

TECHNICAL PROPOSAL  
FOR  
**SCI MAHANoy**  
REPAIRS/RENOVATIONS TO SWITCHGEAR & GENERATORS  
FRACKVILLE. WEST MAHANoy TWP.  
CONTRACT No. DGS C-0373-0009 PHASE 1  
ELECTRICAL CONSTRUCTION  
BID DATE AND TIME: OCTOBER 31, 2023— 2:00PM



**BOB BITER ELECTRICAL ENTER., INC.**  
7776 ADMIRAL PEARY HWY.,  
PO Box 227  
CRESSON, PA 16630

**CONTACT PERSON:** JOHN B. BIANCONI

**PHONE:** (814) 886-7111 EXT 205  
**CELL** 814-931-2261  
**FAX:** (814) 886-4922

**EMAIL:** [JOHN.BIANCONI@BITERELECTRIC.COM](mailto:JOHN.BIANCONI@BITERELECTRIC.COM)

## T-1A

### Company Overview:

Bob Biter Electrical Enter., Inc. is a family owned business with 3 generations involved in the company. Biter Electric has been established since 1976, representing 47 years' in the electrical construction field, with a reputation of installing quality projects. Biter Electric is one of the largest Union Contractors in Western Pennsylvania; with bonding capabilities of up to a single job of \$33,000,000 within an aggregate work program of \$45,000,000. Bob Biter Electric is a Union Contractor signed with IBEW Local Union #5; having access to the highest quality of skilled labor. Biter Electric has been involved in numerous multi-prime construction projects and coordination with other contractors has been very successful. We have a broad customer base of which the following are just a few: Penn State University, Indiana University of Pennsylvania, Slippery Rock University, Lock Haven University, Richland Area School District, Hollidaysburg Veterans Home, VA Hospital Altoona, and Fulton County Medical Center, Commonwealth of Pennsylvania Department of General Services & Department of Corrections. Bob Biter Electrical Enter., Inc. also has a strong working relationship with several Architects and Engineers & Construction Managers including, but not limited to the following: Comprehensive Design, H.F. Lenz Company, East Hills Engineering, Gilbert Architects, EADS Group, Lehman Engineers, Crabtree Rohrbaugh & Associates Architects, L.R. Kimball & Associates, L. D. Astrino, STV & Associates, Burt Hill & Associates, Whiting Turner Construction, Gilbane Company, Turner Construction, Alexander Contractors, White Construction & Horst Construction.

### **Project Team:**

Our project team will be headed by the **Vice-President and Acting Principal in Charge John B. Bianconi** who has been employed by Biter Electric for 42 years. Mr. Bianconi oversees all projects performed by Biter Electric. He will review the project on a regular basis and will work closely with the project team who will report back to him on a weekly basis as to the progress on the project, they will discuss material and delivery schedules and manpower needs. Mr. Bianconi prides himself in completing projects in a timely manner and making sure the project is one all parties, the Owner, Architect, Engineer, Construction Manager & Biter Electric can be proud of. On this project Mr. Bianconi will also assume the role as **Project Manager**.

**Project Engineer** Position will be held by **Mr. Jesse Bianconi**, he has been employed by our firm for 144 years. During this time frame he has become knowledgeable about all facets of electrical construction he will be in charge of developing the work schedule and procuring major equipment and identifying long lead items. Mr. Bianconi along with the General Foreman will review the major equipment to ensure that it will perform as required by design so there are no issues when the equipment / material reaches the jobsite. Once reviewed he will turn submittal documentation over to the project technician so they can be submitted. Once submittals are returned he will coordinate the release of all equipment and materials. He will be in charge of preparing all monthly billings along with any change order proposals that may be required. He will attend meetings with or without the Project Manager Mr. John Bianconi. The Project Manager & Project Engineer are currently assuming these same positions on a similar project for DGS at SCI Huntingdon. John & Jesse have worked on several DGS projects.



The position of **General Foreman** is **TBD** to the time frame the work is scheduled to start. However, the General Form will have been employed with Biter Electric and will have gained our confidence in the course of his employment to be put in the position of General foreman on this project. His duties will include attending meetings, and coordinating with other Prime Contractors to ensure the work flows smoothly. He will work hand in hand with the Project Manager and the Project Engineer. In reviewing the major materials for the project to ensure that they will perform as required per the design. He will be in daily contact with the Project Manager 7 project Engineer regarding material and manpower. Together they will develop a release schedule for major equipment so it arrives on site in a timely manner. Long lead items will be identified prior to this schedule being put together to allow for the proper release dates.

**Estimator / CAD Operations** will be assumed by **Mr. Keith Frank** he has been employed by Biter Electrical for 15 years. In that time frame he has received training on CAD, BIM and VDC. Most recently he has been responsible for implementing the BIM process for several project the following are just a few IUP Weyant & Walsh Bldg. PSU Moore Building, Penn Trafford High School, Woodland Hills High School, Urban Outfitters Windy Ridge Warehouse. Complete coordination utilizing Navisworks. He has also prepared the coordination drawings for several Penn State Laboratory projects, PSU Bio Research Phase 1 & 2. The PSU Millennium Project has several labs and clean rooms within the building. Mr. Frank initially received schooling and training in these areas while attending college. Since his employment with our firm we have furthered that training and schooling. Not to mention the experience gained by actually working on the projects. Mr. Frank will be in charge of all the BIM & VDC for the project along with assisting in Startup/Commissioning documentation.

**Mrs. Ashley Smith** will hold the position of **Project Technician** on the project. She has been employed by our firm for 12 years. Mrs. Smith's primary responsibilities will be reporting to the Project Manager and handling day to day paperwork on the project. Such as overseeing the submittal process and the release of all equipment to the jobsite. Processing RFI's and tracking their responses. She will work closely with the Project Manager and the General Foreman to ensure that all materials arrive on site in a timely manner as not to delay the project.

**Mrs. Mariah Lightner** will hold the position of **Project Technician Assistant** on the project. She has been employed by our firm for 2 years. In this time her responsibilities have been assisting the Project Technician the day to day paperwork. Her focus since her employment has been on DGS projects. She is familiar with E-Builder and will assist with uploading submittals, RFI's and other documentation and tracking the response of uploaded documents.

**Mrs. Laura J. Ruzzi**, is the **Senior Office Manager** and has been employed by Biter Electric for 40 years. Her duties include overseeing Accounts Payable, Accounts Receivable, Payroll, and Job Costing. Mrs. Ruzzi's will take responsibilities for overseeing purchasing and tracking job cost. Mrs. Ruzzi has handled multi-million dollar orders for Generators / Switchgear etc. and scheduled this equipment to arrive on the projects in a timely manner and within project requirements. Mrs. Ruzzi will also oversee work with in E-builder to ensure all required processes/reports/forms are kept up to date and submitted promptly.

**Mrs. Wendy Capelli, Accounts Payable,** Mrs. Capelli is in charge of entering all invoices into the Accounts Payable Software. She ensures that purchase orders do not run over helping to keep costs in line. Making sure all invoices are entered daily ensures that job costing is constantly up to date. Mrs. Capelli works with Mrs. Ruzzi to see that all vendors are paid within required terms.

All team members on this project will be dedicated to the project and will put in time necessary to insure that the project runs smoothly and stays on track.

Biter Electric has a long standing working relationship with the Department of General Services. Working on projects since the early 80's to present and never have we had issue or problem with completing the work as required. We are currently working with UpStreet Architects on the SCI Huntingdon – Electrical Upgrades Project that is very similar to this project, we have worked with the Electrical Engineer, HF Lenz Company on various projects over the last 47 years. Biter Electric primarily works as a Prime Contractor on most projects. All of our projects require collaboration and coordination between the other trades. We do not anticipate having any subcontractors on this project.

Biter Electric has worked in several prisons across the state and is very aware of the requirements and restrictions working within this type of environment. As stated above we are currently working at the SCI Huntingdon on the Electrical Upgrades project. That particular project's scope of work is identical to this project we will be installing one 2000Kw Tier 2 generator and a 2250Kw Tier 4 generator along with paralleling switchgear. We are the lead contractor on SCI Huntingdon the same as the Electrical Contractor would be on this project. We have previously worked in SCI Huntingdon, SCI Smithfield, SCI Rockview, SCI Pine Grove, SCI Laurel Highlands and SCI Cresson before it closed and FCI Loretto.

Biter Electric has an understanding of the services and materials required for this project. We have reviewed the plans and specifications and have performed a complete take off of the project. We have completed several projects similar in nature and size of this project. We have experience with the requirements of keeping existing buildings on line and operational during construction. We also have experience in working with older and newer equipment and systems. We do not anticipate any issues with these systems and feel we are qualified to install required systems.

A vast majority of the projects that Biter Electric is involved in are multiple prime contracts. Coordination with other primes is a must and has never been an issue. Coordination and BIM / Clash detection allows for work to flow smoothly and hopefully eliminates unforeseen issues during the construction of the project. Communication and collaboration between prime contracts allows for the project schedule to flow and stay on track. Keeping to the project schedule is very important and with proper communication and project meetings this should be achievable.

Prior to the start of the project a complete Hazard Analysis will be performed, allowing any hazards to be identified early so a plan of action can be put in place.

Biter Electric is well versed in the items designated as Critical Work on this project.

**Generator installations** we have installed a magnitude of generators ranging from 20kw to 2.5 megawatts in the past 47 years. We just recently completed a project for Urban Outfitters at their Windy Ridge Plant in Indiana, PA on which we installed a 1.2 megawatt generator and will be installing a 2 megawatt and a 2.5 megawatt generator at SCI Huntingdon. We feel we are more than qualified to perform the installation of the 3000Kw on this project.

As for Switchgear Electronics we install switchgear on practically every project we have done. We have installed several 4000amp switchboards on projects over the past 47 years. And we feel confident that we are more than qualified to perform the installation of the switchboards that are required for this project.

## **T-1B**

### **Qualification, Experience and Past Performance**

Biter Electric has been in business for the past 47 years, becoming one of the largest electrical contractors in Central Pennsylvania, employing multiple employees with 30+ years of electrical experience. We self-perform all facets of electrical and telecommunication work. With a Union workforce we can ensure a work crew of the appropriate size and skill set to perform the work required. Biter Electric is dedicated to providing the highest quality electrical contracting services available today. Our knowledge and experience has allowed us to perform projects of varying degrees of size, complexity and critical nature. We have successfully completed projects ranging from single-phase 120VAC residential to high voltage 15KV business and industry applications. Including high critical solutions with medical, educational, water treatment and correctional facilities. We have extensive experience in providing specialized lighting and control for stadiums, arenas, parking lots and performance stages. Other specialized services include telecom and data services for communications and networking, video surveillance, intrusion detection systems, fire alarm systems, emergency generators, rescue assistance call systems,

We are committed to exceeding the expectations of our clients while meeting the demands of today's emerging technologies and project requirements.

To highlight a Project that would closely relate to the scope of work as the SCI Mahanoy Renovations & Repairs project we would look to the point out SCI Huntingdon Electrical Upgrade project we are currently working on this project is almost identical in the scope of work with the paralleling switchgear and generators. On SCI Huntingdon we are install (2) Emergency Generators a 2 Megawatt Tier 2 and a 2.5 Megawatt Tier 4 along with paralleling switchgear and replacing all switchboards. This project also required us to bore under the wall of the prison 250' with a 3' bore casing so that the entire electrical distribution system was replaced.

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

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

Check One:

☒ Corporation,

☐ Partnership,

☐ Individual,

☐ Joint Venture,

☐ Other \_\_\_\_\_

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi

## **SECTION 1 – INFORMATION ON FIRM**

### **1.1 Background Information**

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- |      |           |    |                      |
|------|-----------|----|----------------------|
| Year | <u>23</u> | \$ | <u>22,503,976.00</u> |
| Year | <u>22</u> | \$ | <u>19,364,097.00</u> |
| Year | <u>21</u> | \$ | <u>16,055,326.00</u> |
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- |         |                  |             |
|---------|------------------|-------------|
| Year 1: | <u>6/23-6/24</u> | <u>.718</u> |
| Year 2: | <u>6/22-6/23</u> | <u>.706</u> |

Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 0

Year 3: 2021 1.48

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

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

Year 1: 2023 0

Year 2: 2022 0

Year 3: 2021 1.48

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

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

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

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

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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



Yes \_\_\_ No X

- 3.6 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.7 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.8 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.9 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.10 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.11 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.

- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

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



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### Attachment #1

Bob Biter Electrical Enter., Inc. is licensed to perform work in the State of Pennsylvania under license #3-1-76:19 231 Documentation attached.

## Project Experience & References

SCI Huntingdon – Electrical Upgrades  
Huntingdon County, PA

### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024

## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u>	<u>15</u>
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	<u>0</u>		

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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2022</u>
Phone	Date



# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
  
Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2022



**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
0	0	0	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of  
days of job transfer  
or restriction

0

---

(K)

Total number of days  
away from work

0

---

(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	89
------------------------------------	----

Total hours worked by all employees last year	135160
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111

---

Phone

2/23/2022  
Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

City Cresson

Identify the person						Describe the case		Classify the case	
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case:			
						Death	Days away from work	Remained at work	
								Job transfer or restriction	Other record-able cases
						(G)	(H)	(I)	(J)
1	Marshall Diehl	Electrician	7/18/2023	Jobsite	cut arm				x
2	Brian Pollock	Electrician	7/27/2023	Jobsite	Tripped stepping up over a curb hurt knee				x
3	Jim Capelli	Electrician	8/9/2023	Jobsite	Foot was run over by scissor lift				x
4	Aaron Sandoval	Electrician	9/5/2023	Jobsite	Strained lower back stepping down off a ladder			X	
Page totals						0	0	1	3

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2023



**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
0	0	1	3
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
5	0
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	88
------------------------------------	----

Total hours worked by all employees last year	122806
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111 Phone

2/23/2022  
Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

**Loss Run**

for BOB BITER ELECTRICAL ENTER., INC. (#100685)  
and Policy Years 2020 to 2023

---



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$911	\$0	\$911	\$0	\$911		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$741	\$0	\$741	\$0	\$741		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Attachment 4**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.





BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: *Bob Biter Electrical Enterprises, Inc.***  
***Cresson, Pennsylvania***

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c/f: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

***Great American Insurance Company***

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A. Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hench 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT</b> <b>NAME:</b> Becky Grove <b>PHONE</b> (A/C, No, Ext): 814-238-6725 <b>E-MAIL</b> ADDRESS: rgrove@dotyhench.com	<b>FAX</b> (A/C, No): 814-238-5404
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lackawanna Casualty Company		11703
<b>INSURER B:</b> Acuity		14184
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1736785439

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

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

Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.





COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	



**BOB BITER ELECTRICAL ENTERPRISES, INC.**

**FINANCIAL STATEMENTS**

**APRIL 30, 2021 AND 2020**

 **LONG, MULHEARN & CRISTE, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

## TABLE OF CONTENTS

Title Page .....	1
Table of Contents.....	2
Independent Auditors' Report .....	3 - 4
Balance Sheets .....	5
Statements of Income and Retained Earnings .....	6
Statements of Cash Flows.....	7
Notes to Financial Statements .....	8 - 15
Schedule 1 - Earnings from Contracts .....	16
Schedule 2 - Major Contracts Completed.....	17
Schedule 3 - Major Contracts in Progress .....	18



## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors  
of Bob Biter Electrical Enterprises, Inc.

We have audited the accompanying financial statements of Bob Biter Electrical Enterprises, Inc. (a Pennsylvania corporation), which comprise the balance sheets as of April 30, 2021 and 2020, and the related statements of income, retained earnings and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bob Biter Electrical Enterprises, Inc. as of April 30, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplementary schedules on pages 16-18 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

*Long, Mulhearn & Custer P.C.*

Ebensburg, Pennsylvania  
October 13, 2021

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**BALANCE SHEETS**  
**APRIL 30, 2021 AND 2020**

<b>ASSETS</b>	<b>2021</b>	<b>2020</b>
<i>Current Assets</i>		
Cash and cash equivalents	\$5,766,579	\$3,933,888
Contract receivables	4,109,688	2,614,814
Inventory	65,000	65,000
Costs and estimated earnings in excess of billings on uncompleted contracts	293,238	562,356
Prepaid expenses	103,309	127,677
Total Current Assets	<u>10,337,814</u>	<u>7,303,735</u>
Property and equipment	1,384,442	1,356,442
Accumulated depreciation	<u>(1,093,343)</u>	<u>(987,762)</u>
Net Property and Equipment	<u>291,099</u>	<u>368,680</u>
<i>Other Assets</i>		
Deferred income tax benefit	9,203	251,124
Loan to shareholders	162,000	182,000
Total Other Assets	<u>171,203</u>	<u>433,124</u>
Total Assets	<u>\$10,800,116</u>	<u>\$8,105,539</u>
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>		
<i>Current Liabilities</i>		
Accounts payable	\$553,010	\$163,251
Accrued liabilities	1,225,289	1,642,987
Income taxes currently payable	76,020	109,752
Billings in excess of costs and estimated earnings on uncompleted contracts	1,321,152	1,285,653
Total Current Liabilities	<u>3,175,471</u>	<u>3,201,643</u>
<i>Other Liabilities</i>	0	0
Total Other Liabilities	<u>0</u>	<u>0</u>
Total Liabilities	<u>3,175,471</u>	<u>3,201,643</u>
<i>Stockholders' Equity</i>		
Common stock, \$100 par value, 1000 shares authorized, 210 shares issued and outstanding	21,000	21,000
Retained earnings	7,603,645	4,882,896
Total Stockholders' Equity	<u>7,624,645</u>	<u>4,903,896</u>
Total Liabilities and Stockholders' Equity	<u>\$10,800,116</u>	<u>\$8,105,539</u>

See accompanying notes.

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**STATEMENTS OF INCOME AND RETAINED EARNINGS**  
**YEARS ENDED APRIL 30, 2021 AND 2020**

	2021		2020	
	AMOUNT	PERCENT	AMOUNT	PERCENT
Contract revenues earned	\$16,055,326	100.00%	\$25,534,551	100.00%
Cost of revenues earned	<u>13,651,331</u>	<u>85.03</u>	<u>21,913,260</u>	<u>85.82</u>
Gross profit	2,403,995	14.97	3,621,291	14.18
General and administrative expenses	<u>2,198,210</u>	<u>13.69</u>	<u>3,031,222</u>	<u>11.87</u>
Income from operations	<u>205,785</u>	<u>1.28</u>	<u>590,069</u>	<u>2.31</u>
Other income			42,738	0.17
Interest and other income	24,107	0.15	0	0.00
Grant income	<u>2,572,197</u>	<u>16.02</u>	<u>42,738</u>	<u>0.17</u>
	<u>2,596,304</u>	<u>16.17</u>		
Income (loss) before taxes	<u>2,802,089</u>	<u>17.45</u>	<u>632,807</u>	<u>2.48</u>
Income taxes			(109,752)	-0.43
Current income tax benefit (expense)	160,581	1.00	72,741	0.28
Deferred income tax benefit (expense)	<u>(241,921)</u>	<u>-1.51</u>	<u>(37,011)</u>	<u>(0.15)</u>
	<u>(81,340)</u>	<u>(0.51)</u>		
<b>Net income</b>	<b>2,720,749</b>	<b>16.94%</b>	<b>595,796</b>	<b>2.33%</b>
Beginning retained earnings	<u>4,882,896</u>		<u>4,287,100</u>	
Ending retained earnings	<u><u>\$7,603,645</u></u>		<u><u>\$4,882,896</u></u>	

See accompanying notes.

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED APRIL 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income (loss)	\$2,720,749	\$595,796
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation	105,581	49,478
Deferred income taxes	241,921	(72,741)
(Increase) decrease in:		
Contract receivables	(1,494,874)	1,845,462
Costs and estimated earnings in excess of billings on uncompleted contracts	269,118	(466,941)
Prepaid and refundable expenses	24,368	2,644
Increase (decrease) in:		
Accounts payable	389,759	(834,271)
Accrued liabilities	(417,698)	1,227,234
Income taxes payable	(33,732)	109,752
Billings in excess of costs and estimated earnings on uncompleted contracts	35,499	169,749
<i>Net Cash Provided By Operating Activities</i>	<u>1,840,691</u>	<u>2,626,162</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Collections on shareholder loans	20,000	0
Cash used to purchase equipment	(28,000)	(230,765)
<i>Net Cash Used By Investing Activities</i>	<u>(8,000)</u>	<u>(230,765)</u>
<i>Net Increase (Decrease) in Cash</i>	<u>1,832,691</u>	<u>2,395,397</u>
Cash at Beginning of Year	<u>3,933,888</u>	<u>1,538,491</u>
Cash at End of Year	<u><u>\$5,766,579</u></u>	<u><u>\$3,933,888</u></u>
Supplemental disclosures:		
Interest paid	\$0	\$0
Taxes paid	122,913	125,018

See accompanying notes.

# **BOB BITER ELECTRICAL ENTERPRISES, INC.**

## **NOTES TO FINANCIAL STATEMENTS**

### **Note A - Significant Accounting Policies**

Business Activity and Operating Cycle. The Company is engaged in a single industry: the electrical phase of the construction of industrial and commercial buildings. The work is performed substantially under fixed-price contracts varying in length from 3 to 24 months. Most of the projects are located in Western and Central Pennsylvania. In accordance with normal practice within the construction industry, the Company includes in current assets and liabilities amounts realizable and payable over a period in excess of one year; and as such, assets and liability accounts relating to construction contracts are classified as current.

Guidance Adopted. On May 28, 2014 FASB issued ASU 2014-09 regarding ASC Topic 606 "Revenue from Contracts with Customers" (ASC 606). This standard provides principles for recognizing revenue for the transfer of promised goods or services to customers with the consideration to which the entity expects to be entitled in exchange for those goods or services. The Company has adopted this standard as of May 1, 2019. Refer to Note B of these financial statements for a description of the impact of the adopted guidance.

Revenue and Cost Recognition. The Company adopted ASC 606 using the modified retrospective method for those contracts which were not substantially completed as of the transition date. The reported results for the year ended April 30, 2021 reflect the application of the guidance of ASC 606. There was no material impact to any of the line items within the Company's Statements of Income or Balance Sheets as a result of applying ASC 606 for the year ending April 30, 2021.

The electrical portion of construction of an industrial or commercial building is a single performance obligation that is satisfied over time. Payment is also due over time in installments, based on project phases as specified in the contract, with a final payment due at the time the project is completed and the customer accepts the property.

The Company recognizes revenues from fixed-price and modified fixed-price construction contracts using the cost-to-cost input method, which measures progress toward completion based on the percentage of cost incurred to date to estimated total cost for each contract. That method is used because management considers total cost to be the best available measure of progress on the contracts. Because of inherent uncertainties in estimating costs, it is at least reasonably possible that estimates used will change within the near term.

Contract costs include all direct material and labor costs and those indirect costs related to contract performance, such as indirect labor, supplies, tools and repairs. General and administrative costs are charged to expense as incurred. Provisions for estimated losses on uncompleted contracts are made in the period in which such losses are determined. Changes in job performance, job conditions, and estimated profitability may result in revisions to costs and income, which are generally recognized in the period in which the revisions are determined.



The Company generally warranties its work for one year after the date of acceptance. Warranty costs for the years ended April 30, 2021 and 2020 were immaterial.

The contract asset, "Costs and estimated earnings in excess of billings on uncompleted contracts," represents revenues recognized in excess of amounts billed. The contract liability, "Billings in excess of costs and estimated earnings on uncompleted contracts," represents billings in excess of revenues recognized.

Contract Receivables. Contract receivables are recorded when invoices are issued and are presented in the balance sheet net of the allowance for doubtful accounts. Contract receivables are written off when they are determined to be uncollectible. The allowance for doubtful accounts is estimated based on the Company's historical losses, the existing economic conditions in the construction industry, and the financial stability of its customers. The Company believes no allowance for doubtful accounts is necessary at April 30, 2021.

Adoption of New Accounting Policy. In connection with the federal grants received as more fully described in Note L, the Company has elected to account for these grants using guidance in International Accounting Standards (IAS) 20 by analogy. Under this model, the initial loan proceeds were recorded as a deferred income liability. As the qualifying expenses were incurred, the deferred liability was reduced and income was recognized separately on the Statement of Income as "Other income." Additionally, for purposes of the Statement of Cash Flows, the proceeds were considered as cash inflows from operating activities.

The Company believes using this methodology, as prescribed by IAS 20, best matches the cash received from the grant with the qualifying expenses that it incurred.

Property and Equipment. Depreciation and amortization are provided principally on the straight-line and MACRS methods over the estimated useful lives of the assets. The MACRS method obtains results that would closely approximate the double declining balance method.

Estimates. Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

Significant Estimates. The Company has calculated and determined its revenue earned for the years ended April 30, 2021 and 2020, and the effect on various asset and liability amounts based on the common industry standard of recognizing revenue using the ratio of cost-to-date compared to estimated total job cost. Due to the uncertainties inherent in the estimation process, and uncertainties relating to job performance as the contracts are completed, it is at least reasonably possible that estimated job costs, in total or on individual contracts, will be revised.

Inventories. Inventories consist of several small miscellaneous construction materials and supplies which are recorded at their estimated net realizable value, as provided by management.

Cash and Cash Equivalents. The Company considers all certificates of deposit with an original maturity of three months or less to be cash equivalents.

Income Taxes. Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes related primarily to differences in the bases of property and equipment for financial and income tax reporting and the effect of net operating loss carryforwards on future income taxes. The deferred taxes represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled.

The basis of property and equipment exceeds its tax basis by the cumulative amount that bonus depreciation and IRS section 179 depreciation reported on the Companies tax returns exceeds allowable depreciation using the allowable accelerated methods for financial statements. The excess will be taxable in future periods through reduced depreciation deductions.

In evaluating the Company's tax provisions and accruals, future taxable income, and the reversal of temporary differences, interpretations and tax planning strategies are considered. The Company believes its estimates are appropriate based on current facts and circumstances.

The Company will recognize the impact of tax positions in the financial statements if that position is more likely than not of being sustained on audit, based on the technical merits of the position. To date, the Company has not recorded any uncertain tax positions or any potential interest and penalties related to uncertain tax positions.

The federal and state returns for 2017 through 2020 are subject to exam by the IRS or state authorities, generally for three years after they are filed. In addition, all net operating losses and other tax credit carryforwards that may be used in future years are subject to adjustment.

On March 27, 2020 the CARES Act was enacted to provide relief to businesses and individuals impacted by the economic damage caused by the Covid-19 pandemic. Among the provisions enacted were changes made to the carryback of net operating losses by corporations for federal tax purposes. The calculation of deferred taxes was adjusted in the year ended April 30, 2020 to account for these changes.

Date of Management's Review. Subsequent events have been evaluated through October 13, 2021, which is the date the financial statements were available to be issued.

#### **Note B – Revenue Recognition**

Bob Biter Electrical Enterprises, Inc. adopted ACS 606 using the modified retrospective method for those contracts which were not substantially completed as of the transition date. The reported results for the year ended April 30, 2021 reflect application of the guidance of ASC 606.

Revenue from Contracts with Customers. Revenue is recognized when control of the promised services is transferred to the Company's customers in an amount that reflects the consideration expected to be entitled to in exchange for those services. As the Company completes its performance obligations which are identified below, it has unconditional right to consideration as outlined in the Company's contracts. Generally, the Company's accounts receivable are expected to be collected in 60 days in accordance with the underlying payment terms. For many of the Company's services, the Company typically has one performance obligation; however, it also provides the customer with an option to acquire additional services.



Contract Balances. The timing of revenue recognition, billings and cash collections results in billed accounts receivable, contract assets (reported as unbilled revenues at estimated billable amounts) and contract liabilities (reported as deferred revenues) on the Company's Balance Sheets. Unbilled revenues is a contract asset for revenue that has been recognized in advance of billing the customer, resulting from professional services delivered that the Company expects and is entitled to receive as consideration under certain contracts. Billing requirements vary by contract but substantially all unbilled revenues are billed within one year.

When the Company receives consideration from a customer prior to transferring services to the customer under the terms of certain claims management agreements, it records deferred revenues on the Company's Balance Sheets, which represents a contract liability. The Company recognizes deferred revenues as revenues when it performs services and transfers control of the services to the customer and satisfies the performance obligation which it determines utilizing a portfolio approach.

The table below presents the deferred revenues balance as of the transition date and the significant activity affecting deferred revenues during the year ended April 30, 2021:

Beginning balance at May 1, 2020	\$ 17,829,305
Additions	15,825,714
Revenues recognized from beginning of period	(13,010,827)
Revenues recognized from additions	(3,044,499)
Ending balance at April 30, 2021	<u>\$ 17,599,693</u>

Practical Expedients Elected. As a practical expedient, the Company does not adjust the consideration in a contract for the effects of a significant financing component. It expects, at contract inception, that the period between a customer's payment of consideration and the transfer of promised services to the customer will be one year or less.

The Company does not disclose the value of remaining performance obligations for which it recognizes revenue at the amount to which it has the right to invoice for services performed, and for contracts with variable consideration allocated entirely to a single performance obligation.

#### **Note C - Contract Receivables**

	<u>April 30, 2021</u>	<u>April 30, 2020</u>
Contract Receivables		
Billed		
Completed contracts	\$ 288,321	\$ 141,528
Contracts in progress	2,949,293	1,522,902
	<u>872,074</u>	<u>950,384</u>
Retained	<u>\$ 4,109,688</u>	<u>\$ 2,614,814</u>

An aging of receivables as of April 30, 2021 and 2020 is as follows:

0 - 30 days	\$ 1,344,875	\$ 449,538
31 - 60 days	1,410,991	708,911
over 61 days	481,748	505,981
	<u>872,074</u>	<u>950,384</u>
Retained	<u>\$ 4,109,688</u>	<u>\$ 2,614,814</u>

#### Note D - Property and Equipment

	<u>April 30, 2021</u>	<u>April 30, 2020</u>
Assets		
Buildings and improvements	\$ 146,611	\$ 146,611
Shop and construction equipment	463,092	463,092
Automobiles and trucks	<u>774,739</u>	<u>746,739</u>
	1,384,442	1,356,442
Accumulated depreciation	<u>(1,093,343)</u>	<u>(987,762)</u>
Net property and equipment	<u>\$ 291,099</u>	<u>\$ 368,680</u>

Depreciation expense during the years ended April 30, 2021 and 2020 amounted to \$105,581 and \$49,478, respectively.

#### Note E - Costs and Estimated Earnings on Uncompleted Contracts

	<u>April 30, 2021</u>	<u>April 30, 2020</u>
Costs incurred on uncompleted contracts	\$ 19,747,309	\$ 18,817,990
Estimated earnings	<u>2,316,616</u>	<u>3,552,878</u>
	22,063,925	22,370,868
Less: Billings to date	<u>23,091,839</u>	<u>23,094,165</u>
	<u>\$ (1,027,914)</u>	<u>\$ (723,297)</u>

Included in accompanying balance sheets under the following captions:

Costs and estimated earnings in excess of billings on uncompleted contracts	\$ 293,238	\$ 562,356
Billings in excess of costs and estimated earnings on uncompleted contracts	<u>(1,321,152)</u>	<u>(1,285,653)</u>
	<u>\$ (1,027,914)</u>	<u>\$ (723,297)</u>

#### Note F - Notes Payable and Line of Credit

Line of Credit. The Company has available an unsecured line-of-credit agreement with a bank in which it may borrow up to \$500,000. Borrowings under the line bear interest at prime plus one point. As of April 30, 2021 and 2020, there were no outstanding balances.

#### Note G - Income Taxes

During the fiscal year ended April 30, 2019, the Company adopted Accounting Standards Update (ASU) 2015-17, *Income Taxes-Balance Sheet Classification of Deferred Taxes*. ASU 2015-17 simplifies the reporting requirements for deferred income taxes by eliminating the requirement to separately report deferred tax assets and liabilities on the balance sheet, as well as classifying them as current or non-current. Upon adoption of ASU 2015-17, all deferred tax assets and liabilities are recorded net and they are classified as non-current in a classified financial

statement. The Company has elected to apply this change retrospectively and it believes the adoption does not have a significant impact on its financial statements.

The provision for federal and state income taxes for the years ended April 30, 2021 and 2020 is as follows:

	<u>April 30, 2021</u>	<u>April 30, 2020</u>
Current income tax (benefit)	\$ (160,581)	\$ 109,752
Deferred income tax (benefit)	<u>241,921</u>	<u>(72,741)</u>
Total provision for income taxes	<u>\$ 81,340</u>	<u>\$ 37,011</u>

The Company's total deferred tax assets and deferred tax liabilities at April 30, 2021 and 2020 are as follows:

Total deferred tax assets	\$ 60,140	\$ 322,035
Total deferred tax liabilities	<u>(50,937)</u>	<u>(70,911)</u>
Net deferred tax assets (liabilities)	<u>\$ 9,203</u>	<u>\$ 251,124</u>

The deferred tax asset relates to a net operating loss carryforward of \$602,002 that for PA purposes, can be carried forward to offset future PA taxable income through 2039 and it is recorded at its estimated realizable amounts. The deferred tax liability relates to differences in depreciation methods for tax and financial reporting. The Company does not believe a valuation allowance is required.

#### **Note H - Concentration of Credit Risk**

At April 30, 2021, and at various times throughout the year, the Company maintained cash balances in excess of FDIC insurable amounts which currently is \$250,000. At April 30, 2021, uninsured deposits were \$5,878,426. In the past, the Company has not incurred any losses from an off balance sheet risk for this situation and management believes that it is not exposed to any significant credit risk on its cash accounts.

#### **Note I - General and Administrative Expenses**

A detailed breakdown of general and administrative expenses is as follows:

	<u>April 30, 2021</u>	<u>April 30, 2020</u>
Salaries and wages	\$ 1,488,636	\$ 2,182,554
Taxes and benefits	216,690	190,400
Profit sharing pension	100,000	200,000
Professional fees	15,331	18,280
Occupancy	239,306	357,025
Depreciation	105,581	49,478
Other	<u>32,666</u>	<u>33,485</u>
	<u>\$ 2,198,210</u>	<u>\$ 3,031,222</u>

## **Note J - Retirement Plans**

The Company has a defined contribution profit sharing plan covering substantially all employees not covered by a union-sponsored plan. Pension costs are charged to earnings for the year in which they are contributed. Contributions of \$100,000 and \$100,000 were made for the years ended April 30, 2021 and April 30, 2020, respectively.

Union represented employees are covered by industry multi-employer defined contribution pension and post retirement plans under collective bargaining agreements to which the Company makes monthly contributions based upon hours worked by each eligible employee. During the years ended April 30, 2021 and 2020, \$791,505 and \$1,251,276 were contributed, respectively.

## **Note K - Backlog**

The following schedule summarizes changes in backlog on contracts during the years ended April 30, 2021 and 2020. Backlog represents the amount of revenue the Company expects to realize from work to be performed on uncompleted contracts in progress at year end and from contractual agreements on which work has not yet begun.

Backlog balance April 30, 2019	\$ 17,427,044
New contracts and contract adjustments during year	<u>25,936,812</u>
	43,363,856
Less: Contract revenues earned during year	<u>25,534,551</u>
Backlog balance April 30, 2020	\$ 17,829,305
New contracts and contract adjustments during year	<u>15,825,714</u>
	33,655,019
Less: Contract revenues earned during year	<u>16,055,326</u>
Backlog balance April 30, 2021	\$ <u>17,599,693</u>

## **Note L – Government Grants**

In response to the Covid-19 pandemic, the CARES Act was enacted by the federal government on March 27, 2020 to provide economic relief to businesses and individuals affected by the pandemic and the accompanying business closures. As part of the Act, as amended, businesses could borrow money under the Paycheck Protection Program (PPP), in order to continue payroll, as well as to pay for other qualifying expenses. If program requirements were met, the loan would be reclassified as a government grant from the Small Business Administration (SBA.)

Bob Biter Electrical Enterprises, Inc. applied for, and received a loan under the PPP program on May 4, 2020 in the amount of \$ 2,562,197 which was originally recorded as a deferred income liability. During the subsequent 24 weeks all proceeds of the loan were used to pay for qualifying wages and benefits. The Company applied for loan forgiveness and upon request by the SBA, all supporting documentation was provided. The Company received written notice from the SBA on September 3, 2021 that a grant payment was made to the bank in satisfaction of the loan.

The Company also received a grant of \$10,000 under the SBA's Economic Injury Disaster Loan Program (EIDL.) The grant was for \$1,000 per employee with a cap of \$10,000.

#### **Note M - Related Party Transactions**

Building Lease. Office and warehouse facilities were constructed by the majority stockholder and leased to the Company. In addition to annual rent of \$30,000 for use of the facilities, the Company is responsible for maintenance of the building. No long-term lease has been signed by either party.

Shareholder Loan. The Company loaned one of the shareholders \$162,000 as a short-term loan to be repaid with interest at the federal short-term rate. The loan is unsecured.

#### **Note N - Stock Redemption Agreement**

The corporation and its shareholders have entered into a stock redemption agreement which establishes price and terms under which a shareholder may redeem his shares.

#### **Note O - Concentrations**

Bob Biter Electrical Enterprises, Inc. performs a substantial portion of its electrical construction contracts in Western and Central Pennsylvania. Future revenue is dependent on the economy within this area. Additionally all electricians are members of the International Brotherhood of Electrical Workers, Local No. 5. Staffing future jobs is dependent upon future union contracts.

#### **Note P - Commitments and Contingencies**

The Company, as a condition for entering into substantially all of its construction contracts, has outstanding surety bonds on each project. The Company is contingently liable to the surety insurance company for each of these bonded projects. Bob Biter Electrical Enterprises, Inc. believes that all contingent liabilities will be satisfied by their performance on the specific bonded contracts involved.

#### **Note Q - Risks and Uncertainties**

In March 2020, in response to the Covid-19 pandemic, the Governor of Pennsylvania ordered the closure of many businesses in the state, including the temporary suspension of substantially all construction projects. While the disruption to the existing projects was temporary, and all projects are now operational, the closures did have an impact on the profitability of some of the current jobs in process. The Company has assessed each job, taking into account its estimated impact on each job. However, future possible closures or disruptions that could impact the Company and its operating revenue are unknown at this time.

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**SCHEDULE 1**  
**EARNINGS FROM CONTRACTS**  
**YEAR ENDED APRIL 30, 2021**

	<u>Revenues earned</u>	<u>Cost of revenues</u>	<u>Gross profit</u>
Major contracts completed during the year	\$2,613,396	\$1,375,863	\$1,237,533
Major contracts in progress at year end	12,416,817	11,056,084	1,360,733
Other contracts and unallocated direct contract costs	<u>1,025,113</u>	<u>1,219,384</u>	<u>(194,271)</u>
	<u>\$16,055,326</u>	<u>\$13,651,331</u>	<u>\$2,403,995</u>

See accompanying notes.

BOB BITER ELECTRICAL ENTERPRISES, INC.

SCHEDULE 2

MAJOR CONTRACTS COMPLETED

YEAR ENDED APRIL 30, 2021

Job #	CONTRACT TOTALS				BEFORE MAY 1, 2020			DURING THE YEAR ENDED APRIL 30, 2021		
	Revenues earned	Cost of revenues	Gross profit		Revenues earned	Cost of revenues	Gross profit	Revenues earned	Cost of revenues	Gross profit
2181485	\$933,720	\$594,879	\$338,841		\$876,185	\$575,228	\$300,957	\$57,535	\$19,651	\$37,884
2181519	273,541	233,079	40,462		266,351	222,253	44,098	7,190	10,826	(3,636)
2191523	437,901	347,258	90,643		359,230	311,258	47,972	78,671	36,000	42,671
2191530	521,271	459,087	62,184		447,322	393,191	54,131	73,949	65,896	8,053
2191533	5,876,533	4,557,639	1,318,894		5,847,674	4,533,697	1,313,977	28,859	23,942	4,917
2191537	2,747,101	2,328,682	418,419		2,679,857	2,318,643	361,214	67,244	10,039	57,205
2191557	1,001,877	881,196	120,681		517,174	444,720	72,454	484,703	436,476	48,227
2191585	1,250,855	952,639	298,216		1,202,103	931,122	270,981	48,752	21,517	27,235
2191599	1,435,306	748,049	687,257		527,864	396,653	131,211	907,442	351,396	556,046
2201637	859,051	400,120	458,931		0	0	0	859,051	400,120	458,931
	<u>\$15,337,156</u>	<u>\$11,502,628</u>	<u>\$3,834,528</u>		<u>\$12,723,760</u>	<u>\$10,126,765</u>	<u>\$2,596,995</u>	<u>\$2,613,396</u>	<u>\$1,375,863</u>	<u>\$1,237,533</u>

BOB BITER ELECTRICAL ENTERPRISES, INC.

SCHEDULE 3

MAJOR CONTRACTS IN PROGRESS

APRIL 30, 2021

Job #	TOTAL CONTRACT			FROM INCEPTION TO APRIL 30, 2021					AT APRIL 30, 2021			YEAR ENDED APRIL 30, 2021				
	Revenues	Estimated gross profit		Revenues earned	Cost of revenues	Gross profit	Billed to date	Estimated cost to complete	Costs and estimated earnings in excess of billings	Billings in excess of cost and estimated earnings	Revenues earned	Cost of revenues	Gross profit			
2181478	2,813,531	393,728		2,604,243	2,239,803	364,440	2,739,760	180,000		135,517	904,410	776,599	127,811			
2191553	3,634,899	79,669		3,621,608	3,542,230	79,378	3,622,043	13,000		435	867,544	798,291	69,253			
2191559	1,919,439	538,514		1,909,709	1,373,925	535,784	1,916,642	7,000		6,933	724,204	362,850	361,354			
2191560	5,040,253	362,498		5,032,711	4,670,755	361,956	5,036,999	7,000		4,288	1,298,118	1,433,316	(135,198)			
2191578	6,907,572	966,619		2,796,249	2,404,953	391,296	3,402,132	3,536,000		605,883	2,632,150	2,263,413	368,737			
2191607	4,725,569	199,721		2,440,961	2,120,848	320,113	2,304,278	1,985,000	136,683		2,345,504	2,038,614	306,890			
2201627	4,293,605	190,101		2,498,109	2,387,504	110,605	2,874,271	1,716,000		376,162	2,484,552	2,375,710	108,842			
2201638	1,268,150	164,834		521,041	453,316	67,725	538,677	650,000		17,636	521,041	453,316	67,725			
2201643	8,006,800	1,032,143		283,158	246,657	36,501	212,882	6,728,000	70,276		283,158	246,657	36,501			
2201671	796,800	105,762		269,857	234,038	35,819	444,155	457,000		174,298	269,857	234,038	35,819			
2201678	257,000	38,720		86,279	73,280	12,999	0	145,000	86,279		86,279	73,280	12,999			
	\$39,663,618	\$4,492,309		\$22,063,925	\$19,747,309	\$2,316,616	\$23,091,839	\$15,424,000	\$293,238	\$1,321,152	\$12,416,817	\$11,056,084	\$1,360,733			



**BOB BITER ELECTRICAL ENTERPRISES, INC.**

**FINANCIAL STATEMENTS**

**APRIL 30, 2022 AND 2021**



## TABLE OF CONTENTS

Title Page .....	1
Table of Contents.....	2
Independent Auditors' Report .....	3 - 5
Balance Sheets .....	6
Statements of Operations and Retained Earnings.....	7
Statements of Cash Flows.....	8
Notes to Financial Statements .....	9 - 16
Schedule 1 - Earnings from Contracts .....	17
Schedule 2 - Major Contracts Completed.....	18
Schedule 3 - Major Contracts in Progress .....	19

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors  
of Bob Biter Electrical Enterprises, Inc.

### **Opinion**

We have audited the accompanying financial statements of Bob Biter Electrical Enterprises, Inc. (a Pennsylvania corporation), which comprise the balance sheets as of April 30, 2022 and 2021, and the related statements of operations, retained earnings and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bob Biter Electrical Enterprises, Inc. as of April 30, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Bob Biter Electrical Enterprises, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bob Biter Electrical Enterprises, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bob Biter Electrical Enterprises, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bob Biter Electrical Enterprises, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplementary schedules on pages 17-19 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been

subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

*Long, Mulhearn & Crute P.C.*

Ebensburg, Pennsylvania  
October 25, 2022

**BOB BITER ELECTRICAL ENTERPRISES, INC.****BALANCE SHEETS****APRIL 30, 2022 AND 2021**

<b>ASSETS</b>	<b>2022</b>	<b>2021</b>
<i>Current Assets</i>		
Cash and cash equivalents	\$4,378,436	\$5,766,579
Contract receivables	4,215,029	4,109,688
Inventory	65,000	65,000
Costs and estimated earnings in excess of billings on uncompleted contracts	914,431	293,238
Prepaid expenses	106,017	103,309
Total Current Assets	<u>9,678,913</u>	<u>10,337,814</u>
Property and equipment	1,455,298	1,384,442
Accumulated depreciation	<u>(1,172,071)</u>	<u>(1,093,343)</u>
Net Property and Equipment	<u>283,227</u>	<u>291,099</u>
<i>Other Assets</i>		
Deferred income tax benefit	68,645	9,203
Loan to shareholders	157,900	162,000
Total Other Assets	<u>226,545</u>	<u>171,203</u>
Total Assets	<u><u>\$10,188,685</u></u>	<u><u>\$10,800,116</u></u>
<b>LIABILITIES AND STOCKHOLDERS' EQUITY</b>		
<i>Current Liabilities</i>		
Accounts payable	\$1,322,737	\$553,010
Accrued liabilities	313,524	1,225,289
Income taxes currently payable	0	76,020
Billings in excess of costs and estimated earnings on uncompleted contracts	1,150,013	1,321,152
Total Current Liabilities	<u>2,786,274</u>	<u>3,175,471</u>
<i>Other Liabilities</i>	0	0
Total Other Liabilities	<u>0</u>	<u>0</u>
Total Liabilities	<u>2,786,274</u>	<u>3,175,471</u>
<i>Stockholders' Equity</i>		
Common stock, \$100 par value, 1000 shares authorized, 210 shares issued and outstanding	21,000	21,000
Retained earnings	7,381,411	7,603,645
Total Stockholders' Equity	<u>7,402,411</u>	<u>7,624,645</u>
Total Liabilities and Stockholders' Equity	<u><u>\$10,188,685</u></u>	<u><u>\$10,800,116</u></u>

See accompanying notes.

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**STATEMENTS OF OPERATIONS AND RETAINED EARNINGS**  
**YEARS ENDED APRIL 30, 2022 AND 2021**

	<b>2022</b>		<b>2021</b>	
	<b>AMOUNT</b>	<b>PERCENT</b>	<b>AMOUNT</b>	<b>PERCENT</b>
Contract revenues earned	\$19,364,097	100.00%	\$16,055,326	100.00%
Cost of revenues earned	<u>18,547,301</u>	<u>95.78</u>	<u>13,651,331</u>	<u>85.03</u>
Gross profit	816,796	4.22	2,403,995	14.97
General and administrative expenses	<u>1,116,447</u>	<u>5.77</u>	<u>2,198,210</u>	<u>13.69</u>
Income from operations	<u>(299,651)</u>	<u>(1.55)</u>	<u>205,785</u>	<u>1.28</u>
Other income (expense)				
Interest and other income	18,056	0.09	24,107	0.15
Grant income	0	0.00	2,572,197	16.02
Interest expense	<u>(81)</u>	<u>(0.00)</u>	<u>0</u>	<u>0.00</u>
	<u>17,975</u>	<u>0.09</u>	<u>2,596,304</u>	<u>16.17</u>
Income (loss) before taxes	<u>(281,676)</u>	<u>(1.45)</u>	<u>2,802,089</u>	<u>17.45</u>
Income taxes				
Current income tax benefit (expense)	0	0.00	160,581	1.00
Deferred income tax benefit (expense)	<u>59,442</u>	<u>0.31</u>	<u>(241,921)</u>	<u>-1.51</u>
	<u>59,442</u>	<u>0.31</u>	<u>(81,340)</u>	<u>(0.51)</u>
<b>Net income (loss)</b>	<b>(222,234)</b>	<b>-1.14%</b>	<b>2,720,749</b>	<b>16.94%</b>
Beginning retained earnings	<u>7,603,645</u>		<u>4,882,896</u>	
Ending retained earnings	<u><u>\$7,381,411</u></u>		<u><u>\$7,603,645</u></u>	

See accompanying notes.

**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**STATEMENTS OF CASH FLOWS**  
**YEARS ENDED APRIL 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income (loss)	(\$222,234)	\$2,720,749
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation	78,728	105,581
Deferred income taxes	(59,442)	241,921
(Increase) decrease in:		
Contract receivables	(105,341)	(1,494,874)
Costs and estimated earnings in excess of billings on uncompleted contracts	(621,193)	269,118
Prepaid and refundable expenses	(2,708)	24,368
Increase (decrease) in:		
Accounts payable	769,727	389,759
Accrued liabilities	(911,765)	(417,698)
Income taxes payable	(76,020)	(33,732)
Billings in excess of costs and estimated earnings on uncompleted contracts	(171,139)	35,499
<i>Net Cash Provided By Operating Activities</i>	<u>(1,321,387)</u>	<u>1,840,691</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Collections on shareholder loans	4,100	20,000
Cash used to purchase equipment	(70,856)	(28,000)
<i>Net Cash Used By Investing Activities</i>	<u>(66,756)</u>	<u>(8,000)</u>
 <i>Net Increase (Decrease) in Cash</i>	 <i>(1,388,143)</i>	 <i>1,832,691</i>
Cash at Beginning of Year	<u>5,766,579</u>	<u>3,933,888</u>
Cash at End of Year	<u>\$4,378,436</u>	<u>\$5,766,579</u>
Supplemental disclosures:		
Interest paid	\$81	\$0
Taxes paid	78,728	125,018

See accompanying notes.



## **BOB BITER ELECTRICAL ENTERPRISES, INC.**

### **NOTES TO FINANCIAL STATEMENTS**

#### **Note A - Significant Accounting Policies**

Business Activity and Operating Cycle. The Company is engaged in a single industry: the electrical phase of the construction of industrial and commercial buildings. The work is performed substantially under fixed-price contracts varying in length from 3 to 24 months. Most of the projects are located in Western and Central Pennsylvania. In accordance with normal practice within the construction industry, the Company includes in current assets and liabilities amounts realizable and payable over a period in excess of one year; and as such, assets and liability accounts relating to construction contracts are classified as current.

Guidance Adopted. On May 28, 2014 FASB issued ASU 2014-09 regarding ASC Topic 606 "Revenue from Contracts with Customers" (ASC 606). This standard provides principles for recognizing revenue for the transfer of promised goods or services to customers with the consideration to which the entity expects to be entitled in exchange for those goods or services. The Company has adopted this standard as of May 1, 2019. Refer to Note B of these financial statements for a description of the impact of the adopted guidance.

Revenue and Cost Recognition. The Company adopted ASC 606 using the modified retrospective method for those contracts which were not substantially completed as of the transition date. The reported results for the year ended April 30, 2021 reflect the application of the guidance of ASC 606. There was no material impact to any of the line items within the Company's Statements of Operations or Balance Sheets as a result of applying ASC 606 for the year ending April 30, 2021.

The electrical portion of construction of an industrial or commercial building is a single performance obligation that is satisfied over time. Payment is also due over time in installments, based on project phases as specified in the contract, with a final payment due at the time the project is completed and the customer accepts the property.

The Company recognizes revenues from fixed-price and modified fixed-price construction contracts using the cost-to-cost input method, which measures progress toward completion based on the percentage of cost incurred to date to estimated total cost for each contract. That method is used because management considers total cost to be the best available measure of progress on the contracts. Because of inherent uncertainties in estimating costs, it is at least reasonably possible that estimates used will change within the near term.

Contract costs include all direct material and labor costs and those indirect costs related to contract performance, such as indirect labor, supplies, tools and repairs. General and administrative costs are charged to expense as incurred. Provisions for estimated losses on uncompleted contracts are made in the period in which such losses are determined. Changes in job performance, job conditions, and estimated profitability may result in revisions to costs and income, which are generally recognized in the period in which the revisions are determined.

The Company generally warrants its work for one year after the date of acceptance. Warranty costs for the years ended April 30, 2022 and 2021 were immaterial.

The contract asset, "Costs and estimated earnings in excess of billings on uncompleted contracts," represents revenues recognized in excess of amounts billed. The contract liability, "Billings in excess of costs and estimated earnings on uncompleted contracts," represents billings in excess of revenues recognized.

Contract Receivables. Contract receivables are recorded when invoices are issued and are presented in the balance sheet net of the allowance for doubtful accounts. Contract receivables are written off when they are determined to be uncollectible. The allowance for doubtful accounts is estimated based on the Company's historical losses, the existing economic conditions in the construction industry, and the financial stability of its customers. The Company believes no allowance for doubtful accounts is necessary at April 30, 2022.

Adoption of New Accounting Policy. In connection with the federal grants received as more fully described in Note L, the Company has elected to account for these grants using guidance in International Accounting Standards (IAS) 20 by analogy. Under this model, the initial loan proceeds were recorded as a deferred income liability. As the qualifying expenses were incurred, the deferred liability was reduced and income was recognized separately on the Statement of Income as "Other income." Additionally, for purposes of the Statement of Cash Flows, the proceeds were considered as cash inflows from operating activities.

The Company believes using this methodology, as prescribed by IAS 20, best matches the cash received from the grant with the qualifying expenses that it incurred.

Property and Equipment. Depreciation and amortization are provided principally on the straight-line and MACRS methods over the estimated useful lives of the assets. The MACRS method obtains results that would closely approximate the double declining balance method.

Estimates. Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

Significant Estimates. The Company has calculated and determined its revenue earned for the years ended April 30, 2022 and 2021, and the effect on various asset and liability amounts based on the common industry standard of recognizing revenue using the ratio of cost-to-date compared to estimated total job cost. Due to the uncertainties inherent in the estimation process, and uncertainties relating to job performance as the contracts are completed, it is at least reasonably possible that estimated job costs, in total or on individual contracts, will be revised.

Inventories. Inventories consist of several small miscellaneous construction materials and supplies which are recorded at their estimated net realizable value, as provided by management.

Cash and Cash Equivalents. The Company considers all certificates of deposit with an original maturity of three months or less to be cash equivalents.

Income Taxes. Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes related primarily to differences in the bases of property and equipment for financial and income tax reporting and the effect of net operating loss carryforwards on future income taxes. The deferred taxes represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled.

The basis of property and equipment exceeds its tax basis by the cumulative amount that bonus depreciation and IRS section 179 depreciation reported on the Companies tax returns exceeds allowable depreciation using the allowable accelerated methods for financial statements. The excess will be taxable in future periods through reduced depreciation deductions.

In evaluating the Company's tax provisions and accruals, future taxable income, and the reversal of temporary differences, interpretations and tax planning strategies are considered. The Company believes its estimates are appropriate based on current facts and circumstances.

The Company will recognize the impact of tax positions in the financial statements if that position is more likely than not of being sustained on audit, based on the technical merits of the position. To date, the Company has not recorded any uncertain tax positions or any potential interest and penalties related to uncertain tax positions.

The federal and state returns for 2018 through 2021 are subject to exam by the IRS or state authorities, generally for three years after they are filed. In addition, all net operating losses and other tax credit carryforwards that may be used in future years are subject to adjustment.

Date of Management's Review. Subsequent events have been evaluated through October 25, 2022, which is the date the financial statements were available to be issued.

## **Note B – Revenue Recognition**

Bob Biter Electrical Enterprises, Inc. adopted ACS 606 using the modified retrospective method for those contracts which were not substantially completed as of the transition date. The reported results for the year ended April 30, 2021 reflect application of the guidance of ASC 606.

Revenue from Contracts with Customers. Revenue is recognized when control of the promised services is transferred to the Company's customers in an amount that reflects the consideration expected to be entitled to in exchange for those services. As the Company completes its performance obligations which are identified below, it has unconditional right to consideration as outlined in the Company's contracts. Generally, the Company's accounts receivable are expected to be collected in 60 days in accordance with the underlying payment terms. For many of the Company's services, the Company typically has one performance obligation; however, it also provides the customer with an option to acquire additional services.

Contract Balances. The timing of revenue recognition, billings and cash collections results in billed accounts receivable, contract assets (reported as unbilled revenues at estimated billable amounts) and contract liabilities (reported as deferred revenues) on the Company's Balance Sheets. Unbilled revenues is a contract asset for revenue that has been recognized in advance of billing the customer, resulting from professional services delivered that the Company expects

and is entitled to receive as consideration under certain contracts. Billing requirements vary by contract but substantially all unbilled revenues are billed within one year.

When the Company receives consideration from a customer prior to transferring services to the customer under the terms of certain claims management agreements, it records deferred revenues on the Company's Balance Sheets, which represents a contract liability. The Company recognizes deferred revenues as revenues when it performs services and transfers control of the services to the customer and satisfies the performance obligation which it determines utilizing a portfolio approach.

The table below presents the deferred revenues balance as of the beginning of the year and the significant activity affecting deferred revenues during the year ended April 30, 2022:

Beginning balance at May 1, 2021	\$ 17,599,693
Additions	22,761,393
Revenues recognized from beginning of period	(14,056,607)
Revenues recognized from additions	<u>(5,307,490)</u>
Ending balance at April 30, 2022	\$ <u>20,996,989</u>

Practical Expedients Elected. As a practical expedient, the Company does not adjust the consideration in a contract for the effects of a significant financing component. It expects, at contract inception, that the period between a customer's payment of consideration and the transfer of promised services to the customer will be one year or less.

The Company does not disclose the value of remaining performance obligations for which it recognizes revenue at the amount to which it has the right to invoice for services performed, and for contracts with variable consideration allocated entirely to a single performance obligation.

#### **Note C - Contract Receivables**

	<u>April 30, 2022</u>	<u>April 30, 2021</u>
Contract Receivables		
Billed		
Completed contracts	\$ 553,413	\$ 288,321
Contracts in progress	2,610,218	2,949,293
Retained	<u>1,051,398</u>	<u>872,074</u>
	\$ <u>4,215,029</u>	\$ <u>4,109,688</u>

An aging of receivables as of April 30, 2022 and 2021 is as follows:

0 - 30 days	\$ 1,050,644	\$ 1,344,875
31 - 60 days	1,194,952	1,410,991
over 61 days	918,035	481,748
Retained	<u>1,051,398</u>	<u>872,074</u>
	\$ <u>4,215,029</u>	\$ <u>4,109,688</u>

#### Note D - Property and Equipment

	<u>April 30, 2022</u>	<u>April 30, 2021</u>
Assets		
Buildings and improvements	\$ 146,611	\$ 146,611
Shop and construction equipment	463,092	463,092
Automobiles and trucks	<u>845,595</u>	<u>774,739</u>
	1,455,298	1,384,442
Accumulated depreciation	<u>(1,172,071)</u>	<u>(1,093,343)</u>
Net property and equipment	<u>\$ 283,227</u>	<u>\$ 291,099</u>

Depreciation expense during the years ended April 30, 2022 and 2021 amounted to \$78,728 and \$105,581, respectively.

#### Note E - Costs and Estimated Earnings on Uncompleted Contracts

	<u>April 30, 2022</u>	<u>April 30, 2021</u>
Costs incurred on uncompleted contracts	\$ 21,638,806	\$ 19,747,309
Estimated earnings	<u>1,896,285</u>	<u>2,316,616</u>
	23,535,091	22,063,925
Less: Billings to date	<u>23,770,673</u>	<u>23,091,839</u>
	<u>\$ (235,582)</u>	<u>\$ (1,027,914)</u>

Included in accompanying balance sheets under the following captions:

Costs and estimated earnings in excess of billings on uncompleted contracts	\$ 914,431	\$ 293,238
Billings in excess of costs and estimated earnings on uncompleted contracts	<u>(1,150,013)</u>	<u>(1,321,152)</u>
	<u>\$ (235,582)</u>	<u>\$ (1,027,914)</u>

#### Note F - Notes Payable and Line of Credit

Line of Credit. The Company has available an unsecured line-of-credit agreement with a bank in which it may borrow up to \$500,000. Borrowings under the line bear interest at prime plus one point. As of April 30, 2022 and 2021, there were no outstanding balances.

#### Note G - Income Taxes

During the fiscal year ended April 30, 2019, the Company adopted Accounting Standards Update (ASU) 2015-17, *Income Taxes-Balance Sheet Classification of Deferred Taxes*. ASU 2015-17 simplifies the reporting requirements for deferred income taxes by eliminating the requirement to separately report deferred tax assets and liabilities on the balance sheet, as well as classifying them as current or non-current. Upon adoption of ASU 2015-17, all deferred tax assets and liabilities are recorded net and they are classified as non-current in a classified financial

statement. The Company has elected to apply this change retrospectively and it believes the adoption does not have a significant impact on its financial statements.

The provision for federal and state income taxes for the years ended April 30, 2022 and 2021 is as follows:

	<u>April 30, 2022</u>	<u>April 30, 2021</u>
Current income tax (benefit)	\$ 0	\$ (160,581)
Deferred income tax (benefit)	<u>(59,442)</u>	<u>241,921</u>
Total provision for income taxes	\$ <u>(59,442)</u>	\$ <u>81,340</u>

The Company's total deferred tax assets and deferred tax liabilities at April 30, 2022 and 2021 are as follows:

Total deferred tax assets	\$ 106,114	\$ 60,140
Total deferred tax liabilities	<u>(37,469)</u>	<u>(50,937)</u>
Net deferred tax assets (liabilities)	\$ <u>68,645</u>	\$ <u>9,203</u>

The deferred tax asset relates to a net operating loss carryforward of \$190,462 for federal purposes and of \$679,924 for PA purposes, that can be carried forward to offset future taxable income through 2040 and it is recorded at its estimated realizable amounts. The deferred tax liability relates to differences in depreciation methods for tax and financial reporting. The Company does not believe a valuation allowance is required.

#### **Note H - Concentration of Credit Risk**

At April 30, 2022, and at various times throughout the year, the Company maintained cash balances in excess of FDIC insurable amounts which currently is \$250,000. At April 30, 2022, uninsured deposits were \$4,845,407. In the past, the Company has not incurred any losses from an off balance sheet risk for this situation and management believes that it is not exposed to any significant credit risk on its cash accounts.

#### **Note I - General and Administrative Expenses**

A detailed breakdown of general and administrative expenses is as follows:

	<u>April 30, 2022</u>	<u>April 30, 2021</u>
Salaries and wages	\$ 554,391	\$ 1,488,636
Taxes and benefits	195,814	216,690
Profit sharing pension	0	100,000
Professional fees	22,100	15,331
Occupancy	217,827	239,306
Depreciation	78,728	105,581
Other	<u>47,587</u>	<u>32,666</u>
	\$ <u>1,116,447</u>	\$ <u>2,198,210</u>



## **Note J - Retirement Plans**

The Company has a defined contribution profit sharing plan covering substantially all employees not covered by a union-sponsored plan. Pension costs are charged to earnings for the year in which they are contributed. Contributions of \$0 and \$100,000 were made for the years ended April 30, 2022 and April 30, 2021, respectively.

Union represented employees are covered by industry multi-employer defined contribution pension and post retirement plans under collective bargaining agreements to which the Company makes monthly contributions based upon hours worked by each eligible employee. During the years ended April 30, 2022 and 2021, \$945,278 and \$791,505 were contributed, respectively.

## **Note K - Backlog**

The following schedule summarizes changes in backlog on contracts during the years ended April 30, 2022 and 2021. Backlog represents the amount of revenue the Company expects to realize from work to be performed on uncompleted contracts in progress at year end and from contractual agreements on which work has not yet begun.

Backlog balance April 30, 2020	\$ 17,829,305
New contracts and contract adjustments during year	<u>15,825,714</u>
	33,655,019
Less: Contract revenues earned during year	<u>16,055,326</u>
Backlog balance April 30, 2021	\$ 17,599,693
New contracts and contract adjustments during year	<u>22,761,393</u>
	40,361,086
Less: Contract revenues earned during year	<u>19,364,097</u>
Backlog balance April 30, 2022	\$ <u>20,996,989</u>

## **Note L – Government Grants**

In response to the Covid-19 pandemic, the CARES Act was enacted by the federal government on March 27, 2020 to provide economic relief to businesses and individuals affected by the pandemic and the accompanying business closures. As part of the Act, as amended, businesses could borrow money under the Paycheck Protection Program (PPP), in order to continue payroll, as well as to pay for other qualifying expenses. If program requirements were met, the loan would be reclassified as a government grant from the Small Business Administration (SBA.)

Bob Biter Electrical Enterprises, Inc. applied for, and received a loan under the PPP program on May 4, 2020 in the amount of \$ 2,562,197 which was originally recorded as a deferred income liability. During the subsequent 24 weeks all proceeds of the loan were used to pay for qualifying wages and benefits. The Company applied for loan forgiveness and upon request by the SBA, all supporting documentation was provided. The Company received written notice from the SBA on September 3, 2021 that a grant payment was made to the bank in satisfaction of the loan.

The Company also received a grant of \$10,000 under the SBA's Economic Injury Disaster Loan Program (EIDL.) The grant was for \$1,000 per employee with a cap of \$10,000.

#### **Note M - Related Party Transactions**

Building Lease. Office and warehouse facilities were constructed by the majority stockholder and leased to the Company. In addition to annual rent of \$30,000 for use of the facilities, the Company is responsible for maintenance of the building. No long-term lease has been signed by either party.

Shareholder Loan. The Company loaned one of the shareholders \$157,900 as a short-term loan to be repaid with interest at the federal short-term rate. The loan is unsecured.

#### **Note N - Stock Redemption Agreement**

The corporation and its shareholders have entered into a stock redemption agreement which establishes price and terms under which a shareholder may redeem his shares.

#### **Note O - Concentrations**

Bob Biter Electrical Enterprises, Inc. performs a substantial portion of its electrical construction contracts in Western and Central Pennsylvania. Future revenue is dependent on the economy within this area. Additionally all electricians are members of the International Brotherhood of Electrical Workers, Local No. 5. Staffing future jobs is dependent upon future union contracts.

#### **Note P - Commitments and Contingencies**

The Company, as a condition for entering into substantially all of its construction contracts, has outstanding surety bonds on each project. The Company is contingently liable to the surety insurance company for each of these bonded projects. Bob Biter Electrical Enterprises, Inc. believes that all contingent liabilities will be satisfied by their performance on the specific bonded contracts involved.

#### **Note Q - Risks and Uncertainties**

In March 2020, in response to the Covid-19 pandemic, the Governor of Pennsylvania ordered the closure of many businesses in the state, including the temporary suspension of substantially all construction projects. While the disruption to the existing projects was temporary, and all projects are now operational, the closures did have an impact on the profitability of some of the current jobs in process. The Company has assessed each job, taking into account its estimated impact on each job. However, future possible closures or disruptions that could impact the Company and its operating revenue are unknown at this time.

Additionally, as the country recovers from the effects of the pandemic there have been several disruptions in the supply chain and significant fluctuations in material costs which could have an impact on future earnings of the Company.



**BOB BITER ELECTRICAL ENTERPRISES, INC.**  
**SCHEDULE 1**  
**EARNINGS FROM CONTRACTS**  
**YEAR ENDED APRIL 30, 2022**

	<u>Revenues earned</u>	<u>Cost of revenues</u>	<u>Gross profit</u>
Major contracts completed during the year	\$3,515,388	\$3,375,495	\$139,893
Major contracts in progress at year end	14,562,434	13,672,535	889,899
Other contracts and unallocated direct contract costs	<u>1,286,275</u>	<u>1,499,271</u>	<u>(212,996)</u>
	<u>\$19,364,097</u>	<u>\$18,547,301</u>	<u>\$816,796</u>

BOB BITER ELECTRICAL ENTERPRISES, INC.

SCHEDULE 2

MAJOR CONTRACTS COMPLETED

YEAR ENDED APRIL 30, 2022

Job #	CONTRACT TOTALS				BEFORE MAY 1, 2021				DURING THE YEAR ENDED APRIL 30, 2022			
	Revenues earned	Cost of revenues	Gross profit		Revenues earned	Cost of revenues	Gross profit		Revenues earned	Cost of revenues	Gross profit	
2191553	3,634,899	3,546,628	88,271		3,621,608	3,542,230	79,378		13,291	4,398	8,893	
2191559	1,919,439	1,382,572	536,867		1,909,709	1,373,925	535,784		9,730	8,647	1,083	
2191560	5,040,253	4,677,896	362,357		5,032,711	4,670,755	361,956		7,542	7,141	401	
2191607	5,154,506	4,717,995	436,511		2,440,961	2,120,848	320,113		2,713,545	2,597,147	116,398	
2201678	257,000	224,688	32,312		86,279	73,280	12,999		170,721	151,408	19,313	
2221711	344,984	395,255	(50,271)		0	0	0		344,984	395,255	(50,271)	
2211733	255,575	211,499	44,076		0	0	0		255,575	211,499	44,076	
	<u>\$16,606,656</u>	<u>\$15,156,533</u>	<u>\$1,450,123</u>		<u>\$13,091,268</u>	<u>\$11,781,038</u>	<u>\$1,310,230</u>		<u>\$3,515,388</u>	<u>\$3,375,495</u>	<u>\$139,893</u>	

**BOB BITER ELECTRICAL ENTERPRISES, INC.**

**SCHEDULE 3**

**MAJOR CONTRACTS IN PROGRESS**

**APRIL 30, 2022**

Job #	TOTAL CONTRACT			FROM INCEPTION TO APRIL 30, 2022				AT APRIL 30, 2022		YEAR ENDED APRIL 30, 2022			
	Revenues	Estimated gross profit		Revenues earned	Cost of revenues	Gross profit	Billed to date	Estimated cost to complete	Costs and estimated earnings in excess of billings	Billings in excess of cost and estimated earnings	Revenues earned	Cost of revenues	Gross profit
2181478	2,846,193	273,580		2,826,279	2,554,613	271,666	2,846,193	18,000		19,914	222,036	314,810	(92,774)
2191578	7,382,477	1,025,248		6,389,589	5,502,229	887,360	6,806,708	855,000		417,119	3,593,340	3,097,276	496,064
2201627	4,938,331	(255,430)		4,722,495	4,966,761	(244,266)	4,736,454	227,000		13,959	2,224,386	2,579,257	(354,871)
2201638	1,283,895	167,683		1,157,370	1,006,212	151,158	1,274,420	110,000		117,050	636,329	552,896	83,433
2201643	8,054,628	984,348		3,507,988	3,079,280	428,708	2,836,927	3,991,000	671,061		3,224,830	2,832,623	392,207
2201671	914,686	(94,650)		910,155	1,004,336	(94,181)	909,036	5,000	1,119		640,298	770,298	(130,000)
2211719	4,411,549	526,514		2,015,594	1,775,035	240,559	2,300,277	2,110,000		284,683	2,015,594	1,775,035	240,559
2211721	337,274	7,226		67,494	66,048	1,446	132,482	264,000		64,988	67,494	66,048	1,446
2211726	5,694,500	740,172		979,665	852,328	127,337	872,531	4,102,000	107,134		979,665	852,328	127,337
2211730	4,976,220	668,703		730,710	632,517	98,193	963,010	3,675,000		232,300	730,710	632,517	98,193
2221749	1,479,000	215,089		106,382	90,911	15,471	86,352	1,173,000	20,030		106,382	90,911	15,471
2221751	209,700	20,204		96,825	87,496	9,329	0	102,000	96,825		96,825	87,496	9,329
2221769	628,300	91,244		12,934	11,056	1,878	6,283	526,000	6,651		12,934	11,056	1,878
2221782	348,527	44,662		2,139	1,865	274	0	302,000	2,139		2,139	1,865	274
2221784	1,026,800	146,681		9,472	8,119	1,353	0	872,000	9,472		9,472	8,119	1,353
	<u>\$44,532,080</u>	<u>\$4,561,274</u>		<u>\$23,535,091</u>	<u>\$21,638,806</u>	<u>\$1,896,285</u>	<u>\$23,770,673</u>	<u>\$18,332,000</u>	<u>\$914,431</u>	<u>\$1,150,013</u>	<u>\$14,562,434</u>	<u>\$13,672,535</u>	<u>\$889,899</u>



COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	

## **T-1C**

### **Designated Critical Work**

Attached you will find Appendix G for the following systems which will be self-performed by Biter Electric. These systems will be purchased from an approved Vendor as per the specifications.

- Tab T-1C Installation of electrical systems/equipment
- Tab T-1C Switchgear
- Tab T-1C Multi-transfer switch, emergency generator systems.
- Tab T-1C Generator(s)
- Tab T-1C Electrical Infrastructure

## APPENDIX G

### DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

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

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

Electrical Construction (.4 contract)

- ☒ Installation of electrical systems/equipment.
- ☐ Switchgear
- ☐ Multi- transfer switch, emergency generator systems
- ☐ Generator(s)
- ☐ Electrical Infrastructure

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi



## **SECTION 1 – FIRM INFORMATION**

### 1.1 Background Information

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 23 \$ 22,503,976.00
- Year 22 \$ 19,364,097.00
- Year 21 \$ 16,055,326.00
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- Year 1: 6/23-6/24 .718
- Year 2: 6/22-6/23 .706

Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

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

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

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

Yes \_\_\_ No X

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

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## Project Experience & References

### SCI Huntingdon – Electrical Upgrades Huntingdon County, PA

#### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024

## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.



# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u>	<u>15</u>
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	<u>0</u>		

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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2022</u>
Phone	Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

**Information about the employee**

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

**Information about the physician or other health care professional**

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

**Information about the case**

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name      Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2022



**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
0	0	0	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of  
days of job transfer  
or restriction

0

---

(K)

Total number of days  
away from work

0

---

(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	89
------------------------------------	----

Total hours worked by all employees last year	135160
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111

---

Phone

2/23/2021  
Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

City Cresson

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Completed by _____
Title _____
Phone _____ Date _____



# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2023



**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
0	0	1	3
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
5	0
(K)	(L)

### Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	88
------------------------------------	----

Total hours worked by all employees last year	122806
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111 Phone

2/23/2022  
Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)  
and Policy Years 2020 to 2023

---



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$911	\$0	\$911	\$0	\$911		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$741	\$0	\$741	\$0	\$741		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

### **Attachment 3**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: *Bob Biter Electrical Enterprises, Inc.***  
***Cresson, Pennsylvania***

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c/f: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

***Great American Insurance Company***

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hench 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT</b> <b>NAME:</b> Becky Grove <b>PHONE</b> (A/C, No, Ext): 814-238-6725 <b>E-MAIL</b> ADDRESS: rgrove@dotyhench.com	<b>FAX</b> (A/C, No): 814-238-5404
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lackawanna Casualty Company		11703
<b>INSURER B:</b> Acuity		14184
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1736785439

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

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

Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	



## APPENDIX G

### DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

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

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

Electrical Construction (.4 contract)

☐ Installation of electrical systems/equipment.

☒ Switchgear

☐ Multi- transfer switch, emergency generator systems

☐ Generator(s)

☐ Electrical Infrastructure

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi

## **SECTION 1 – FIRM INFORMATION**

### 1.1 Background Information

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 23 \$ 22,503,976.00
- Year 22 \$ 19,364,097.00
- Year 21 \$ 16,055,326.00
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- Year 1: 6/23-6/24 .718
- Year 2: 6/22-6/23 .706

Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

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

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

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

Yes \_\_\_ No X

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

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## Project Experience & References

### SCI Huntingdon – Electrical Upgrades Huntingdon County, PA

#### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024



## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name      Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u>	<u>15</u>
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	<u>0</u>		

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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2022</u>
Phone	Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
  
Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2023</u>
Phone	Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
  
Street \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_



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

Establishment name

City Cresson

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

Page

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2023



**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
0	0	1	3
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
5	0
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	88
------------------------------------	----

Total hours worked by all employees last year	122806
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111 Phone

2/23/2022  
Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$911	\$0	\$911	\$0	\$911		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$741	\$0	\$741	\$0	\$741		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

### **Attachment 3**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
  - Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
  - Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: *Bob Biter Electrical Enterprises, Inc.***  
***Cresson, Pennsylvania***

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c,f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

***Great American Insurance Company***

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hensch 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT</b> NAME: Becky Grove PHONE (A/C, No, Ext): 814-238-6725 E-MAIL ADDRESS: rgrove@dotyhensch.com FAX (A/C, No): 814-238-5404
<b>INSURED</b> Bob Biter Electrical Enterprises, Inc. 7776 Admiral Peary Hwy. PO Box 227 Cresson PA 16630	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lackawanna Casualty Company INSURER B: Acuity INSURER C: INSURER D: INSURER E: INSURER F:
License#: 60074 BOBBITE-01	NAIC # 11703 14184

**COVERAGES**

CERTIFICATE NUMBER: 1736785439

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

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

Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.





COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	

## APPENDIX G

### DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

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

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

Electrical Construction (.4 contract)

☐ Installation of electrical systems/equipment.

☐ Switchgear

☒ Multi- transfer switch, emergency generator systems

☐ Generator(s)

☐ Electrical Infrastructure

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi

## **SECTION 1 – FIRM INFORMATION**

### 1.1 Background Information

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 23 \$ 22,503,976.00
- Year 22 \$ 19,364,097.00
- Year 21 \$ 16,055,326.00
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- Year 1: 6/23-6/24 .718
- Year 2: 6/22-6/23 .706

Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

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

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

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

Yes \_\_\_ No X

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

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.



- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## Project Experience & References

### SCI Huntingdon – Electrical Upgrades Huntingdon County, PA

#### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024

## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
0	0	0	1
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
0	15
(K)	(L)

### Injury and Illness Types

Total number of...	(M)	(4) Poisoning	0
(1) Injury	0	(5) All other illnesses	0
(2) Skin Disorder	0		
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111  
Phone

2/23/2022  
Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.



# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2022



**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
0	0	0	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of  
days of job transfer  
or restriction

0

---

(K)

Total number of days  
away from work

0

---

(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	89
------------------------------------	----

Total hours worked by all employees last year	135160
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111

---

Phone

2/23/2022  
Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

City Cresson

Identify the person						Describe the case	Classify the case			
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case:				
						Death  (G)	Days away from work  (H)	Remained at work		
								Job transfer or restriction  (I)	Other record-able cases  (J)	
1	Marshall Diehl	Electrician	7/18/2023	Jobsite	cut arm				x	
2	Brian Pollock	Electrician	7/27/2023	Jobsite	Tripped stepping up over a curb hurt knee				x	
3	Jim Capelli	Electrician	8/9/2023	Jobsite	Foot was run over by scissor ligt				x	
4	Aaron Sandoval	Electrician	9/5/2023	Jobsite	Strained lower back stepping down off a ladder			X		
Page totals						0	0	1	3	

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2025</u>
Phone	Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023







## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$911	\$0	\$911	\$0	\$911		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$741	\$0	\$741	\$0	\$741		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

### **Attachment 3**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
  - Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
  - Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: Bob Biter Electrical Enterprises, Inc.  
Cresson, Pennsylvania**

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c,f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

**Great American Insurance Company**

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact



# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hensch 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT NAME:</b> Becky Grove <b>PHONE (A/C, No, Ext):</b> 814-238-6725 <b>E-MAIL ADDRESS:</b> rgrove@dotyhensch.com <b>FAX (A/C, No):</b> 814-238-5404
<b>INSURED</b> Bob Biter Electrical Enterprises, Inc. 7776 Admiral Peary Hwy. PO Box 227 Cresson PA 16630	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lackawanna Casualty Company <b>INSURER B:</b> Acuity <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 1736785439 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature



## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	

## APPENDIX G

### DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

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

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

Electrical Construction (.4 contract)

☐ Installation of electrical systems/equipment.

☐ Switchgear

☐ Multi- transfer switch, emergency generator systems

☒ Generator(s)

☐ Electrical Infrastructure

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi

## **SECTION 1 – FIRM INFORMATION**

### 1.1 Background Information

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 23 \$ 22,503,976.00
- Year 22 \$ 19,364,097.00
- Year 21 \$ 16,055,326.00
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- Year 1:     6/23-6/24     .718
- Year 2:     6/22-6/23     .706



Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

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

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

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

Yes \_\_\_ No X

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

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## Project Experience & References

SCI Huntingdon – Electrical Upgrades  
Huntingdon County, PA

### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024

## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u>	<u>15</u>
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	<u>0</u>		

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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2022</u>
Phone	Date



# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2022



**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
0	0	0	0
(G)	(H)	(I)	(J)

## Number of Days

Total number of  
days of job transfer  
or restriction

0

---

(K)

Total number of days  
away from work

0

---

(L)

### Injury and Illness Types

Total number of... (M)	
(1) Injury	<u>0</u>
(2) Skin Disorder	<u>0</u>
(3) Respiratory Condition	0
(4) Poisoning	<u>0</u>
(5) All other illnesses	<u>0</u>

**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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	89
------------------------------------	----

Total hours worked by all employees last year	135160
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111

---

Phone

2/23/2021  
Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

City Cresson

Identify the person						Describe the case	Classify the case			
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case:				
						Death	Days away from work	Remained at work		
								Job transfer or restriction	Other record-able cases	
						(G)	(H)	(I)	(J)	
1	Marshall Diehl	Electrician	7/18/2023	Jobsite	cut arm				x	
2	Brian Pollock	Electrician	7/27/2023	Jobsite	Tripped stepping up over a curb hurt knee				x	
3	Jim Capelli	Electrician	8/9/2023	Jobsite	Foot was run over by scissor lift				x	
4	Aaron Sandoval	Electrician	9/5/2023	Jobsite	Strained lower back stepping down off a ladder			X		
Page totals						0	0	1	3	

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2023



**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
0	0	1	3
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
5	0
(K)	(L)

## Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name **Bob Biter Electrical Enter., Inc.**

Street 7776 Admiral Peary Hwy. PO Box 227

City	Cresson	State	PA	Zip	16630
------	---------	-------	----	-----	-------

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees	88
------------------------------------	----

Total hours worked by all employees last year	122806
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111 Phone

2/23/2022  
Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$911	\$0	\$911	\$0	\$911		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$741	\$0	\$741	\$0	\$741		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

### **Attachment 3**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.





BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: *Bob Biter Electrical Enterprises, Inc.***  
***Cresson, Pennsylvania***

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c,f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

***Great American Insurance Company***

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hensch 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT</b> <b>NAME:</b> Becky Grove <b>PHONE</b> (A/C, No, Ext): 814-238-6725 <b>E-MAIL</b> ADDRESS: rgrove@dotyhensch.com	<b>FAX</b> (A/C, No): 814-238-5404
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lackawanna Casualty Company		11703
<b>INSURER B:</b> Acuity		14184
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1736785439

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

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

Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.





COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	

## APPENDIX G

### DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name SCI Mahanoy Renovations/Repairs to Switchgear & Generators

DGS Project Number DGS C-037300009 Phase 1.4

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

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

Electrical Construction (.4 contract)

☐ Installation of electrical systems/equipment.

☐ Switchgear

☐ Multi- transfer switch, emergency generator systems

☐ Generator(s)

☒ Electrical Infrastructure

Name of Firm Bob Biter Electrical Enter., Inc.

Address 7776 Admiral Peary Hwy. PO Box 227

Principal Office Cresson, PA 16630

Owner or Authorized Representative John B. Bianconi



## **SECTION 1 – FIRM INFORMATION**

### 1.1 Background Information

a) How many years has the firm been in business? 47 Years

b) How many years has the firm been doing business in proposed contract field? 47 Years

Under what former names has the firm conducted business?

N/A

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

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

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

Date of incorporation May 5, 1976

State of incorporation Pennsylvania

President's name Robert A. Biter

Vice President's name(s) John B. Bianconi

Secretary's name Wendy L. Capelli

Treasurer's name Laura J. Ruzzi

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

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

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

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

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

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

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

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

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

## **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### **2.1 General**

- a) Provide the annual construction volume in dollars completed by the firm in the past three years:
- Year 23 \$ 22,503,976.00
- Year 22 \$ 19,364,097.00
- Year 21 \$ 16,055,326.00
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. **Electrical & Telecommunication Construction**

### **2.2 Project Experience and References**

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

- a) **Suggested number of Sheets/Pages:**

- 3 sheets/(6 pages)

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

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

### **2.3 Contractor Safety Record**

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

- a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
- Year 1: 6/23-6/24 .718
- Year 2: 6/22-6/23 .706

Year 3: 6/22-6/21 .782

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

Year 1: 2023 0

Year 2: 2022 1.48

Year 3: 2021 0

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

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

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

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

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

Yes \_\_\_ No X

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

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes \_\_\_ No X

\*Note: information regarding health and safety violations is addressed in a previous section.

- 3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes \_\_\_ No X

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes \_\_\_ No X

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

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

- 4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

- 4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

- 4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

- 4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.
- 4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

## Project Experience & References

SCI Huntingdon – Electrical Upgrades  
Huntingdon County, PA

### Scope of Work –

- Furnish and install two new electrical utility services to the facility. New electrical utility services included boring under prison wall to existing warehouse building, now electrical building, from outside of the facility.
- Furnish and install two new diesel generators, Tier 4 2500KW and Tier 2 2000KW.
- The Tier 4 generator allows ability for the facility to run extended period of times to provide load shed for utility during peak demand.
- Total replacement of incoming utility including new utility transformers and switchgear all provided by the electrical contractor.
- Replacement the existing main electrical distribution equipment in Building 6.
- General construction work will include making alterations to Buildings 73 and 6 to accommodate the new electrical distribution equipment.
- HVAC construction will include work in Building 73 and 6 to accommodate the new electrical distribution system installation and support the installation of the diesel generators.

Original Contract Amount: \$7,950,000.00

Current Contract Amount: \$8,073,057.24

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Daniel Hemphill – 717-678-3759

Currently the project is on schedule as 78% of the time is elapsed and the overall job completion based on physical inspection is 77%

Original & Final Completion date: February 6, 2024

## Project Experience & References

PSU – University Park Water Reclamation Facility Upgrade Project  
State College, PA

### Scope of Work –

- Construction of a new preliminary treatment facility (PTF) building for wastewater treatments electrically fed from a new precast PTF electric center furnished by the electrical contractor. Both the PTF building and PTF electric center housed electrical panels while the PTF electric center housed electrical distribution equipment as well network infrastructure for controls and communications.
- Construction of a new odor control (OC) facility including associated equipment for treating foul air from the PTF facilities. OC facility included exterior rated electrical equipment for power.
- Construction of new biological reactor basins (BRB) and membrane bioreactor basins (MBR) with associated equipment room and blower equipment. MBR building included a new electrical building including transformers, switchboards, motor control centers, variable frequency drives, and associated power and control conduit and wiring at the BRB/MBR Facility. This new electrical building also serves the entire wastewater treatment plant. Electrical equipment included full redundancy to allow for maintenance and emergency operations should it be required.
- Modifications to the existing Effluent Pump Station (EPS) including associated equipment. EPS modifications included the addition of a new EPS power center furnished by the electrical contractor.
- Pathways furnished and installed by the electrical contractor for wastewater treatment plant controls contractor.
- Miscellaneous site civil work including electrical and telecommunications ductbanks connecting buildings at the plant. Civil work also included overhead runs of telecommunications cabling.
- Upgrading existing telecommunications backbone from multi-mode fiber to single mode fiber. Fiber network was derived from central campus and brought onto the treatment plant through existing underground pathways and overhead lines. Main fiber was terminated at a central location inside the MBR building and distributed throughout the treatment plant to various buildings utilizing underground pathways provided by the electrical contractor.
- Upgrade of security access control and CCTV system to connect to existing network currently utilized by the university.
- Furnishing and installing a new electrical generator (2000KW) and associated electrical distribution equipment. Switching scheme installed both on the 480V and medium voltage side to allow for redundant utility feeds as well as the ability to utilize generator to backfeed university grid.

Construction Manager: The Haskell Company  
111 Riverside Avenue  
Jacksonville, FL 32202  
Jeremy Holsinger, Sr. Project Manager (267) 905-8125

Contract Amount: \$5,600,000.00  
Final Contract Amount: \$7,652,007.67

Original & Final Completion date: October 2023

## Project Experience & References

Ebensburg Center – Electrical & Fire Alarm Upgrades  
Ebensburg, PA

### Scope of Work –

- Replacement of 12,470 V Main Switchgear which is the central power plant for entire facility and all buildings.
- Construction of a pre-engineered building to house new 12,470 Main Switchgear.
- Site/Civil work includes ductbanks to modify existing utility loops. Replacement of primary utility feed to new 12,470 Main Switchgear.
- Replacement of generator controller to allow for automation of the existing emergency generators on a closed transition system.
- Renovation to Buildings 12 and 14 including electrical work as proposed on the drawings. Renovation includes new lighting, electrical devices, telecommunication and mechanical equipment hookups.
- New Fire Alarm Systems in Buildings 10, 12, thru 14, 16 thru 22 and 30. Replacement includes new conduit and wiring throughout.

Professional: Commonwealth of Pennsylvania  
Department of General Services  
Harrisburg, PA 17125  
Ken Ponczek – 412-566-9779

Contract Amount: \$3,330,000.00

Original & Final Completion date: May 13, 2025

The project is just in the starting phases .06% of the Contract Time elapsed with physical completion at 5%. However, we do not anticipate any issues with the schedule.



# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2021

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year \_\_\_\_\_



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
<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u>	<u>15</u>
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	<u>0</u>		

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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_

### Employment information

Annual average number of employees 89

Total hours worked by all employees last year 135160

### Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2022</u>
Phone	Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

Year 2022

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name Bob Biter Electrical Enter., Inc.

City	<u>Cresson</u>	State	<u>PA</u>
------	----------------	-------	-----------

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

<u>Laura J. Ruzzi</u>	<u>Office Manager</u>
Company executive	Title
<u>(814) 886-7111</u>	<u>2/23/2023</u>
Phone	Date

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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



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

Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

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

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name

City Cresson

[illegible]

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

Public reporting burden for this collection of information is estimated to average 14 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.

# OSHA's Form 301

## Injuries and Illnesses Incident Report

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

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5) ☐ Male  
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

Information about the case

- 10) Case number from the Log \_\_\_\_\_ *(Transfer the case number from the Log after you record the case.)*
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_



# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2023



**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
0	0	1	3
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
5	0
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) All other illnesses	<u>0</u>
(3) Respiratory Condition	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 50 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.

### Establishment information

Your establishment name Bob Biter Electrical Enter., Inc.

Street 7776 Admiral Peary Hwy. PO Box 227

City Cresson State PA Zip 16630

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

### Employment information

Annual average number of employees 88

Total hours worked by all employees last year	122806
---	--------

**Sign here**

Knowingly falsifying this document may result in a fine.

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

Laura J. Ruzzi  
Company executive

Office Manager  
Title

(814) 886-7111

---

Phone

2/23/2022  
Date



100 Radnor Road  
State College, PA 16801  
Tel: (814) 238-6725  
Fax: (814) 238-5404

October 25, 2023

Bob Biter Electrical Enterprises, Inc.  
7776 Admiral Peary Hwy.  
PO Box 227  
Cresson, PA 16630

RE: Experience Modification for Bob Biter Electrical Enterprises Inc

According to the PA Compensation Rating Bureau, the following is the Experience Modification Rating information for Bob Biter Electrical Enterprises Inc:

- 06/08/2023 – 2024 = 0.718
- 06/08/2022 – 2023 = 0.706
- 06/08/2021 – 2022 = 0.782

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

*Karen Zanella*

Karen Zanella  
Doty & Hench – Account Manager  
[kzanella@Dotyhench.com](mailto:kzanella@Dotyhench.com)



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

**Insured Number: 100685**

**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.  
Cresson, PA 16630

### Summary

Policy Year	Policy Period	Policy Number	Total Claims	Ind. Claims	Open Claims	Paid	Reserves	Total Incurred	Recoveries	Net Incurred
2023	06/08/2023 - 06/08/2024	WCP000439609	5	0	0	\$1,873	\$0	\$1,873	\$0	\$1,873
2022	06/08/2022 - 06/08/2023	WCP000439608	0	0	0	\$0	\$0	\$0	\$0	\$0
2021	06/08/2021 - 06/08/2022	WCP000439607	1	0	0	\$109	\$0	\$109	\$0	\$109
2020	06/08/2020 - 06/08/2021	WCP000439606	2	0	0	\$4,651	\$0	\$4,651	\$0	\$4,651
Total			8	0	0	\$6,632	\$0	\$6,632	\$0	\$6,632

**Loss Run**

for BOB BITER ELECTRICAL ENTER., INC. (#100685)  
and Policy Years 2020 to 2023

---



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121323	Marshall Diehl		Medical Only	Closed		07/18/2023	07/19/2023	08/14/2023
Body Part: UPPER EXTREMITIES LOWER ARM		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: using a porta band overhead and it slipped and cut left arm approx. 4 inches above wrist								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$911	\$0	\$911	\$0	\$911		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$911	\$0	\$911	\$0	\$911		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121591	Brian Pollock		Medical Only	Closed		07/27/2023	08/01/2023	09/12/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: FALL, SLIP, TRIP, NOC				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was walking went to step up over a curb and tripped and fell								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$741	\$0	\$741	\$0	\$741		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$741	\$0	\$741	\$0	\$741		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300121760	James Capelli		Medical Only	Closed		08/09/2023	08/09/2023	09/25/2023
Body Part: LOWER EXTREMITIES FOOT		Cause of Injury: STRUCK OR INJURED BY - MOTOR VEHICLE				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Walking up to side of lift to talk to another employee, they did not notice him turned the lift to move it and ran over right foot.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$220	\$0	\$220	\$0	\$220		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$220	\$0	\$220	\$0	\$220		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122251	Matt Bradley		Medical Only	Closed		08/30/2023	09/06/2023	10/05/2023
Body Part: LOWER EXTREMITIES KNEE		Cause of Injury: MISC CUT,PUNCT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Was a passenger in the truck it was involved in an auto accident and his Left Knee was cut and required stitches.								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439609		Effective from 06/08/2023 to 06/08/2024						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202300122334	Aaron Sandoval		Medical Only	Closed		09/05/2023	09/11/2023	10/18/2023
Body Part: TRUNK LOWER BACK		Cause of Injury: TWISTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: stepping off ladder took an awkward								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$0	\$0	\$0	\$0	\$0		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$0	\$0	\$0	\$0	\$0		
Policy: WCP000439608		Effective from 06/08/2022 to 06/08/2023						
No claims for this policy year								



## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439607		Effective from 06/08/2021 to 06/08/2022						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100107366	Ian Westerbeck		Medical Only	Closed		08/31/2021	09/01/2021	11/30/2021
Body Part: UPPER EXTREMITIES HAND		Cause of Injury: HAND TOOL				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: cutting with a utility knife splitting a pair of wires								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
	Indemnity	\$0	\$0	\$0	\$0	\$0		
	Medical	\$109	\$0	\$109	\$0	\$109		
	Expense	\$0	\$0	\$0	\$0	\$0		
	Legal	\$0	\$0	\$0	\$0	\$0		
	Other	\$0	\$0	\$0	\$0	\$0		
	Total	\$109	\$0	\$109	\$0	\$109		





## Loss Run

for BOB BITER ELECTRICAL ENTER., INC. (#100685)

and Policy Years 2020 to 2023

Policy: WCP000439606		Effective from 06/08/2020 to 06/08/2021						
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100103010	Justin Bell		Medical Only	Closed		02/17/2021	02/17/2021	04/30/2021
Body Part: HEAD MOUTH		Cause of Injury: OBJ BEING LIFT				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Installing 4 inch rigid conduits when a piece spun and broke tooth								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$1,288	\$0	\$1,288	\$0	\$1,288		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$1,288	\$0	\$1,288	\$0	\$1,288		
Claim Number	Claimant		Type	Status		Accident Date	Open Date	Close Date
202100104756	Daniel Lee		Medical Only	Closed		04/26/2021	05/13/2021	08/27/2021
Body Part: TRUNK MULT TRUNK		Cause of Injury: LIFTING				Class Code: 0661 - ELECTRICAL WIRING WITHIN BUILDINGS		
Accident Description: Carrying panelboard to install location. When picking up item felt pinch in lower back on right hand side								
		Paid	Reserves	Total Incurred	Recoveries	Net Incurred		
Indemnity		\$0	\$0	\$0	\$0	\$0		
Medical		\$3,363	\$0	\$3,363	\$0	\$3,363		
Expense		\$0	\$0	\$0	\$0	\$0		
Legal		\$0	\$0	\$0	\$0	\$0		
Other		\$0	\$0	\$0	\$0	\$0		
Total		\$3,363	\$0	\$3,363	\$0	\$3,363		



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

### **Attachment 3**

Biter Electric has not had any Health or Safety Citations issued by federal or state agencies for serious or willful violations issued in the past 3 years.



BOB BITER ELECTRICAL ENTER., INC.

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

#### **Section 4 – Required Representations**

- 4.1 Biter Electric will possess all applicable business and trade licenses required for performing the Contract Work.
- 4.2 Biter Electric will satisfy all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.
- Sample copy of Insurance Certificate attached.
  - Bonding Letter attached
- 4.3 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
- Sample copy of Insurance Certificate attached.
- 4.4 Biter Electric and all subcontractors it employs in the execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act. Biter Electric is a Union Contractor and Union wages meet or exceed the prevailing wage requirements. E-verify is utilized to verify all employees when they are assigned to Biter Electric.
- 4.5 If awarded the Contract Work, Biter Electric represents that it will NOT exceed its current bonding limitations when the contract work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
- 4.6 Biter Electric represents that it has no conflicts of interest with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 Biter Electric represents the price offered in connection with its Proposal for the Contract Work has arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 Biter Electric is an equal opportunity employer and ensures that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Bond Division  
103 Gamma Drive  
Suite 150  
Pittsburgh, PA 15238-2983  
412.963.0609 ph  
412.963.7012 fax



October 27, 2023

**RE: Bob Biter Electrical Enterprises, Inc.  
Cresson, Pennsylvania**

To Whom It May Concern:

Great American Insurance Company currently has the pleasure of providing bonds for Bob Biter Electrical Enterprises, Inc. We've had this privilege since 1991. During this 30-year period, there has not been any claim activity or any negative correspondence associated with the Biter account.

Great American Insurance Company has approved single jobs up to \$33,000,000 within an aggregate work program of \$45,000,000.

A.M.Best rates Great American A+ (Superior). An excerpt from the Department of the Treasury's Listing of Certified Companies reflecting Great American's Treasury Listing is below:

**Great American Insurance Company (NAIC #16691)**

BUSINESS ADDRESS: 301 E. Fourth Street, Cincinnati, OH 45202.

PHONE: (513) 369-5000.

UNDERWRITING LIMITATION b/: \$311,389,000.

SURETY LICENSES c/f: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY.

INCORPORATED IN: Ohio.

We find Biter's financial strength, technical expertise and proven ability to perform quality work very deserving of our surety support. We feel that Bob Biter Electrical Enterprises, Inc. is deserving of your full confidence and it is without hesitation that we recommend this fine contractor.

This letter is not an assumption of liability, nor is it a bid bond or a performance bond. It is issued only as a bonding reference, requested from us by our client.

Sincerely,

**Great American Insurance Company**

A handwritten signature in blue ink that reads "Alexandra Machnik".

Alexandra Machnik, Attorney-in-Fact

# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TEN

No. 0 22176

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

	Name	Address	Limit of Power
PAMELA ANDERSON	JOSEPHINE M. STREYLE	ALL OF	ALL
NATASHA KERR	JAY BLACK	PITTSBURGH, PA	UNLIMITED
WENDY A. BRIGHT	BARBARA A. LEEPER		
PATTI K. LINDSEY	ALEXANDRA MACHNIK		
WILLIAM M. CHAPMAN	MATTHEW M. EPERESI		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of APRIL, 2023.

Attest

GREAT AMERICAN INSURANCE COMPANY



*Stephen C. Beraha*

Assistant Secretary

*Mark V. Vicario*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

MARK VICARIO (877-377-2405)

On this 12TH day of APRIL, 2023, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof; such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 27th day of October, 2023.



*Stephen C. Beraha*

Assistant Secretary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2023

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).

<b>PRODUCER</b> Doty & Hensch 100 Radnor Road Suite 202 State College PA 16801	<b>CONTACT</b> NAME: Becky Grove PHONE (A/C, No, Ext): 814-238-6725 E-MAIL ADDRESS: rgrove@dotyhensch.com FAX (A/C, No): 814-238-5404
<b>INSURED</b> Bob Biter Electrical Enterprises, Inc. 7776 Admiral Peary Hwy. PO Box 227 Cresson PA 16630	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lackawanna Casualty Company INSURER B: Acuity INSURER C: INSURER D: INSURER E: INSURER F:
License#: 60074 BOBBITE-01	NAIC # 11703 14184

**COVERAGES**

CERTIFICATE NUMBER: 1736785439

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000 Contractor's E&O \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZN2576	6/8/2023	6/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZN2576	6/8/2023	6/8/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP 00043 6 09	6/8/2023	6/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
B	<b>LEASED EQUIPMENT INSTALLATION FLOATER</b> Property of Others Included			ZN2576	6/8/2023	6/8/2024	PER-ITEM MAXIMUM \$200,000 JOBSITE LIMIT \$1,500,000 DEDUCTIBLE \$500

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

Project: DGS C-0969-0016-002 Hollidaysburg Veterans' Home - Renov/General Repairs to Veterans Home Hollidaysburg Veterans Home, Blair County, PA  
As required by written contract, Pennsylvania Department of General Services, the Commonwealth of Pennsylvania are Additional Insureds on the General Liability and Automobile Liability per the conditions of the Automatic Additional Insured Endorsements.  
As required by written contract, AE Works (1655 N Ft Myer Dr, Arlington, VA 22209) is an Additional Insured per the conditions of the Additional Insured -architect and engineers endorsement.  
30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

Pennsylvania Department of General Services  
3rd Fl. Arsenal Building  
1800 Herr Street  
Harrisburg PA 17125

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

Date 10/30/2023

Business or Organization Name (Employer) Bob Biter Electrical Enter., Inc.  
Address 7776 Admiral Peary Hwy., PO Box 227  
City Cresson State PA Zip Code 16630

☒ Contractor ☐ Subcontractor (check one)

Contracting Public Body Commonwealth of PA - DGS  
Contract/Project No DGS C-0373-0009 Phase 1.4 - Electrical Construction  
Project Description SCI Mahanoy - Repairs/Renovations to Switchgear & Generators  
Project Location Schuykill County, PA

As a contractor/subcontractor for the above referenced public works contract, I hereby affirm that as of the above date, our company is in compliance with the Public Works Employment Verification Act ('the Act') through utilization of the federal E-Verify Program (EVP) operated by the United States Department of Homeland Security. To the best of my/our knowledge, all employees hired post January 1, 2013 are authorized to work in the United States.

It is also agreed to that all public works contractors/subcontractors will utilize the federal EVP to verify the employment eligibility of each new hire within five (5) business days of the employee start date throughout the duration of the public works contract. Documentation confirming the use of the federal EVP upon each new hire shall be maintained in the event of an investigation or audit.

I, John B. Bianconi, authorized representative of the company above, attest that the information contained in this verification form is true and correct and understand that the submission of false or misleading information in connection with the above verification shall be subject to sanctions provided by law.

  
Authorized Representative Signature

## **WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**


A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including civil penalties; contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

### **CERTIFICATION**

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

	10.30.2023
<b>Signature</b>	<b>Date</b>
John B. Bianconi	
<b>Name (Printed)</b>	
Bob Biter Electrical Enter., Inc.	
<b>Firm Name (Printed)</b>	
DGS C-0373-0009 Phase 1.4 - Electrical Construction	
<b>DGS Project Number</b>	



## **T-2A**

### **Project Team:**

#### **John B. Bianconi Sr. – Vice-President and Acting Principal in Charge**

Our project team will be headed by the **Vice-President and Acting Principal in Charge / Project Manager John B. Bianconi**, who has been employed by Biter Electric for 42 years. Mr. Bianconi oversees all projects performed by Biter Electric. He will review the project on a regular basis and will work closely with the project team who will report back to him on a weekly basis as to the progress on the project, they will discuss material and delivery schedules and manpower needs. Mr. Bianconi will have final review of any cost related issues. He will have daily contact with the Project Manager and General Foreman to ensure the project is progressing as required.

Mr. Bianconi prides himself in completing projects in a timely manner and making sure the project is one all parties, the Owner, Architect, Engineer, Construction Manager & Biter Electric can be proud of. Mr. Bianconi was hired as an electrician and In the course of his employment, he was promoted to Foreman, he then moved into the office and took on duties of an estimator, advancing to Project Supervisor & Vice-President and Acting Principal in Charge of the Company Mr. Bianconi oversees all projects performed by Biter Electric. Mr. Bianconi has been directly involved with overseeing an average of 15 to 20 million dollars' worth of work yearly for the last several years. Mr. Bianconi has advanced training on the latest computerized estimating systems. Mr. Bianconi has been a member of BICIS since 1994 and has attended several courses on Fiber Optics & Data Cabling. He is certified as an installer, designer and received instructions on testing of such systems. Mr. Bianconi has also, versed in CAD & BIM.

**Education:** Penn State Altoona – Accounting  
Master Electrician  
Member IBEW LU #5  
Member of BICIS since 1994  
AMP Communication Certified since 1994  
Certified in: Corning Fiber  
Hubbell  
Panduit  
Leviton

**Trainings include:** NFP70E  
CPR & First Aide  
McCormick Estimating  
AutoCad  
Revit  
NavisWorks

## **Mr. Jesse Bianconi – Project Engineer**

**Mr. Jesse Bianconi** he has been employed by Biter Electrical for 15 years. In that time frame he has received training on CAD, BIM and VDC. Most recently he has been responsible for implementing the BIM process for several project the following are just a few IUP Weyant & Walsh Bldg. PSU Moore Building, Penn Trafford High School, Woodland Hills High School, Urban Outfitters Windy Ridge Warehouse. Complete coordination utilizing Navisworks. He has also prepared the coordination drawings for several Penn State Laboratory projects, PSU Bio Research Phase 1 & 2. The PSU Millennium Project has several labs and clean rooms within the building. Mr. Bianconi initially received schooling and training in these areas while attending college. Since his employment with our firm we have furthered that training and schooling. Not to mention the experience gained by actually working on the projects. Mr. Bianconi is also in charge of our Safety Program.

If awarded this project Mr. Bianconi will review the project and work on clash detection to eliminate any problems with equipment installation in the field. He will work hand in hand with the Project Manager and General Foreman to see that these issues are resolved prior to them becoming an onsite problem. Mr. Bianconi will also assist in scheduling startup and training of major equipment and be in charge of producing Commissioning documentation.

He has received training in the following:

- NFPA70E
- First Aid & CPR
- Confined Space Training
- Certified Teacher on Fork & Ariel Lifts
- OSHA 10
- OSHA 30
- McCormick Estimating
- AutoCad
- Revit
- NavisWorks

The following are just a few of the projects that Mr. Bianconi has been Project Manager and or in charge of the BIM/VDC on.

- State College H.S.  
Contract Amount: \$15, 005,571.00
- PSU North Halls  
Contract Amount: \$2,752,734.00
- PSU Research D  
Contract Amount: \$1,111,300.00

### **Mr. Keith Frank - Project Manager**

**Mr. Keith Frank**, he has been employed by our firm for 17 years. During this time frame he has become knowledgeable about all facets of electrical construction he will be in charge of developing the work schedule and procuring major equipment and identifying long lead items. Mr. Frank along with the General Foreman will review the major equipment to ensure that it will perform as required by design so there are no issues when the equipment / material reaches the jobsite. Once reviewed he will turn submittal documentation over to the project technician so they can be submitted. Once submittals are returned he will coordinate the release of all equipment and materials. He will be in charge of preparing all monthly billings along with any change order proposals that may be required. He will attend meetings with or without the head of the project team Mr. Bianconi. Mr. Frank will work hand in hand with Mr. Jesse Bianconi on the BIM & VDC for the project.

**Education:** Shippensburg University – BSBA in Business management

He has also received training in the following:

- NFPA 70 E
- OSHA 10
- CPR & First Aide
- Mc Cormick Estimating
- Auto Cad
- Revit
- NavisWorks

The following are just a few of the project that Mr. Frank has been Project Manager on.

- Conemaugh D Hospital Expansion  
Contract Amount: \$4,454,405.00
- Penn State Phase 2A – East Halls  
Contract Amount: \$4,869,700.00
- Urban Outfitters – Windy Ridge  
Contract Amount: \$5,877,535.00
- UPMC MOB Ebensburg  
Contract Amount: \$1,870,484.00
- Conemaugh Molecular Cytology Lab  
Contract Amount: \$135,768.00
- SCI Pine Grove – Security Upgrade  
Contract Amount: \$1,435,305.00
- PSU Bio Lab  
Contract Amount: \$2,205.026

The position of **General Foreman** is **TBD** closer to the time frame the work is scheduled to start. However, the General Form will have been employed with Biter Electric and will have gained our confidence in the course of his employment to be put in the position of General foreman on this project. His duties will include attending meetings, and coordinating with other Prime

Contractors to ensure the work flows smoothly. He will work hand in hand with the Project Manager and the Project Engineer. In reviewing the major materials for the project to ensure that they will perform as required per the design.

He will be in daily contact with the Project Manager 7 project Engineer regarding material and manpower. Together they will develop a release schedule for major equipment so it arrives on site in a timely manner. Long lead items will be identified prior to this schedule being put together to allow for the proper release dates.

### **Mrs. Ashley Smith - Project Technician**

Ashley Smith has been employed by our firm for 15 years. Mrs. Smith's primary responsibilities will be reporting to the Project Manager and handling day to day paperwork on the project. Such as overseeing the submittal process and the release of all equipment to the jobsite. Processing RFI's and tracking their responses. She will work closely with the Project Manager and the General Foreman to ensure that all materials arrive on site in a timely manner as not to delay the project.

If awarded this project Mrs. Smith will work hand in hand with the Project Manager on the daily paperwork for the project. She will process the submittal and product data for all materials that will be utilized on the project. She will maintain log on these items and will release equipment as required when the proper approvals are received. Mrs. Smith will process RFI's for the project and will help upload daily reports in Ebuilder. Mrs. Smith also processes payroll for the company and will see all employees are paid for all work performed and that the proper payroll certifications are uploaded as required.

**Education:** Mount Aloysius - BSBA in Business Management  
With a minor in Project Management

She has received the following training:

- McCormick Estimating

The following are just a few of the projects Mrs. Smith has worked on:

- Urban Outfitters – Windy Ridge Project
- Replace Vincent Science Bldg. Slippery Rock University
- Richland H.S.
- State College H.S.
- Conemaugh D Hospital Expansion
- UPMC MOB Ebensburg
- Conemaugh Molecular Cytology Lab
- SCI Pine Grove – Security Upgrade
- PSU Bio Lab

**Mrs. Mariah Lightner** will hold the position of **Project Technician Assistant** on the project. She has been employed by our firm for 2 years. In this time her responsibilities have been assisting the Project Technician the day to day paperwork. Her focus since her employment has been on DGS projects. She is familiar with E-Builder and will assist with uploading submittals, RFI's and other documentation and tracking the response of uploaded documents.

**Education:** Mount Aloysius – Associates Degree of Science

The following are just a few of the projects Mrs. Lightner has worked on:

- SCI Huntingdon Electrical Upgrades
- Hollidaysburg Veterans Home Renovations
- Quehanna Boot Camp
- New DNA Lab, Greensburg
- Ebensburg Center Fire Alarm Upgrade

All of the above noted projects that Mrs. Lightner has worked on our DGS projects.

**Mrs. Laura J. Ruzzi**, is the **Senior Office Manager** and has been employed by Biter Electric for 40 years. Her duties include overseeing Accounts Payable, Accounts Receivable, Payroll, and Job Costing. Mrs. Ruzzi's will take responsibilities for overseeing purchasing and tracking job cost. Mrs. Ruzzi has handled multi-million dollar orders for Generators / Switchgear etc. and scheduled this equipment to arrive on the projects in a timely manner and within project requirements. Mrs. Ruzzi will also work with in E-builder to ensure all required processes/reports/forms are kept up to date and submitted promptly.

**Mrs. Wendy Capelli, Accounts Payable**, Mrs. Capelli has been employed by Biter Electric for 20 years and is in charge of entering all invoices into the Accounts Payable Software. She ensures that purchase orders do no run over helping to keep costs in line. Making sure all invoices are entered daily ensures that job costing is constantly up to date. Mrs. Capelli works with Mrs. Ruzzi to see that all vendors are paid within required terms.

All team members on this project will be dedicated to the project and will put in time necessary to insure that the project runs smoothly and stays on track.

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

### **Electrical Work Plan**

#### **A. Introduction**

Bob Biter Electrical Enter., Inc. under RFP for the SCI Mahanoy Project

has established the following work plan for the Electrical Construction. The development of this plan is intended to compliment and coordinate with other Prime Contractors, Department of General Services, the Designing Professionals and the Using Agency.

#### **B. Objective**

Perform Electrical construction per the Contract Documents Issued under the RFP. This will be accomplished by timely implementation of the Electrical work including but not limited to, procurement of equipment and materials, scheduling deliveries to coordinate with the master CPM schedule, and proper manpower loading.

#### **C. Project Sequence & Phasing**

For the purpose of sequencing and phasing the Electrical development will be established from the Letter of Intent to Award.

Letter of Intent:

- Request project activities and durations from all contractors to produce the schedule
- Secure Material and Equipment and issue Purchase Orders
- Start initial project requirements for the Department of General Services
- Expedite Shop Drawings, Critical Items Generator and Paralleling Gear.
- At risk early release of Specified Critical Items.

Project Award

- Submit all required submittals, complete project schedule, develop equipment priority list.
- Establish release schedule of equipment and material per project schedule, Critical Items at this stage will be released.

Initial Job Conference

- Site Mobilization, assemble on site team. Submit remaining paperwork as required.

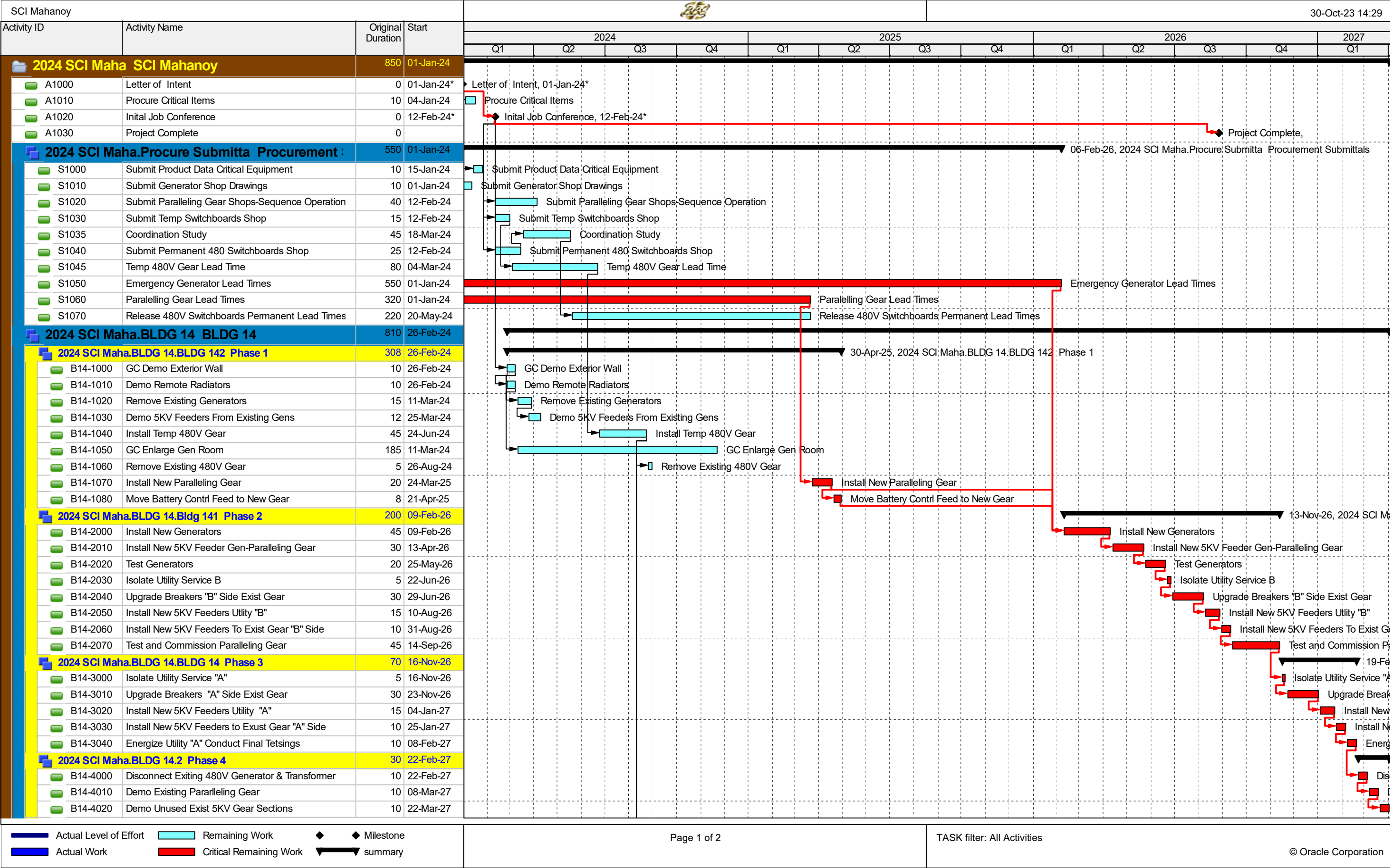
- Submit Clearance Forms for all Team Members.
- Implement Quality Control and Submit Proposed Firm
- Submit 3<sup>rd</sup> Party Testing Firm
- Establish Critical Item Tracking Log
- Train on site Personnel on all related Safety and Site Policies.
- Final CPM- Perform Monthly Updates
- Produce Plan for Schedule Power Outages
- Fast Track Temporary Controls

#### Contract Closeout

- Perform required training and commissioning of all systems and equipment
- Submit Operation & Maintenance Documents and As Built Drawings
- Complete all Punch List Items
- Submit Final required documents

The above reflects an outline of the items required for the project further development of the work plan and activities and coordination will be expanded at the beginning of the project.

The CPM schedule would be like the Baseline attached, with added other prime Activities.







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

As per Project requirements we would submit a site specific safety plan for the project. In order to provide a Site Specific Safety Plan a complete review of the plans and specifications would be reviewed by our safety committee. Then a plan designed for the specific hazards of that project would be designed following the intent of our complete company safety plan. Our firm has a State Certified Safety Committee which watches over all active projects. Additionally, all persons in a supervisory position and foremen must have a minimum of OSHA 30 Certification. All employees receive NFP70E training, along with CPR and First Aide. Additional trainings which are updated as required are.

Confined Space Training - Fork lift training - ICRA Training - Flagger Training - Scaffold Training  
Lockout Tagout - Ladder Training - Fall Protection - Ariel Boom Lift Training

As noted above our Company has had a State certified safety committee for the past 23 years. Our Trainings are completed by certified trainers and or independent third party training companies.

Although we do not anticipate utilizing subcontractors on this project. If subcontractors were utilized they would be required to meet the safety requirements on the project.

The following is a brief outline of a Site Specific Safety Plan:

### **Table of Contents**

- Objective
- General Construction Safety
- Scope of Work
- Safety Representative/Competent Persons
- Safety Orientation Program
- Hazardous Communication Program
- Emergency Contacts
- Site Logistics Plan
- PPE
- Accident Procedures
- Safety Audit/Inspection Procedures
- Project Clean-Up Plan
- Hazard Assessment
- Summary

### **Objective**

It is the goal of Bob Biter Electrical Enter., Inc to provide the safest jobsite possible for our employees, subcontractors and staff. Due to the close proximity of the jobsite to occupied areas, special precautions must be taken to ensure the safety of everyone in the area. The following sections describe the plan set forth to ensure the success of this objective.

### General Construction Safety

All OSHA standards, as well as the previously submitted Biter Electric Company Safety Plan/Policy will be followed to ensure the safety of construction workers. Some of the work poses a hazard to employees and all steps will be taken to ensure the safety of everyone. Biter Electric's Lock Out / Tag Out policy will be strictly enforced to ensure the safety of all.

### Safety Representative/Competent Persons

On-site Safety contact is the jobsite Supervisor. All employees of Biter Electric are deemed competent personnel.

### Safety Orientation Program

All of Biter Electric's employees will receive PJ Dick's Orientation, as well as Biter Electric's, prior to starting work on site. In this orientation Biter Electric covers not only job specific issues but Biter Electric's entire Safety Policy.

### Hazard Communication Program

Employees are to report all hazards such as; injuries, accidents, and near misses to their supervisor. In following the supervisor is then to contact the appropriate emergency responders. After that Biter Electric's main office is to be notified by the supervisor.

### Emergency Contacts

- ✓ Bob Biter Electric Office: 814-886-7111
- ✓ John Bianconi: 814-931-2261
- ✓ Pat Frank: 814-931-5827
- ✓ Jesse Bianconi: 814-931-5645
- ✓ Lori Ruzzi: 814-931-2636
- ✓ Ambulance: 911
- ✓ Fire Department: 911
- ✓ Police: 911 Poison Control: 800-222-1222
- ✓ Dig Alert: Pennsylvania One Call: 811 or 800-248-1786

### Site Logistics Plan

Biter Electric's work will be done one section at a time and there will be notices placed Appropriately to notify contractors and staff of the ongoing work.

Hardhats and safety glasses are required on all Bob Biter Electric job sites. Safety Vests are a requirement by Bob Biter Electric when working around heavy equipment. Each Employee working on site will be given the required PPE;

- Following are examples of PPE given to employees;
  - Hard Hat
  - Gloves
  - Safety Glasses
  - Safety Vest
  - Ear Plugs
- Following are requirements for all employees;
  - Minimum of 4" Sleeves will be worn.
  - Hard sole work boots are to be worn.

#### Accident Procedures

1. Supervisor will contact Local EMS and stay on the phone with the operator to communicate additional details of the situation.
2. Notify Bob Biter Electric office of Situation at 814-886-7111
3. Supervisor will make sure we have clear access for emergency vehicles onto the site.
4. Supervisor will stop work in area of incident until accident investigation is complete.

#### Safety Audit/Inspection Procedures

Jobsite Supervisor will complete a weekly safety audit per their LMCC Construction Safety Inspection Check List.

#### Project Clean-Up Plan

It is a requirement for all Biter Electric's employees to not leave materials or objects, including electric extension cords in aisles, walkways, stairways, work areas, or roadways. It is required to keep at least a three foot walk way cleared and have material stored appropriately when not in use.

#### Hazard Assessment

Hazard Assessment falls under the Supervisor of the project and Biter Electric Safety Representatives.

#### Summary

It is the policy of Bob Biter Electrical Enter., Inc to provide a safe and healthy work environment for each employee. A safe environment does not occur by chance. For all general safety practices please see the previously-submitted safety handbook.

In conclusion, the guidelines set forth in this plan will ensure the highest level of safety to all parties involved. The safety plan will be monitored for effectiveness by our site superintendent. If changes need to be made to this safety to ensure the highest level of safety, such changes will be submitted as soon as those measures are put in place.

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

Biter Electric utilizes Primavera Software, which is a software that includes project management, product management, and collaboration and control capabilities and can integrate with other software's. Within this software the project schedule is developed and the following procedures can be developed and followed out.

### **Procurement / Submittal**

- a. Develop project Log Inclusive of all required submittals. Review to assure compliance with project.
- b. Review submittals prior to uploading for compliance of all contract requirements.
- c. Develop tracking log for all material, equipment inclusive to include lead time and required arrival on project per project schedule.
- d. Develop a log for all RFI's submitted on the project, log all responses and communicate status of all RFI's with Project Manager & General Foreman.
- e. Startup /Training schedule. Develop Agenda schedule dates in accordance to the project schedule.
- f. Close out documents; request all Operation and Maintenance manual to assure timely close out procedure. Develop log for all required attic stock. Assure proper submittal of all as built documents

### **Field Quality Control**

- a. Record and submit all shipments of material and equipment to main office for verification of project requirements and updating of all logs.
- b. Utilize field services for all equipment vendors prior to installation, review and coordinate installation with appropriate field personal and other contractors. Assure installation agrees with coordination drawings.
- c. Review all manufactured equipment installation manuals prior to installing same.
- d. Record and update daily all record documents for as built conditions.
- e. Conduct weekly safety meetings and include installation practices.
- f. Utilize mockups for approval as needed and required.

Below is an outline of a sample Site Specific QA/QC Plan

## **S E C T I O N 1 . 0 Purpose**

This document establishes the Site Specific Quality Control Plan for Bob Biter Electrical Enter., Inc. to provide the necessary supervision, control phases and tests of all items of work that will ensure the compliance of all work with the applicable specifications and drawings in respect with Bob Biter Electrical Enter., Inc. furnished equipment, materials, workmanship, construction, finish, functional performance, and identification.

## SECTION 2.0 Policy

Bob Biter Electrical Enter., Inc. through the utilization of a Quality Control Plan, strives to obtain a uniform, high quality level of workmanship throughout construction and installation of equipment and facilities, to assure this end, the following principles will be observed:

- A. Assure the highest quality by maintaining supervised control governing quality control procedures and practices, establish clearly defined responsibility and authority for compliance.
- B. Conform to all contractual requirements, specifications, applicable standards and Bob Biter Electrical Enter., Inc. Quality Control Plan. Compile accurate records of test certifications and other required documentation.
- C. Notify Project Management, and the Owner of quality discrepancies for immediate corrective action. Assure that corrective action is implemented properly.
- D. The Quality Control/ Site Foreman will be on site and shall be under the supervision of Bob Biter Electrical Enter., Inc. home office.

## SECTION 3.0 Organization

### 3.1 QUALITY CONTROL (QC)/ SITE FOREMAN

Reports to and receives his authority directly from Bob Biter Electrical Enter., Inc. Management. The Quality Control/ Site Foreman shall formulate and implement as required the written procedures and instructions contained in this plan. Actual practices are not limited to this plan and where a discrepancy exists between this plan and the contract requirements, the contract requirements shall prevail. Consults with the project supervisory personnel to assure compliance with the quality control requirements of the contract. Coordinates the quality control efforts of subcontractors and suppliers to correspond with the overall Quality Control Plan. He/ she will be physically on the project site for the duration of the contract work. He/ she will review and coordinate submittals for Bob Biter Electrical Enter., Inc. furnished materials and equipment and be involved with all testing that is required by specifications for Bob Biter Electrical Enter., Inc.

### 3.1 CONTRACTOR'S OTHER PERSONNEL

Quality control functions will be carried out by other contractor's personnel to include the journeyman who will be physically on the job-site for the duration of the contract work. They will assist the Quality Control/ Site Foreman in other areas as required to fully implement the Quality Control Plan.

### 3.3 TESTING FIRMS - Commercial testing firms to be utilized are:

CAMCO  
Complete Advanced Maintenance Co.  
667 Industrial Park Road,  
Ebensburg, PA 15931  
Phone (814) 472-7980  
Fax (814) 472-8615



**BOB BITER ELECTRICAL ENTER., INC.**

7776 Admiral Peary Hwy.

P.O. Box 227

Cresson, PA 16630

(814) 886-7111 Fax (814) 886-4922

Email: [info@biterelectric.com](mailto:info@biterelectric.com)

**Staffing Plan**

**Staffing Resources**

Bob Biter Electrical Enter., Inc. is a Union Contractor affiliated with IBEW Local Union #5 and the Laborers Union Local 910 . Biter Electric maintains a work force of approximately 75 full time employees and through its affiliation with Local Union #5 & 910 has an unlimited resource to skilled workman.

Biter Electrical will man the project as required and do not anticipate a problem with manpower.



### **T-3B Skilled Training**

Biter Electric is a member of IBEW LU #5 providing us access to unlimited source of skilled craftsman for this project. Local 5's training program features an award winning, five-year comprehensive training that includes more than 900 hours of classroom study in electrical theory and project safety along with 8,000 hours of on-the-job training with experienced Electricians. IBEW's Code of Excellence is designed to bring out the best in our workforce and demonstrate to customers that they perform the highest quality and quantity of work, utilize their skills and abilities to the maximum and exercise safe and productive work practices.

In addition to providing quality apprenticeship training, the NJATC is also committed to developing and providing skills upgrade training to keep the Journeyman-level workforce as current and up-to-date as possible in the newest technologies. The NJATC works directly with equipment manufacturers and technology developers of a variety of tools, equipment and supplies, searching for the most up-to-date information available. Once a new training need has been identified, the NJATC designs an appropriate training course, provides instructor training and distributes the training materials to local JATCs to help them meet their local training need requirements.

Biter Electric is also affiliated with the Labors Local 910 which can supply us with an unlimited source to laborers. Local 910 is aimed at creating a highly educated and skilled workforce to keep up with the demanding needs of the industry. They over 33 counties throughout Western PA. Local 910 has an Apprentice training program requiring all apprentices to complete a minimum of 300 hours of classroom instruction and hands on training. To complete the apprentice ship program 4000 hours of on the job training is also required.

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

Biter Electric has had a State Certified Safety Committee for 23 years. Our company is committed to the protection of our employees, property and the public from accidental injury as a result of work carried out by or on behalf of the company, and the company adopts health, safety, and welfare as a fundamental business objective.

We will take all possible steps to ensure:

- ◆ **First and foremost “Site Specific” training will be implemented prior to the start of work on this project.**
- That a safe place of work, safe equipment, and proper equipment are provided.
- That safe work methods are established and practiced at all times.
- That supervision and training are given to all staff members.
- That all employees and other persons entering the work site understand and accept their responsibility to promote a safer and healthy place of work.
- Health and Safety Management on site will be the responsibility of the contract Project Manager or other senior staff members with appropriate training.
- Employee participation in active job site health and safety is encouraged.
- Management will encourage early return to work of any injured employee by assisting with rehabilitation and / or temporary change of duties as applicable.
- There is a management commitment to continuous improvement in all health and safety matters.

All Local 5 employees are subject to yearly and random drug testing a drug free workforce is a positive step in ensuring a safer work place.

#### **EMR**

2022	.706
2021	.782
2020	.881

Biter Electric historically has very few claims has continued to have an excellent safety record.

As Job Hazard Analysis is performed on each project attached is a sample of JHA Form that will be utilized.

JOB HAZARD ANALYSIS	JOB: PSU HENNING BUILDING PROJECT	DATE: 10/25/2018	Page 1 of 1 pages	
	Title of Person Who Does Job: BBE Employees	Supervisor: John B Bianconi/Pat Frank	Analyzed By: Jesse Bianconi	
Organization: Bob Biter Electrical Enter., Inc.		Approved by Activity Director/Commander: Pat Frank		
Recommended Personal Protective Equipment: Gloves, Hard Hats, Vests, Dust Masks, Safety Glasses, Work Boots				
SEQUENCE OF BASIC JOB STEPS	POTENTIAL HAZARDS	RECOMMENDED ACTION OR PROCEDURE		
Demo	Live circuits, Falling Objects, Sharp Edges, Work above head, Dust, Flying Objects	Test Equipment Twice, Lock out Tag Out, Cut Cap and make safe. Wear Hard Hat, Gloves, Safety Glasses & Work Boots Ladder Work – Tie off above 6’ & 3 point contact Stretch before each work day		
Rough – In	Falling Objects, Sharp Edges, Heavy Objects, Work above head, Flying Objects	Wear Hard Hat, Gloves, Safety Glasses & Work Boots Use proper Lifting equipment & Lift with legs not back Ladder Work – Tie off above 6’ & 3 point contact Stretch before each work day		
System Install	Falling Objects, Sharp Edges, Heavy Objects, Work above head, Flying Objects	Wear Hard Hat, Gloves, Safety Glasses & Work Boots Stretch before each work day Ladder Work – Tie off above 6’ & 3 point contact Stretch before each work day		

Job Hazard Analysis (JHA) is an important accident prevention tool that works by finding hazards and eliminating or minimizing them before the job is performed, clarification and hazard awareness, as a guide in new employee training, for periodic contracts, and for retraining of employees as a refresher on jobs which run infrequently, as an accident investigation tool, and for informing employees of specific job hazards and protective measures.

Set priorities for doing JHAs: Jobs that have a history of many accidents, jobs that have produced disabling injuries, jobs with high potential for disabling injury or death, and new jobs with no accident history. Here is how to do each of the three parts of a Job Hazard Analysis:

INSTRUCTIONS FOR COMPLETING JOB HAZARD ANALYSIS FORM

SEQUENCE OF BASIC JOB STEPS

Break the job down into steps. Each of the steps of a job should accomplish some major task. The task will consist of a set of movements. Look at the first set of movements used to perform a task, and then determine the next logical set of movements. For example, the job might be to move a box from a conveyor and putting it on a hand truck is one logical set of movements, so it is one job step. Everything related to that one logical set of movements is part of that job step.

The next logical set of movements might be pushing the loaded hand truck to the storeroom. Removing the boxes from the truck and placing them on the shelf is another logical set of movements. And finally, returning the hand truck to the receiving area might be the final step of this type of job.

Be sure to list all the steps in a job. Some steps might not be done each time – checking the casters on a hand truck for example. However, that task is a part of the job as a whole, and should be listed and analyzed.

POTENTIAL HAZARDS

Identify the hazards associated with each step. Examine each step to find and identify hazards- actions, conditions, and possibilities that could lead to an accident.

It is not enough to look at the obvious hazards. It is also important to look at the entire environment and discover every conceivable hazard that might exist.

Be sure to list health hazards as well, even though the harmful effect may not be immediate. A good example is the harmful effect of inhaling a solvent or chemical dust over a long period of time.

It is important to list all hazards. Hazards contribute to accidents, injuries, and occupational illnesses.

In order to do part three of a JHA effectively, you must identify potential and existing hazards. That is why it is important to distinguish between a hazard, an accident, and an injury. Each of these items has a specific meaning.

**HAZARD** – A potential danger. Oil on the floor is a hazard.  
**ACCIDENT** – An unintended happening that may result in injury, loss, or damage. Slipping on the oil is an accident.  
**INJURY** – the result of an accident. A sprained wrist from the fall would be an injury.

Some people find it easier to identify possible accidents and illnesses and work back from them to the hazards. If you do that, you can list the accident and illness types in parentheses following the hazard. But be sure you focus on the hazard for developing recommended actions and safe work procedures.

RECOMMENDED ACTION

Using the first two columns as a guide, decide what actions are necessary to eliminate or minimize the hazards that could lead to an accident, injury, or occupational illness.

Among the actions that can be taken are:  
1) engineering the hazard out; 2) providing personal protective equipment;  
3) job instruction training; 4) good housekeeping; and 5) good ergonomics (positioning the person in relation to the machine or other elements in the environment in such a way as to eliminate stresses and strains).

List recommended safe operating procedures on the form, and also list required or recommended personal protective equipment for each step of the job.

Be specific. Say exactly what needs to be done to correct the hazard, such as, “lift using part of your leg muscles.” Avoid general statements like “be careful.”

Give a recommended action or procedure for every hazard.

If the hazard is a serious one, it should be corrected immediately. The JHA should then be changed to reflect the new conditions.

## **APPENDIX A**

### **PROPOSAL SIGNATURE PAGE**

**Proposer's Representations and Authorizations.** Proposer by signing this Proposal Signature page and submitting its proposal understands, represents, acknowledges and certifies that:

- a. All information provided by, and representations made by, the Proposer in the proposal are material and important and will be relied upon by the Proposal Evaluation Committee in reviewing the Proposal and by DGS in awarding the contract. Any misrepresentation of a material fact or omission of material fact by the entity submitting the proposal shall be treated as fraudulent concealment from the Commonwealth of the true facts relating to the submission of the proposal. If the misrepresentation and/or omission of material fact is discovered during the review of the proposal, the proposal will be automatically disqualified. Discovery of the misrepresentation and/or omission of material fact after contract award constitutes grounds for defaulting the contractor and may lead to debarment procedures being instituted against the contractor. A misrepresentation shall be punishable under 18 Pa. C.S. § 4904.
- b. Proposer acknowledges that they have received, read and understood all Addenda issued for the Project.
- c. The price and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other Proposer or potential Proposer.
- d. Neither the price nor the amount of the proposal, and neither the approximate price nor the approximate amount of this proposal, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed on or before the proposal submission deadline specified in the Notice to Proposers and the Calendar of Events.
- e. No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.
- f. The proposal is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
- g. To the best knowledge of the person signing the proposal for the Proposer, the Proposer, its affiliates, subsidiaries, officers, directors, and employees are not

currently under investigation by any local, state or federal governmental agency and have not in the last four (4) years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as disclosed by the Proposer in its proposal.

- h. To the best of knowledge of the person signing the proposal for the Proposer and except as otherwise disclosed by the Proposer in its proposal, the Proposer has no outstanding, delinquent obligations to Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Proposer that is owed to Commonwealth.
- i. The Proposer is not currently under suspension or debarment by Commonwealth, or any other local, state, or the federal government. If the Proposer cannot so certify, then it shall submit along with its proposal a written explanation of why it cannot make such certification.
- j. The Proposer has not, under separate contract with the DGS made any recommendations to DGS concerning the need for the services described in the proposal or the specifications for the services described in the proposal.
- k. Each Proposer, by submitting its proposal, authorizes all Commonwealth agencies to release to Commonwealth information related to liabilities to Commonwealth of Pennsylvania including, but not limited to, taxes, unemployment compensation, workers' compensation liabilities and Prevailing Wage Act.
- l. Until the selected Proposer receives a fully executed and approved written contract from the DGS, there is no legal and valid contract in law or in equity, and the Proposer should not begin to perform work. If a Letter of Intent has been issued, the Proposer may proceed in accordance with the terms of the Letter.
- m. Proposer is not currently engaged, and will not during the duration of the contract engage, in a boycott of a person or an entity based in or doing business with a jurisdiction which the Commonwealth is not prohibited by Congressional statute from engaging in trade or commerce; and is eligible to contract with the Commonwealth under Section 3604 of the Procurement Code.
- n. Proposer agrees and certifies to abide by, but not be limited to, the Commonwealth of Pennsylvania Acts, Provisions, Clauses, and Statements stated in the Contract Documents.

I am authorized to sign this proposal on behalf of the Proposer and I agree and state that Bob Biter Electrical Enter., Inc. (Name of Firm) understands and acknowledges that the above representations are material and important, and will be relied upon by the Proposal Evaluation Committee and the Department of General Services in awarding the contract(s) for which this proposal is submitted. I understand and my firm understands that any misstatement shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this proposal.

**PROPOSER IS A CONTRACTOR/INDIVIDUAL:**

Witness:

By:

\_\_\_\_\_

\_\_\_\_\_  
Contractor / Individual

**PROPOSER IS A LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP:**

Witness:

By:

\_\_\_\_\_

\_\_\_\_\_  
General Partner / Authorized LLC Member

By:

\_\_\_\_\_

\_\_\_\_\_  
Limited Partnership

**PROPOSER IS A CORPORATION:**

Attest: By:

Wendy L. Capelli  
Secretary/Treasurer

Wendy L. Capelli

John B. Bianconi  
President/Vice-President

John B. Bianconi

**PROPOSER IS A JOINT VENTURE:**

Attest: By:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President

Attest:

By:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President





## NONCOLLUSION AFFIDAVIT

State of Pennsylvania :  
County of Cambria : s.s.

DGS Project Number: DGS C-00373-0009.4 Phase 1

I state that I am the Vice-President (Title) of Bob Biter Electrical Enter., Inc. (Name of Firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the prices(s) and the amount of this proposal.

I state that:

1. The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, proposer, or potential proposer.
2. Neither the price(s) nor the amount of this proposal, and neither the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a proposer or potential proposer, and they will not be disclosed before the proposal submission date.
3. No attempt has been made or will be made to induce any firm or person to refrain from proposing on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.
4. The proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
5. Bob Biter Electrical Enter., Inc. (Name of Firm) its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by state or federal law in any jurisdiction, involving conspiracy or collusion with respect to proposing and/or bidding on any public contract, except as follows:

I state that Bob Biter Electrical Enter., Inc. (Name of Firm) understands and acknowledges that the above representations are material and important, and will be relied upon by the Department of General Services in awarding the contract(s) for which this proposal is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this proposal.

(Signature )

John B. Bianconi

(Signatory's Printed Name)

Vice-President

(Signatory's Title)

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS 30<sup>th</sup> DAY OF  
Oct, 2023.

Laura J. Ruzzi  
Notary Public

My Commission Expires

3/31/2027

Commonwealth of Pennsylvania - Notary Seal  
LAURA J RUZZI - Notary Public  
Cambria County  
My Commission Expires March 31, 2027  
Commission Number 1143063