Dustin Khaffaji | | Max Gonzalez | | | |
| Reference Contact Information (listing names indicates approval to contacting the n | | | | ames individual | s as | s a referenc | e) | | |
| | Name | Т | itle/Position | Organiza | atic | on | Telephone | Email | |
| Owner | Bob Eck | | Owner | Stoneybrook | k 23 | 34, LLC | 303.961.0301 | bob.eck@landassetstrategies.com | |
| Designer | Donna Barrentine | | Engineer | ATWEL | LL, I | LLC | 303.825.7100 | barrentine@atwell-group.com | |
| Construction Manager | Don Guerra | | CM | Land Asset | t Str | rategies | 303.905.3496 | don.guerra@landassetstrategies.com | |
| Project Owner | MHB AHV East V | MHB AHV East Village, LLC | | | T | | Finley | at Baseline | |
| General Description of Project | Sanitary sewer, water main, storm sewer, concrete flat | | | atwork, traffic con | trol | | | | |
| Final Contract Amount | 2,126,5 | 70 | | Completion Da | ate | | Jun-23 | | |
| Key Project Personnel | Project Manager Project Supe | | erintendent | | Safety | Manager | Quality Control Manager | | |
| Name | Judson McKinney Max Gor | | 3 | | | | | | |
| Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference) | | | | | e) | | | | |
| | Name | Name Title/Position | | Organization Teleph | | Telephone | Email | | |
| Owner | Jim Niemczyk | | | McWhinney | | N/A | jim.niemczyk@mchwhinney.com | | |
| Designer | Ethan Rogers | | Engineer | Harris Kocher Smith | | 303-623-6300 | erogers@hkseng.com | | |
| Construction Manager | Michael Nolte | Pro | oject Manager | AHV Communities | | mnolte@ahvcommunities.com | | | |
| Project Owner | Country Club Re | eserve LI | LC | Project Name | t Name Cor | | Country | try Club Reserve | |
| General Description of Project | Erosion control, earthwo | rk, sanita | ary sewer, underdra | in system, potable water, storm sewer, concrete curb & | | ż gutter, asphalt | | | |
| Final Contract Amount | 8,421,9 | 30 | | Completion Da | ate | | | May-23 | |
| Key Project Personnel | Project Manager | | Project Supe | erintendent | | Safety | Manager | Quality Control Manager | |
| Name | Marcus Steward | | Max Go | nzalez | | | | | |
| Reference Contact Information (| (listing names indicates app | oroval to | contacting the n | ames individual | s as | s a referenc | e) | | |
| | Name | Т | itle/Position | Organiza | atic | on | Telephone | Email | |
| Owner | Tony Vienna | (| Owners Rep | Mosiac Land | Dev | velopment | 970-484-0101 | | |
| Designer | Blaine Mathisen | De | sign Engineer | Northern E | ingi | neering | 970-221-4158 | | |
| Construction Manager | Tony Vienna | | | Mosiac Land | Dev | velopment | 970-484-0101 | | |

Schedule B—Previous Experience with Similar Projects

| Project Owner | Town of M | Iilliken | | Project Name | Milliken | | | Cherry Street | |
|--------------------------------|-------------------------------|--------------------------|----------------------|---------------------|--------------------------------|----------------|-------------------------------------|--|--|
| General Description of Project | Erosion Control, Demo | lition, Ear | thwork, Utilities, C | oncrete, Asphalt | | | | | |
| Contract Amount | 1,812,4 | 420 | | Project Date | Project Date | | 7/017/23 | | |
| Key Project Personnel | Project Manager | | Project Supe | erintendent | ntendent Safety | | / Manager | Quality Control Manager | |
| Name | Kevin Miller | | Max Go | onzalez | Dustin Khaffaji Piotr Lesnicki | | | Piotr Lesnicki | |
| Reference Contact Information | n (listing names indicates ap | proval to | contacting the r | names individual | s as a refe | renc | e) | - | |
| | Name | Т | itle/Position | Organiza | ation | | Telephone | Email | |
| Owner | Jon Rabas | Town | n Representative | Town of | Milliken | | 303-710-0275 | jrabas@millikenco.gov | |
| Designer | Brian Campbell | | PE | TAIT & A | ssociates | | 970-613-1447 | bcampbell@TAIT.com | |
| Construction Manager | Forest Reiff | Const | ruction Inspector | TAIT & Associates | | | 970-613-1447 <u>freiff@TAIT.cor</u> | | |
| Project Owner | Serratoga Fall | Serratoga Falls Metro #1 | | Project Name | Serratoga/Kit | | Serratoga/Kit | schell Phase 1 & 2 | |
| General Description of Project | Demolition, Earthwork | asphalt, d | concrete curb & gut | ter, potable water, | sanitary se | wer, | storm sewer, non-pot | able water | |
| Final Contract Amount | 10,714, | 258 | | Completion Date | | | Dec-22 | | |
| Key Project Personnel | Project Manager | | Project Sup | erintendent | S | Safety Manager | | Quality Control Manager | |
| Name | Lee Rogers | | Max Go | onzalez | | Dusti | n Khaffaji | Max Gonzalaz | |
| Reference Contact Information | n (listing names indicates ap | proval to | contacting the r | names individual | s as a refe | renc | e) | | |
| | Name | Т | itle/Position | Organiza | ation | | Telephone | Email | |
| Owner | Andrew Hartsel | Ma | nacina Doutnas | Vitabal Lal | - F2 IIC | | 440 271 0057 | a.hartsel@developmentbymosa | |
| | Andrew Hartsei | IVIa | naging Partner | Kitchel Lak | e rs, llc | | 440.371.9957 | <u>c.com</u> | |
| Designer | Robbie Lauer | S | ite Engineer | Northern E | ngineering | | 970.221.4158 | robbie@northernengineering.com | |
| Construction Manager | Tony Vienna | | CM | Mosaic Land | Developme | ent | 303.591.1907 | t.vienna@developmentbymosaic.co m>_ | |

EJCDC® C-451, Qualifications Statement—Schedule B—Previous Experience with Similar Projects.

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Page 1 of 2

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Coyote Ridge Construction, LLC

is a

Limited Liability Company

formed or registered on 08/20/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091444603.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/16/2024 that have been posted, and by documents delivered to this office electronically through 09/19/2024 @ 10:23:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/19/2024 @ 10:23:45 in accordance with applicable law. This certificate is assigned Confirmation Number 16399398 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| tino continuato acconiet o | omor riginto to the continuate herael | iii iioa oi oaoii | 011401001 | 110111(0)1 | | | |
|----------------------------|---------------------------------------|-------------------|-----------------------|-------------------------------------|-------------------|---------|----------|
| PRODUCER | | | CONTACT NAME: | Dana Stewart, CIC, CISR | | | |
| Flood and Peterson | | | PHONE (A/C, No, Ex | t): (970) 266-7149 | FAX (A/C, No): | (970) 5 | 506-6845 |
| PO Box 578 | | | E-MAIL ADDRESS: | DStewart@floodpeterson.com | | | |
| | | | | INSURER(S) AFFORDING COVERAGE | | | NAIC# |
| Greeley | CC | 80632 | INSURER A | Zurich American Insurance Company | | | 16535 |
| INSURED | | | INSURER B | . The Continental Insurance Company | | | 35289 |
| Coyote Ridge C | construction, LLC | | INSURER C | : | | | ı |
| Front Range Co | oncrete, LLC | | INSURER D | : | | | |
| 6648 County R | pad 56 | | INSURER E | : | | | |
| Johnstown | CC | 80534 | INSURER F | : | | | |
| COVERAGES | CERTIFICATE NUMBER: | GL/AU/WC/XS | Sx03/2025 | REVISION NUM | BFR. | | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| | T TOTAL TOTA | ADDL SUB | | POLICY EFF | POLICY EXP | T |
|----------------|--|----------|----------------|--------------|--------------|--|
| INSR LTR | TYPE OF INSURANCE | INSD WVI | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS |
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR | | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED |
| | | | | | | MED EXP (Any one person) \$ 10,000 |
| Α | | | GLO 5448821-01 | 03/01/2024 | 03/01/2025 | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT \$ 1,000,000 |
| | X ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| Α | OWNED SCHEDULED AUTOS ONLY AUTOS | | BAP 5448822-01 | 03/01/2024 | 03/01/2025 | BODILY INJURY (Per accident) \$ |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| | ✓ UMBRELLA LIAB ✓ OCCUR | | | | | EACH OCCURRENCE \$ 5,000,000 |
| В | EXCESS LIAB CLAIMS-MADE | | CUE 7040341181 | 03/01/2024 | 03/01/2025 | AGGREGATE \$ 5,000,000 |
| | DED RETENTION \$ 10,000 | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | PER OTH- STATUTE OTH- ER |
| l _A | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | WC 5448820-01 | 03/01/2024 | 03/01/2025 | E.L. EACH ACCIDENT \$ 1,000,000 |
| | (Mandatory in NH) | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder will be included as Additional Insured as required by written contract but only as respects to liability arising out of work performed by the named insured. The coverage is primary and non-contributory to any other valid and/or collectible insurance to the fullest extent the law allows per policy terms and conditions. Waiver of subrogation will apply This Certificate does not alter the insurance coverage afforded by the policies described herein..

| CERTIFICATE HOLDER | | CANCELLATION |
|--|----------|--|
| For Bidding Purposes Only 6648 County Road 56 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 0040 County Noad 30 | | AUTHORIZED REPRESENTATIVE |
| Johnstown I | CO 80534 | - Sun W Twit |



Coyote Ridge Construction, LLC

Principal Officers and Key Personnel

Kenneth Baty - Owner

Ken has 31 years of experience in the construction industry. He has been managing large construction projects throughout Colorado and Arizona since 1989. Ken's projects have included complete residential site development, large scale highway construction as well as major commercial and federal government projects. Ken and his wife Jane were previously owners of Crow Creek Construction before they sold their shares and started Coyote Ridge Construction in 2009.

Jane Delling - Owner

Jane has 31 years of experience in the construction and mining industries. She has a MS degree in Civil Engineering and has been managing large construction and mining projects since 1992 in Texas, Nevada and primarily Colorado. Jane and her husband Ken were previously owners of Crow Creek Construction before they sold their shares and started Coyote Ridge Construction in 2009.

Marcus Steward - Project Manager & Estimator

Marcus has 7 years' experience in civil construction in Colorado. With a portfolio including subdivisions, highway projects and concrete projects, as well as erosion control certification. Numerically agile Marcus focuses on budget control, estimating and schedule oversight.

Kevin Miller- Project Manager

Kevin has 22 years of construction experience in commercial landscape construction throughout the United States. Multitask capability and ability to forecast project costs and conflicts, Kevin is able to organize and lead a team for various and detailed oriented projects ranging from parks, subdivisions, commercial properties and beyond.

Ken Lambrecht-Project Manager

Ken has 16 years as Operations Manager for rural water district, 10 years project management of land development projects all over Northern Colorado, and 12 years construction inspection of civil and heavy highway construction. Currently overseeing water storage tank and distribution project in Fort Lupton.

Ian Jessee- Estimator

Ian has been estimating civil earthwork and underground utilities for 7 years, on projects ranging in size from \$10,000 to \$15 million. Ian's recall, attention to detail, and analytical abilities all serve to make him a key contributor to the success of Coyote Ridge Construction. Ian holds a pivotal role in the company's success. He is entrusted with overseeing the entire estimating department, managing the bid schedule, and ensuring a seamless preconstruction process for prospective projects.

Floyd Danczak- General Dirt Superintendent

Floyd has over 40 years of experience in Colorado, Nebraska, Wyoming and Kansas. Floyd's experience in construction ranges from Heavy Highway construction to residential development. He is responsible for managing the schedule and labor for all dirt work, coordinating with the pipe and prep crews, and organizing testing and subcontractors. He works closely with on-site inspectors to ensure work is being performed to the required specifications and standards. He attends internal and external meetings as needed for all CRC projects and contributes a wealth of experience and knowledge, including working with engineers on plan improvements.

Jeramie Danczak- Prep Superintendent

Jeramie has 16 years of construction experience. Jeramie's background in the construction industry spans various roles, showcasing his progression and expertise in the field, starting as a dirt laborer in 2005 and working his way up to the Prep Superintendent. Jeramie holds a significant leadership position within the company and is responsible for overseeing and managing various aspects of the construction process. His main role involves coordinating and supervising all prep crews, with a strong focus on dirt and pipe crews' activities and schedules.

Max Gonzalez- General Pipe Superintendent

Max has over 30 years experience utility construction experience. Max's background showcases his progressive growth within the utility construction field, highlighting his expertise and experience. He has worked in all levels of utility installation, starting as a pipe layer in 1998, working his way up to General Pipe Superintendent starting in 2015. With extensive experience in utility construction work, including pouring and managing concrete storm structures, Max has been involved in various projects of different scales and complexities. Max holds a crucial role overseeing all aspects of underground utility work. He is responsible for managing the schedule, labor, and resources related to utility construction. His role involves coordinating with other teams, organizing testing and subcontractors, performing take-offs for projects, and handling material ordering and delivery.

Anthony Puchino- Safety Coordinator

Anthony has been with the company for the last 18 months and has been running the safety department for the last 6 months. He has certificates in OSHA including the OSHA 30, OSHA 510, and other general safety training certificates. He is responsible for maintaining a safe environment for all company employees as well as the citizens that could be near the construction sites.



11/15/2023

Coyote Ridge Construction, LLC 6648 County Road 56 Johnstown, CO 80534

RE: Experience Mod Five Year History

This letter is to confirm that the experience modifier for Coyote Ridge Construction, LLC, for 2019 – 2023 is as follows:

| Rating Effective Date | Experience Mod |
|-----------------------|----------------------|
| 10/01/2023 | 0.62 – FINAL REVISED |
| 10/01/2022 | 0.64 |
| 10/01/2021 | 0.82 |
| 10/01/2020 | 1.11 |
| 10/01/2019 | 1.0 |

Please let me know if you have any questions regarding these rates.

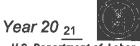
Thank you,

Dana M. Stewart, CIC, CLCS, CISR Senior Account Manager

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

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.



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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 Cas | es | | |
|------------------------|--|--|--|
| 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 | 5 | 0 |
| (G) | (H) | (1) | (J) |
| Number of Day | 5 V - XV | | |
| Total number of days | | number of days of transfer or restriction | |
| 0 | | 117 | |
| (K) | | (L) | |
| injury and iline | ss Types | SERVE WAR | |
| Total number of . | | | |
| (1) Injuries | 5 | (4) Poisonings | 0 |
| (2) Skin disorders | 0 | (5) Hearing loss | 0 |
| (3) Respiratory condi | tions 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.

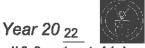
Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information 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 infor | mation | | |
|---|-----------------------|------------|-------------------------|
| Your establishment name | Coyote Ridge | ∋ Const | truction LLC |
| Street 6648 Coun | ty Road 56 | | |
| City Johnstown | State | со | Zip_80534 |
| Industry description (e. | g., Manufacture of | motor tru | ock tratlers) |
| Sewer & Water n | nain constructi | on; hea | avy civil |
| North American Indust | rial Classification (| NAICS), | if known (e.g., 336212) |
| Employment inform Worksheet on the next p | | have thes | se figures, see the |
| Annual average number | r of employees | 88 | 5 |
| Total hours worked by | all employees last y | /ear15 | 51,215.00 |
| Sign here | | | |
| Knowingly falsifyin | g this document | may res | ult in a fine. |
| I certify that I have emy knowledge the | | | |
| Company executive Phone 990. 79 | 6.9100 | Ti Date | 1/31/2022 |
| | | | |

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

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.



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

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 Ca | ses | | |
|--------------------------------------|--|--|--|
| 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 | 9 | 0 |
| (G) | (H) | (1) | (J) |
| Number of Da | ys | 400 | - To 2 |
| Total number of da away from work | , - | otal number of days of b transfer or restriction | |
| 0 | | 221 | |
| (K) | | (L) | |
| Injury and Ilin | ess Types | | |
| Total number of | | | |
| (1) Injuries | 9 | (4) Poisonings | 0 |
| (2) Skin disorders | 0 | (5) Hearing loss | 0 |
| (3) Respiratory con- | ditions 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.

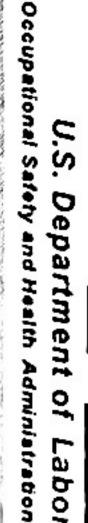
| Your establishment name | Coyote Ridge C | onstruction LLC | | | | | |
|---|---------------------------|--|--|--|--|--|--|
| Street 6648 Coun | ty Road 56 | | | | | | |
| City Johnstown | State C | O Zip 80534 | | | | | |
| Industry description (e. | .g., Manufacture of mot | or truck trailers) | | | | | |
| Sewer & Water r | nain construction; | heavy civil | | | | | |
| North American Indus | trial Classification (NAI | ICS), if known (e.g., 336212 | | | | | |
| Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.) | | | | | | | |
| Annual average number | er of employees | 91 | | | | | |
| Total hours worked by | all employees last year | 238,844.27 | | | | | |
| Sign here | | | | | | | |
| Knowingly falsifying | g this document ma | y result in a fine. | | | | | |
| I certify that I have e | examined this docume | ent and that to the best of | | | | | |
| my knowledge the en | ov91165 D | te, and complete. Treasult Title Title 1/27/2033 | | | | | |

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 23



Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, Remember to review the Log to verify that the entries are complete and accu Using the Log, count the individual entries you made for each category. 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 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's reco accurate Then write the totals below, making sure you've added the entries from v the efore completing this summary. if no work-related injuries or illnesses occurred during the year. OSHA Form 300 in its entirety. They also have limited seping rule, for further details on the access provisions access

recordkeeping rule,

to the

these forms.

| 0 | (6) All other illnesses | ions 0 | (3) Respiratory conditions |
|---|--|--|-------------------------------------|
| 0 | (5) Hearing loss | 0 | (2) Skin disorders |
| 0 | (4) Poisonings | 0 | Total number of (M) (1) Injuries |
| では ないない 大学 | 李公子等我们的教育。 等人的意思 | <u> </u> | Injury and Illness Types |
| | | | 3 |
| | 0 | | 0 |
| | I otal number of days of job transfer or restriction | Jot 0 I | Total number of days away from work |
| 五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二 | 大学大学 ないない 大学 大学 大学 大学 大学大学 大学大学 大学 大学 大学 大学 大学 大学 | · · · · · · · · · · · · · · · · · · · | Number of Days |
| (J) | (I) | Ξ | (G) |
| 0 | 0 | 0 | 0 |
| 2 6 | Total number of cases with job transfer or restriction | Total number of cases with days away from work | Total number of deaths |
| 一大大学 一大学 | 然の時間 一八年 北京 記入 三十九大大 | Number of Cases - Name of the State of | Williper of Case |

| 2 3 7 1 1 0 | North American Industrial Classification (NAICS), if known (e.g., 336212) | Sewer & Water main construction; heavy civil | Industry description (e.g., Manufacture of motor truck trailers) | City Johnstown State CO Zip 80534 | Street 6648 County Road 56 | Your establishment name Coyote Ridge Construction LLC | Establishment information |
|-------------|---|--|--|-----------------------------------|----------------------------|---|---------------------------|
|-------------|---|--|--|-----------------------------------|----------------------------|---|---------------------------|

Worksheet on the next page to estimate.) Annual average Employment I number of employees information (If you don't have these figures, see the 162

Sign here

Total hours worked by all employees last year

228,951.00

Knowingly falsifying this document may result in a fine.

Phone_ my knowledge the entries are true, accurate, and complete I certify that I have examined this document and that to the best of Company executive 970) 939-3791 Date Title Title hear 1611 Menegar

Reset

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.

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

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year 2021

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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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) | (H) | (1) | (J) |
| Number of Days | | | |
| Total number of days away from | | Total number of days of job transfer or restriction | |
| 0 (K) | - | 0 (L) | - |
| Injury and Illness T | ypes | | |
| Total number of (M) | | | |
| (1) Injury | 0 | (4) Poisoning | 0 |
| (2) Skin Disorder | 0 | (5) Hearing Loss | 0 |
| (3) Respiratory Condition | 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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| Esta | ablishr | ment information | | | | |
|------|------------------|--|----------------|--------------------|-----------------------------------|--------------------|
| | Your e | stablishment name <u>CO</u> | LEMAN CONS | STRUCTION INC | : | |
| | Street | 2071 FIR DRIVE | | | | |
| | City | ROCK SPRINGS | | State | WYOMING | Zip <u>82901</u> |
| | Industr | y description (e.g., Manufa HEAVY CONSTRUCTIO | | r truck trailers) | | |
| 0.0 | | rd Industrial Classification | 9 | | | |
| OR | North A | American Industrial Classit | , | , , | , 336212) | |
| Emp | oloyme | ent information | | | | |
| | Annual | average number of emplo | oyees _ | 4 | | |
| | Total h year | ours worked by all employ | /ees last - | 7373 | | |
| Sigr | n here | | | | | |
| | Knowi | ngly falsifying this docu | ment may res | ult in a fine. | | |
| | I certify comple | | document and | d that to the best | of my knowledge the entries are t | rue, accurate, and |
| | FRED | COLEMAN Company execut | tive | | | PRESIDENT Title |
| | 307-38 | 2-3158 Phone | | | | 1/14/2021 Date |

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

Year <u>2022</u>

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 injuries or

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."

illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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) | (H) | (1) | (J) |
| Number of Days | | | |
| Total number of days away from work | | Total number of days of job transfer or restriction | |
| 0 (K) | - | 0 (L) | - |
| . , | | (E) | |
| Injury and Illness T | ypes | | |
| Total number of (M) | | | |
| (1) Injury | 0 | (4) Poisoning | 0 |
| (2) Skin Disorder | 0 | (5) Hearing Loss | 0 |
| (3) Respiratory Condition | 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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| Establish | ment information | | | | |
|-------------------|---|---------------------|---------------------------------------|------------------|-----------------|
| | | | | | |
| Your e | stablishment name COLEMAN CON | ISTRUCTION INC | | | |
| Street | 2071 FIR DRIVE | | | | |
| City | ROCK SPRINGS | State | WYOMING | Zip | 82901 |
| Indust | ry description (e.g., Manufacture of mote HEAVY CONSTRUCTION | or truck trailers) | | | |
| Stand | ard Industrial Classification (SIC), if known | wn (e.g., SIC 3715 | 5) | | |
| | 1629 | | | | |
| OR North | American Industrial Classification (NAIC | | 336212) | | |
| | 23731 | 0 | | | |
| Employm | ent information | | | | |
| | | | | | |
| Annua | l average number of employees | 5 | | | |
| 1 | nours worked by all employees last | | | | |
| year | | 8669 | | | |
| | | | | | |
| Sign here | | | | | |
| Know | ingly falsifying this document may re | sult in a fine. | | | |
| | | | | | |
| l certit compl | y that I have examined this document ar ete. | nd that to the best | of my knowledge the entries are true, | , accurate, ar | nd |
| EDED | COLEMAN | | | DDESIDEN | J.T. |
| FRED | Company executive | | | PRESIDEN Titl | |
| 207.2 | 20.2450 | | | | 4.44.9.00.00 |
| 307-3 | 32-3158 Phone | | | Dat | 1/13/2022 te |

OSHA's Form 300A (Rev. 01/2004)

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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 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) | (H) | (1) | (J) |
| Number of Days | | | |
| Total number of days away from | | Total number of days of job transfer or restriction | |
| 0 | | 0 | |
| (K) | | (L) | • |
| Injury and Illness T | ypes | | |
| Total number of (M) | | | |
| (1) Injury | 0 | (4) Poisoning | 0 |
| (2) Skin Disorder | 0 | (5) Hearing Loss | 0 |
| (3) Respiratory Condition | 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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| Establ | ishment information | | | |
|----------|---|---|------------------------------|-----------------------|
| Yo | our establishment name COLEMAN CO | NSTRUCTION INC | | |
| St | reet 2071 FIR DRIVE | | | |
| Ci | ty ROCK SPRINGS | State | WYOMING | Zip <u>82901</u> |
| Ind | dustry description (e.g., Manufacture of mo HEAVY CONSTRUCTION | otor truck trailers) | | |
| St | andard Industrial Classification (SIC), if kn | own (e.g., SIC 3715) | | |
| OR No | orth American Industrial Classification (NA | , | 36212) | |
| | 23731 | 0 | | |
| Emplo | yment information | | | |
| | | | | |
| Ar | nnual average number of employees | 6 | | |
| To ye | otal hours worked by all employees last ar | 12477 | | |
| Sign h | ere | | | |
| Kı | nowingly falsifying this document may r | esult in a fine. | | |
| | ertify that I have examined this document mplete. | and that to the best of | my knowledge the entries are | e true, accurate, and |
| FF | RED COLEMAN Company executive | | | PRESIDENT Title |
| 30 | 7-382-3158 | | | 1/12/2024 |
| 30 | Phone | | | Date |



855 Front Street | P.O. Box 4759 | Helena, MT, 59604-4759 Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020 Fraud 888-MT-CRIME or 888-682-7463 | TDD/TYY 406-495-5030 montanastatefund.com | safemt.com

08/11/2023

Coleman Construction Inc 2071 Fir Drive Rock Springs WY 82901

Re: Experience Rating Factor / Experience Modification Rate Policy # 03-482811-1 COLEMAN CONSTRUCTION INC

To whom it may concern,

In Montana, both private insurance carriers and Montana State fund utilize experience rating. Each year experience rating factors are calculated for qualified policyholders by the National Council on Compensation Insurance (NCCI).

NCCI received the necessary data from private carriers and/or Montana State Fund to calculate an experience rating factor for the above referenced policy.

As per your request, current experience for the past three years and upcoming year is as follows:

| Dates 07/15/2023 -07/15/2024 | mod factor 1.04 |
|------------------------------|-----------------|
| Dates 07/15/2022-07/15/2023 | mod factor 1.00 |
| Dates 07/15/2021-07/15/2022 | mod factor 1.26 |
| Dates 07/15/2020-07/15/2021 | mod factor 1.27 |

If you have any questions, please don't hesitate to contact me.

Krista Patterson

Montana State Fund

Customer Service Specialist

855 Front Street P.O. Box 4759 Helena, MT 59604-4759

Phone: 406-495-5174 krista.patterson@mt.gov

safemt.com



Mark Gordon Governor

State of Wyoming Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION

5221 Yellowstone Road Cheyenne, WY 82002 http://www.wyomingworkforce.org



Elizabeth Gagen, J.D. Deputy Director

Mail Date

:09/03/2021

Employer No

:003761643

COLEMAN CONSTRUCTION INC 2071 FIR DR Rock Springs, WY 82901

If you disagree with any of the following information, please respond to Workers' Compensation Employer Services in writing within 15 days of the date of this notice. Be sure to include the nature of your disagreement and relevant information for the Division to reconsider. If the Division cannot informally resolve the matter, a final determination will be issued at which time you may request and are entitled to a hearing.

2022 EXPERIENCE MODIFICATION RATING (EMR) NOTICE

Your Experience Modification Rating (EMR) factor for the rating year has been calculated as shown below. Your EMR factor is based on a three-year experience period which is 01/01/2018 to 01/01/2021 for private entities, and 07/01/2017 to 07/01/2020 for public entities. If you have less than one full year of premium obligation during the experience rating period, your EMR will be equal to a modification of one. If you have greater than one full year of premium obligation during the experience rating period, but less than three full years of premium obligation, the actual premium obligation will be based on your actual experience as recorded by the Division in the quarterly or monthly reports in the year. Payroll, premium, and loss information from this period are used in this calculation and include data from any acquired or merged entities.

2022 EMR Factor = 1.2500

SECTION I - PAYROLL AND PREMIUM EXPERIENCE

| EFF. DATE | EXP. DATE | POLICY NO | INSURED NAME | PAYROLL | PREMIUM |
|-------------|-------------|-----------|--------------------------|------------|-----------|
| Jan 1, 2020 | Jan 1, 2021 | 003761643 | COLEMAN CONSTRUCTION INC | 215,675.70 | 4,140.97 |
| Jan 1, 2019 | Jan 1, 2020 | 003761643 | COLEMAN CONSTRUCTION INC | 249,895.10 | 5,122.86 |
| Jan 1, 2018 | Jan 1, 2019 | 003761643 | COLEMAN CONSTRUCTION INC | 132,728.61 | 2,827.12 |
| | | · | | 598,299.41 | 12,090.95 |



Governor

State of Wyoming Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION
5221 Yellowstone Road
Cheyenne, WY 82002
https://dws.wyo.gov



Robin Sessions Cooley, J.D.

Director

Elizabeth Gagen, J.D.

Deputy Director

Mail Date

:09/01/2023

Employer No

: 003761643

COLEMAN CONSTRUCTION INC

2071 FIR DR

Rock Springs, WY 82901

If you disagree with any of the following information, please respond to Workers' Compensation Employer Services in writing within **15 days** of the date of this notice. Be sure to include the nature of your disagreement and relevant information for the Division to reconsider. If the Division cannot informally resolve the matter, a final determination will be issued at which time you may request and are entitled to a hearing.

2024 EXPERIENCE MODIFICATION RATING (EMR) NOTICE

Your Experience Modification Rating (EMR) factor for the rating year has been calculated as shown below. Your EMR factor is based on a three-year experience period which is 01/01/2020 to 01/01/2023 for private entities, and 07/01/2019 to 07/01/2022 for public entities. If you have less than one full year of premium obligation during the experience rating period, your EMR will be equal to a modification of one. If you have greater than one full year of premium obligation during the experience rating period, but less than three full years of premium obligation, the actual premium obligation will be based on your actual experience as recorded by the Division in the quarterly or monthly reports in the year. Payroll, premium, and loss information from this period are used in this calculation and include data from any acquired or merged entities.

2024 EMR Factor = 1.2500

SECTION I - PAYROLL AND PREMIUM EXPERIENCE

| EFF. DATE | EXP. DATE | POLICY NO | INSURED NAME | PAYROLL | PREMIUM |
|-------------|-------------|---------------------------------------|--------------------------|------------|-----------|
| Jan 1, 2022 | Jan 1, 2023 | 003761643 | COLEMAN CONSTRUCTION INC | 38,761.00 | 972.90 |
| Jan 1, 2021 | Jan 1, 2022 | 003761643 | COLEMAN CONSTRUCTION INC | 230,739.05 | 6,299.17 |
| Jan 1, 2020 | Jan 1, 2021 | 003761643 | COLEMAN CONSTRUCTION INC | 215,675.70 | 4,140.97 |
| | | · · · · · · · · · · · · · · · · · · · | | 485,175.75 | 11,413.04 |



Mark Gordon Governor

State of Wyoming Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION

5221 Yellowstone Road Chevenne, WY 82002 http://www.wyomingworkforce.org



Robin Sessions Cooley, J.D. Director Elizabeth Gagen, J.D. Deputy Director

Mail Date

:09/02/2022

Employer No

:003761643

COLEMAN CONSTRUCTION INC 2071 FIR DR

Rock Springs, WY 82901

If you disagree with any of the following information, please respond to Workers' Compensation Employer Services in writing within 15 days of the date of this notice. Be sure to include the nature of your disagreement and relevant information for the Division to reconsider. If the Division cannot informally resolve the matter, a final determination will be issued at which time you may request and are entitled to a hearing.

2023 EXPERIENCE MODIFICATION RATING (EMR) NOTICE

Your Experience Modification Rating (EMR) factor for the rating year has been calculated as shown below. Your EMR factor is based on a three-year experience period which is 01/01/2019 to 01/01/2022 for private entities, and 07/01/2018 to 07/01/2021 for public entities. If you have less than one full year of premium obligation during the experience rating period, your EMR will be equal to a modification of one. If you have greater than one full year of premium obligation during the experience rating period, but less than three full years of premium obligation, the actual premium obligation will be based on your actual experience as recorded by the Division in the quarterly or monthly reports in the year. Payroll, premium, and loss information from this period are used in this calculation and include data from any acquired or merged entities.

2023 EMR Factor = 1.4500

SECTION I - PAYROLL AND PREMIUM EXPERIENCE

| EFF. DATE | EXP. DATE | POLICY NO | INSURED NAME | PAYROLL | PREMIUM |
|-------------|-------------|-----------|--------------------------|------------|-----------|
| Jan 1, 2021 | Jan 1, 2022 | 003761643 | COLEMAN CONSTRUCTION INC | 230,739.05 | 6,299.17 |
| Jan 1, 2020 | Jan 1, 2021 | 003761643 | COLEMAN CONSTRUCTION INC | 215,675.70 | 4,140.97 |
| Jan 1, 2019 | Jan 1, 2020 | 003761643 | COLEMAN CONSTRUCTION INC | 249,895.10 | 5,122.86 |
| | | | | 696,309.85 | 15,563.00 |