



SAFETY PERFORMANCE QUESTIONNAIRE:

Bridge Inspection and
PROJECT NAME: Load Rating **PROJECT NUMBER:** K24-10356119AN-M

Contractor Name	Greenman-Pedersen, Inc
Address	4950 Genesee Street, Suite 100, Buffalo, NY 14225
Your Companies (NAICS)*	SIC 8711 or NAIC 54133
Telephone Number	716-633-4844
Fax Number	--
Today's Date	March 13, 2025
Health & Safety Contact Name	Jonathan Herman, P.E.
Specialty Trade	Engineering

*North American Industrial Classification System (NAICS) codes identify a firm's primary business activity

New York State Canals Corporation ("Corporation") is committed to working with safe contractors. Toward that end, the Corporation has established "Acceptable/Not Acceptable" criteria to help find contractors with effective safety programs.

Before your organization will be allowed to work at a Corporation site, your safety performance will be compared to the criteria specified below. If your performance is not considered "Acceptable", the Corporation may deem your entity as not responsible. An explanation of our "Acceptable/Not Acceptable" criteria is provided in the table below.

Targets Based on 3-year averages	Acceptable (Green)	Not Acceptable (Red)
Except fatalities		
Number of Fatalities within the last 5-years (Vehicular fatalities excluded)	No fatalities within 5-years	Fatalities within a 5-years
Experience Modification Rate (EMR) for the current and two previous years (see Section A. Below)	Equal or less than 1.10	Greater than 1.10
Confirmed OSHA Citations	3 or less serious citations within the most recent 3-years with no willful or repeat citations	More than 3 serious citations within the most recent 3-years or any willful or repeat citations
Total Recordable Incident Rate	Equal or less than 3-year industry average	Greater than 3-year industry average
DART Rate	Equal or less than 3-year industry average	Greater than 3-year industry average

YOUR ORGANIZATION'S PAST SAFETY PERFORMANCE

A. Worker's Compensation Insurance – Experience Modification Rate (EMR)

Please obtain from your insurance agent (or state fund, if applicable) your EMR for the last three (3) rating periods. Then complete the following data:

	Effective Dates	Modification Rates
Current policy year	12/31/2023	0.86
1 year previously	12/31/2022	0.99
2 years previously	12/31/2021	0.98

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?
 YES ___ NO ___



SAFETY PERFORMANCE QUESTIONNAIRE:

Bridge Inspection and

PROJECT NAME: Load Rating

PROJECT NUMBER: K24-10356119AN-M

Is your firm self-insured for Worker's Compensation Claims? YES X NO

We require documentation for the above information. Any of the following methods are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish copies of the last three years' **Experience Modification Rating Calculation Sheets** which your insurance carrier should forward to you annually; or
- Furnish a copy of the page from each of your last three year's insurance policies showing the modification rate and the coverage period; or
- If you are in a "State Fund" state, furnish a copy of the state's last three years annual statement pages showing the modification rate and the coverage period.

EMR PASS / FAIL CRITERIA

- **Acceptable** – The organization's current Worker's Compensation Insurance Experience Modification Rate (EMR) is less than or equal to 1.10
- **Acceptable** – The organization's current EMR is greater than 1.10, if the trend for the last three years is downward and no single EMR in that period is above 1.20, and the TIR is less than the industry average.
- **Not Acceptable** – The organization cannot meet the "Acceptable" criteria listed above.

B. OSHA Recordable Incidents

Furnish a copy of your organization's OSHA 300 Log for the last three years. It is unlikely we can qualify your organization to bid the Corporation's work without your OSHA 300 Log.

Some firms are not required to complete the OSHA 300 Log because they have too few employees (less than ten at any time during the calendar year) or are exempted by virtue of the services they perform. If you do not complete an OSHA 300 Log, is it because your organization has too few employees?

YES NO N/A X

Or is it because your organization performs a service which is exempted from completing an OSHA 300 Log?

YES NO N/A X

If you do not complete an OSHA 300 Log and you answered "No" to the previous questions, please explain:

Not Applicable

As per 29 CFR PART 1904 -- Recording and Reporting Occupational Injuries and Illnesses, using the OSHA 300 Logs from the last three years and current year, complete the following:

	Worker's Compensation Interstate Experience Modification Record (EMR)	3 Yrs. Previous	2 Yrs. Previous	1 Yr. Previous	Current Year
A	Number of cases of work related deaths from column	0	0	0	
B	Number of cases with days away from work from column	1	3	3	
C	Number of cases with job transfer or restrictions for column	0	0	0	
D	Total number of recordable cases	2	3	3	
E	Total number of employee hours worked for year	2,807,987	2,995,546	3,067,406	
F	Total number of employees	1,293	1,439	1,475	
G	Total Recordable Injury Rate (Total Incident Rate) (TIR)	0.14	0.20	0.20	
H	DART RATE : (Days Away Restricted Transfer)	0.07	0.20	0.20	

(G) Recordable Injury Rate (Incidence Rate)

$$\frac{(D) \times 200,000}{(E)}$$

(H) DART Rate

$$\frac{(B) + (C) \times 200,000}{(E)}$$

HEALTH & SAFETY PROGRAM

Do you have a formal (written) safety program? YES X NO

If yes, please provide a copy of the Table of Contents from your program. NOTE: If you are approved, you will be required to provide a full copy of your safety program, as well as a Site Specific Health and Safety Plan (HASP) relating to your project specific job tasks for the Corporation.

PROJECT NAME: Bridge Inspection and Load Rating **PROJECT NUMBER:** K24-10356119AN-M

If your organization does not pass our "Acceptable/Not Acceptable" safety criteria, we invite you to explain why, and the steps being taken to improve your safety performance.

[illegible][illegible]

	REVIEWER TITLE	SIGNATURE	DATE
APPROVED			
DISAPPROVED			

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

Summary of Work-Related Injuries and Illnesses

Year 2023



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

Form approved OMB no. 1218-0178

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>3</u>	<u>0</u>	<u>3</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>169</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>6</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) 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 Greenman-Pedersen, Inc.

Street 325 W Main Street

City Babylon State New York Zip 11702

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

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

8 7 1 1

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

Employment information

Annual average number of employees 1475

Total hours worked by all employees last year 3,067,406.00

Sign here

Knowingly falsifying this document may result in a fine.

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

David McQuay

Company executive

VP/CDHS
Title

631-587-5060

Phone

1/22/2024
Date

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

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 2023



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

Form approved OMB no. 1218-0176

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 Greenman-Pedersen, Inc.

City Babylon State New York

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:									
(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:											
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)						
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
			1/19/23	21 West 38th St. 6th Flr. NY, NY 10018	Employee was slicing a bagel open when he sliced opened his left index finger requiring stitches				X			X					
			3/23	4120 Buckeystown Pike Frederick, MD 21704	Employee arrived at the job site and was stepping out of his vehicle when he twisted his left ankle		X			163		X					
			4/12/23	1056 S Main St Lapeer, MI 48446	Employee was filling the air in his truck due to working on the construction site. When he went to stand up from the tire, he hit his head on the driver's side mirror causing a laceration and requiring stitches.				X			X					
			5/15/23	Mill Road Hartford VT	Employee was carrying concrete testing equipment down a steep hill and stumbled on loose gravel twisting his right knee		X			4		X					
			11/10/23	Interstate 480 Cleveland, OH	Employee was walking to conduct an inspection and went to duck under a concrete paving machine but hit his head on the railing/frame of the machine falling on his left shoulder dislocating the shoulder				X			X					
			11/15/23	George Washington Bridge	Employee was attempting to pull himself higher on the scaffold he heard a pop in his left arm		X			2		X					
Page totals						0	3	0	3	169	0	6	0	0	0	0	0

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 (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no 1218-0178

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>3</u>	<u>0</u>	<u>3</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>20</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>5</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>1</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment information

Your establishment name Greenman-Pedersen, Inc.

Street 325 W Main St.

City Babylon State New York Zip 11702

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

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

8 7 1 1

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

Employment information

Annual average number of employees 1439

Total hours worked by all employees last year 2,995,546.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Patrick McKinney

Company executive

VP/CDHS
Title

531-587-5060

Phone

1/30/2023
Date

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

Log of Work-Related Injuries and Illnesses

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Year 2022



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

Form approved OMB no. 1218-0178

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Establishment name Greenman-Pedersen, Inc.

City Babylon State NY

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:						Check the "injury" column or choose one type of illness						
(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away From Work (days)		On job transfer or restriction (days)	(M)							
						Death	Days away from work	Remained at work		Job transfer or restriction	Other recordable cases	Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
						(G)	(H)	(I)	(J)											(K)
2	[REDACTED]	Senior Inspector	6/15/22	Ravenna Road Chardon, OH	Employee was inspecting a Culvert when he slipped in mud and landed on a concrete footer cutting his left hand requiring 9 stitches						X			X						
7	[REDACTED]	Inspector	11/2/22	8700 Washington Blvd. Jessup, MD	Employee was conducting an inspection when he stepped over a Curflux on a slight incline and his boot became caught causing his elbow to push into his ribs. Employee suffered a fractured 5th rib on his left side and a cartilage tear of his 6th rib.						X			X						
8	[REDACTED]	Inspector	12/9/22	Kingston, NY	Employee was conducting an inspection when he tripped over a barrier and fell on his right knee cutting it and requiring 3 stitches		X					15		X						
4	[REDACTED]	Technician	9/1/22	Riverside Dr, Methuen, MA 01844	Employee was conducting a survey in a wooded area when he encountered poison ivy. Employee caught poison ivy on his arms, legs, and right foot		X					3			X					
9	[REDACTED]	Inspector	12/12/22	1234 US-46 Clifton, NJ	Employee was returning to his truck when he stepped on a rock causing pain in his foot. Employee tore his achilles tendon.						X			X						
1	[REDACTED]	Inspector	6/8/22	15883 Pa 286	Employee was sitting in her vehicle writing her inspection reports when a contractor was driving up the road in a skid steer with an attached cutting wheel and hit her car. Employee suffered a strained neck, back, and a headache.		X					2		X						
Page totals						0	3	0	3			20	0	5	1	0	0	0	0	

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

Summary of Work-Related Injuries and Illnesses

Year 2021



U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

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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>1</u>	<u>0</u>	<u>2</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>89</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>3</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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Establishment Information

Your establishment name Greenman-Pedersen, Inc.
Street 825 W Main St.
City Babylon State New York Zip 11702
Industry description (e.g., Manufacture of motor truck trailers)
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
8 7 1 1
OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees 1283
Total hours worked by all employees last year 2,807,987.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Patrick McKinney
Company executive

VP/CDH&S
Title

631-587-5060
Phone

1/31/2022
Date

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

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

Form approved OMB no. 1218-0176

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Establishment name Greenman-Pedersen, Inc.
City Babylon State New York

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (m/d/y)	(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)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:											
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)						
								Job transfer or restriction	Other recordable cases			(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	[REDACTED]	Assistant Engineer	8/18/21	Intersection of Silver Mountain Rd and County Rte. 5, Northeast, NY 12546	Employee was stepping over a water diversion pipe and a piece of pipe pierced his right foot		0		1	0		1					
2	[REDACTED]	Business Development Manager	10/19/21	2606 Hartford Rd, Milford Twp., PA 18834	Employee was entering the building from the roof and thought the floor and step were level, but the floor was a foot lower and employee fell breaking his right arm.				1			1					
	[REDACTED]	Diver	10/26/21	Oswego River, Oswego, NY	Employee was entering the Oswego River to conduct an underwater inspection and caught his right foot on riprap causing a bone bruise		1			69		1					
Page totals						0	1	0	2	69	0	3	0	0	0	0	0

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

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PG Genatt

Nicholas Toumbekis - Managing Partner/General Counsel

January 31, 2024

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Experience Modification Rate
NCCI RISK ID NUMBER: 910927884 (NCCI)

To Whom It May Concern,

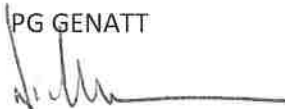
As requested, your most recent experience modification rating (EMR) is as follows:

Effective Date	EMR
12/31/2023	.86

Should you have any questions or concerns, please feel free to contact our office.

Sincerely,

PG GENATT



Nicholas Toumbekis
General Counsel

PG Genatt

Nicholas Toumbekis - Managing Partner/General Counsel

June 28, 2023

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Historical Experience Modification Rates
RISK ID NUMBER: 325021

To Whom It May Concern,

As requested, your most recent experience modification rating (EMR) is as follows:

Effective Date	EMR
*12/31/2022	.99

***Please note:** The annotated Experience Modification Rates provide a "net" EMR. As noted, 2018 had a single uncharacteristically large claim with lost time that occurred that, based on the calculation method, resulted in a disproportionate increase in the EMR. Genatt views this as an atypical event as there is nothing in Greenman-Pedersen Inc.'s ("GPI") safety history or metrics that indicates a pattern or frequency of unsafe practices.

Due to the nature of the EMR calculation and the fact that it is a trailing indicator, the future 2023 EMR is likely not adversely affected as the subject claim occurred several years ago and there have been any material safety performance or occurrence of safety related incidents. It is our finding that the 2022 calculation is not representative of any decline in GPI's safety program effectiveness.

Please feel free to contact our office should you have any questions or concerns.

Sincerely,

PG GENATT

Nicholas Toumbekis
General Counsel

*The EMR rating with the inclusion of this claim would be 1.11 for 12/31/2022

PG Genatt

Nicholas Toumbekis – Managing Partner/General Counsel

April 9, 2024

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Historical Experience Modification Rate
RISK ID NUMBER: 910927884

To Whom It May Concern,

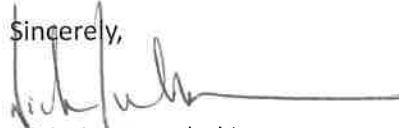
As requested, your experience modification rating (EMR) for 12/31/2021 are as follows:

Effective Date	EMR
*12/13/2021	.98

***Please note:** The annotated Experience Modification Rates provide a “net” EMR. As noted, 2021 had a single uncharacteristically large claim with lost time that occurred that, based on the calculation method, resulted in a disproportionate increase in the EMR. Genatt views this as an atypical event as there is nothing in Greenman-Pedersen Inc.’s (“GPI”) safety history or metrics that indicates a pattern or frequency of unsafe practices.

Due to the nature of the EMR calculation and the fact that it is a trailing indicator, the future 2021 EMR may be adversely affected despite the fact that there has been no appreciable negative change in GPI’s safety performance or occurrence of safety related incidents. It is our finding that the 2021 calculation is not representative of any decline in GPI’s safety program effectiveness.

Please feel free to contact our office should you have any questions or concerns.











Sincerely,

Nicholas Toumbekis
General Counsel




*The EMR rating with the inclusion of this claim would be 1.31 for 12/31/2021.



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