

MID-AMERICAN ELEVATOR

Exit Bryant Park
42 Street &
6 Avenue

Downtown &
Brooklyn

B D
F M

Table 2: Safety Questionnaire for Lead Contractor

Name of Respondent: C.A.C. Industries, Inc.

Name of Company: Mid-American Elevator Co., Inc.

ITEM 1 Provide the following information for the past 3 years:	2022	2023	2024		
Total number of employee hours worked (hours) Do not include non-work time, even though paid.	344,144	248,477	276,932		
Number of lost workday cases (number)	0	2	1		
Number of restricted workday cases (number)	1	0	0		
Number of cases with medical attention only (number)	0	0	0		
Number of fatalities (number)	0	0	0		
ITEM 2 (Insert additional rows if needed) Are internal accident reports and report summaries sent to management? To what levels of management are accident reports/summaries sent, and how frequently?					
Management level	Sent?		If yes, frequency sent:		
	NO	YES	Monthly	Quarterly	Annually
President	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITEM 3					
Do you hold site meetings for supervisors?		YES: <input checked="" type="checkbox"/>		NO: <input type="checkbox"/>	
How often do you hold site meetings for supervisors?					
Weekly:	<input checked="" type="checkbox"/>	Twice a month:	<input type="checkbox"/>	Monthly:	<input type="checkbox"/>
Other (specify): _____					
ITEM 4					
Do you conduct project safety inspections?		YES: <input checked="" type="checkbox"/>		NO: <input type="checkbox"/>	
How often do you conduct project safety inspections?					
Weekly:	<input checked="" type="checkbox"/>	Twice a month:	<input type="checkbox"/>	Monthly:	<input type="checkbox"/>
Other (specify): _____					

<u>ITEM 5</u>					
Does the Company have a written safety program?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
<u>ITEM 6</u>					
Does the Company have an orientation program for new hires?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
If yes, what safety items are included in the orientation program for new hires? (describe below)					
Personnel Protective Equipment					
<u>ITEM 7</u>					
Does the Company have a program for newly hired foremen and newly promoted foremen?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
If yes, does the program for newly hired or promoted foremen include the following topics?					
Safety work practices		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
Safety supervision		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
On-site meetings		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
Emergency procedures		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
Accident investigation		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
Fire protection and prevention		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
New worker orientation		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
<u>ITEM 8</u>					
Does the Company hold safety meetings that extend to site laborer level?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
If yes, how often do you hold safety meetings that extend to site laborer level?					
<u>ITEM 9</u>					
Does the Company hold safety meetings prior to engaging in field activities near the construction work site(s)?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
If yes, how often do you hold safety meetings that extend to field activities level?					
Daily:	<input checked="" type="checkbox"/>	Weekly:	<input type="checkbox"/>	Twice a month:	<input type="checkbox"/>
				Other (specify):	

ITEM 10 Provide the following information for the past 3 years:	2022	2023	2024
EMR for the current insurance policy:			.86
EMR for the previous insurance policy (if required):		1.08	
EMR for the previous insurance policy (if required):	.94		
<i>If the EMR rate exceeds 1.0 for the most recent year provided, a written explanation, limited to one page, attached to this form, will be provided and the two previous years EMRs will be provided by the Workers Compensation Insurance Carrier. The written explanation will include current safety program and training initiatives directed towards minimizing future work related injuries.</i>			
<i>For Companies that do not have an EMR, due to work experience outside the US, a frequency rate table or accident incident rate or similar statistics will be provided indicating the safety record over the last five years.</i>			
<i>Each Company must all submit a letter from their current workers compensation insurance carrier stating the expiration date of the policy and the current EMR rate. The letter is to be attached to this form.</i>			
ITEM 11 Provide the following OSHA Specific Information:			
A) Within the last 2 years, has the Company received any citations classified by OSHA as being (1) serious, (2) willful and/or (3) repeat violations where your company operates? <i>If yes, attach a copy of each such citation and violation.</i>	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
B) Has the Company experienced any work-related fatalities within the last five years?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
C) Has the Company had any citations issued by OSHA as a result of work related fatalities within the past 5 years?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
D) Is the Company under investigation for any work-related fatalities?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
If your answer is "yes" to 11(b), (c) or (d), provide a copy of the citation(s), list of number(s) of fatalities and documented explanation of the fatality.			



Mid-American Elevator Company, Inc.

January 16, 2025

MTA Construction & Development 2
Broadway, 8th Floor
New York, New York 10004

Subject: EMR Rate

To Whom It May Concern:

Mid-American Elevator Co., Inc. has strengthened our safety protocols by reinforcing PPE requirements, increasing the frequency of safety meetings across all branches, and focusing on efficient claims management to ensure prompt and thorough handling of any incidents. All management and project leaders have completed OSHA 30 training, and our team consistently conducts detailed Job Hazard Analyses (JHAs) to proactively identify and mitigate risks. These combined efforts reflect our commitment to lowering our EMR and fostering a safer, more accountable work environment, as demonstrated by our 2024 EMR of 0.86.

Sincerely,

Michael Smagacz

Michael Smagacz
Safety Director
(312) 639-5949
msmagacz@usahoist.com

A photograph of a subway station platform. In the foreground, two workers wearing hard hats and safety vests stand near a white metal barrier. One worker is looking at a phone. In the background, there's a large green circular graphic. Above the workers, a red sign says "Exit" and "Bryant Park 42 Street & 6 Avenue". To the right, a green sign says "Downtown & Brooklyn" with symbols for B, D, F, and M trains. A yellow arrow points down. The platform has grey tiled walls and a white ceiling with pipes.

MODERN ELEVATOR INSTALLATIONS

Table 2: Safety Questionnaire

Name of Respondent: C.A.C. Industries, Inc.

Name of Company: Modern Elevator Installations Incorporated

ITEM 1 Provide the following information for the past 3 years:	2022	2023	2024		
Total number of employee hours worked (hours) Do not include non-work time, even though paid.	29,870	31,520	28,420		
Number of lost workday cases (number)	134	0	1		
Number of restricted workday cases (number)	1	0	1		
Number of cases with medical attention only (number)	1	0	1		
Number of fatalities (number)	0	0	0		
ITEM 2 (Insert additional rows if needed) Are internal accident reports and report summaries sent to management? To what levels of management are accident reports/summaries sent, and how frequently?					
Management level	Sent?		If yes, frequency sent:		
	NO	YES	Monthly	Quarterly	Annually
President	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Construction Manager	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Manager	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITEM 3					
Do you hold site meetings for supervisors?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
How often do you hold site meetings for supervisors?					
Weekly:	<input type="checkbox"/>	Twice a month:	<input type="checkbox"/>	Monthly:	<input checked="" type="checkbox"/>
Other (specify): <input type="text"/>					
ITEM 4					
Do you conduct project safety inspections?		YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>
How often do you conduct project safety inspections?					
Weekly:	<input type="checkbox"/>	Twice a month:	<input type="checkbox"/>	Monthly:	<input checked="" type="checkbox"/>
Other (specify): <input type="text"/>					

<u>ITEM 5</u>							
Does the Company have a written safety program?			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
<u>ITEM 6</u>							
Does the Company have an orientation program for new hires?			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
If yes, what safety items are included in the orientation program for new hires? (describe below)							
<p>All new hires are issued 2020 Corporate Accident Prevention and Safety Policy. It is comprised of all Modern Elevator Installations Incorporated's policies and methodologies.</p> <p>Section A - Corporate Accident and Safety Policy Section B - Safety Procedures for Installation of New Elevators Section C - Safety Procedures for Modernization and Service Section D - Maintenance Safety Policy Section E - Safety Lock and Tag out Procedure Section F - Working at Heights All topics are discussed during orientation.</p>							
<u>ITEM 7</u>							
Does the Company have a program for newly hired foremen and newly promoted foremen?			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
If yes, does the program for newly hired or promoted foremen include the following topics?							
Safety work practices			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
Safety supervision			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
On-site meetings			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
Emergency procedures			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
Accident investigation			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
Fire protection and prevention			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
New worker orientation			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
<u>ITEM 8</u>							
Does the Company hold safety meetings that extend to site laborer level?			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
If yes, how often do you hold safety meetings that extend to site laborer level? Daily							
<u>ITEM 9</u>							
Does the Company hold safety meetings prior to engaging in field activities near the construction work site(s)?			YES:	<input checked="" type="checkbox"/>	NO:	<input type="checkbox"/>	
If yes, how often do you hold safety meetings that extend to field activities level?							
Daily:	<input checked="" type="checkbox"/>	Weekly:	<input type="checkbox"/>	Twice a month:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

ITEM 10 Provide the following information for the past 3 years:	2022	2023	2024
EMR for the current insurance policy:			.93
EMR for the previous insurance policy (if required):		.98	
EMR for the previous insurance policy (if required):	N/A		
<i>If the EMR rate exceeds 1.0 for the most recent year provided, a written explanation, limited to one page, attached to this form, will be provided and the two previous years EMRs will be provided by the Workers Compensation Insurance Carrier. The written explanation will include current safety program and training initiatives directed towards minimizing future work related injuries.</i>			
<i>For Companies that do not have an EMR, due to work experience outside the US, a frequency rate table or accident incident rate or similar statistics will be provided indicating the safety record over the last five years.</i>			
<i>Each Company must all submit a letter from their current workers compensation insurance carrier stating the expiration date of the policy and the current EMR rate. The letter is to be attached to this form.</i>			
ITEM 11 Provide the following OSHA Specific Information:			
A) Within the last 2 years, has the Company received any citations classified by OSHA as being (1) serious, (2) willful and/or (3) repeat violations where your company operates? <i>If yes, attach a copy of each such citation and violation.</i>	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
B) Has the Company experienced any work-related fatalities within the last five years?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
C) Has the Company had any citations issued by OSHA as a result of work related fatalities within the past 5 years?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
D) Is the Company under investigation for any work-related fatalities?	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	
If your answer is "yes" to 11(b), (c) or (d), provide a copy of the citation(s), list of number(s) of fatalities and documented explanation of the fatality.			

February 6, 2025

Modern Elevator Installations Inc.
491 WASHINGTON AVE
CARLSTADT NJ 07072

Re: Workers' Compensation Insurance
Policy No. 100558-7-24
State of New York

Dear Sir or Madam:

This letter will confirm that your company's experience modification factors are as follows:

<u>Policy Year</u>	<u>EMR Effective Date</u>	<u>Experience Modification Rate</u>
2024	12/11/2024-12/11/2025	0.930
2023	12/11/2023-12/11/2024	0.980

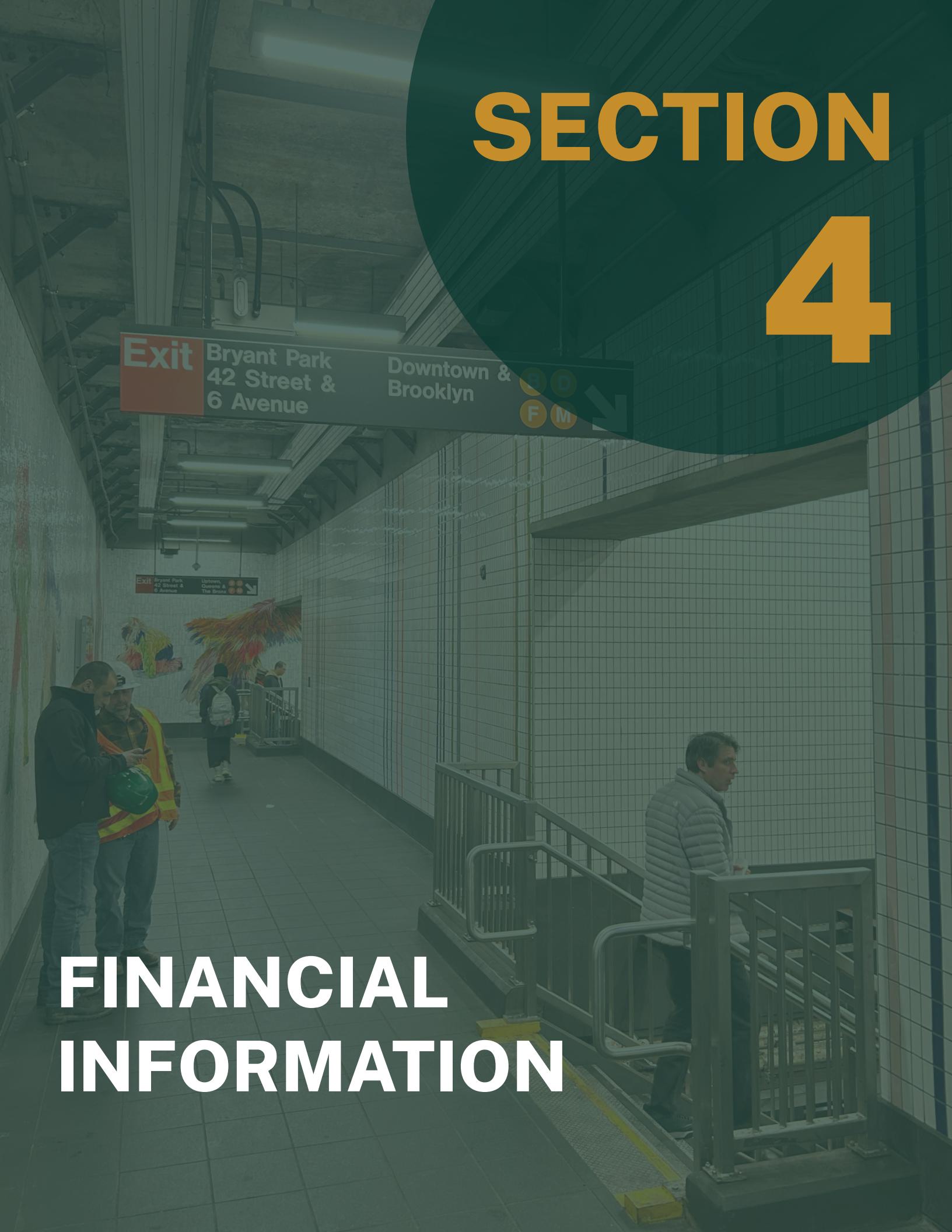
This factor is calculated annually by the New York Compensation Rating Board. It is typically based on claims and audited payroll for three prior policy periods.

W.C. Underwriting Department
Extension 4003

ML8091

SECTION 4

FINANCIAL INFORMATION



FORM 4

5 Av-
Bryant
Park

• P4A •

• P4B •

Credit Ratings