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**ConsensusDocs® 221**

**CONSTRUCTOR'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT**



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**ConsensusDocs® 221**

**CONSTRUCTOR'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT**

The information provided by the Constructor in this Statement of Qualifications is to be relied upon as true and complete so as not to be misleading. Identification of the Constructor, Owner and Project and date of this statement are essential information to be accurately inserted.

Blanks embedded in the text indicate provisions that must be filled in by parties.

Any of the text in this electronic document may be edited or excluded from the final contract. New paragraphs may be added, and text may be inserted into standard paragraphs. Supplemental conditions-provisions added to the printed agreement-may also be adopted by reference. It is always best for supplements to be attached to the Agreement, and it is a good practice for both parties to sign and date all supplements.

CONSTRUCTOR

submits this Statement of Qualifications dated to

the OWNER,

The Owner shall treat this document and its contents as confidential.

1. CONSTRUCTOR'S ORGANIZATION
   1. General Information

Address:

Telephone: Fax: E-mail address: Web site:

If address given above is a branch office address, provide principal home office address:

Attach brochure or promotional information.

Blanks are provided to describe the organization’s configuration as a corporation, partnership, joint venture, limited liability, sole proprietorship, or other. The names and addresses of the executive officers, general partners, joint venturers, members, owner(s), or principals should be provided. Here the organization’s certification(s) are listed, such as disadvantaged business, minority business, women’s business, historically underutilized business zone small business concern. The organization that has approved each certification is also to be provided.

* 1. Type of Organization

The Constructor's organization is a:

Corporation

Date and state of incorporation:

Executive Officers: (names and addresses)

Partnership

Date and state of organization:

Type of Partnership:  General  Limited  Limited Liability  Other:

Current General Partners: (names and addresses)

Joint Venture (JV)

Date and State of Organization:

Joint Venturers: (For JVs, separately list each JV member’s name, address, form, and state of organization, as well as the managing or controlling JVer if applicable. Provide a copy of the JV agreement, or if not executed provide information related to the roles, responsibilities, ownership interests, and executives’ names.)

Limited Liability Company

Date and state of organization:

Members: (names and addresses)

Sole Proprietorship

Date and state of organization:

Owner or Owners: (names and addresses)

Other

Type of organization:

State of organization:

Owners or Principals: (names and addresses)

Indicate certification of Constructor’s organization by placing an X in the blank preceding the appropriate category or categories below, if applicable, and insert applicable certification authority.

In addition to the above categories of business entities, indicate whether the Constructor's organization is certified as a:

Disadvantaged Business Enterprise certified by:

Minority Business Enterprise certified by:

Women's Business Enterprise certified by:

Historically Underutilized Business Zone Small Business Concern certified by:

This article provides blanks to indicate jurisdictions in which the organization is legally qualified to conduct business and the corresponding license or registration numbers. The Constructor is also to describe the businesses or professional licenses that have been revoked in the past five years, if any.

1. LICENSING AND REGISTRATION
   1. Jurisdictions in which the Constructor is legally qualified to practice: (Indicate license or registration numbers for each jurisdiction, if applicable, and type of license or registration. Attach separate sheet as necessary. For JVs, each JV member should answer individually.)
   2. In the past three years, has the Constructor had any business or professional license suspended or revoked (for JVs, each JV member should answer individually)?

Yes  No

If yes, describe circumstances on separate attachment, including jurisdiction and bases for suspension or revocation.

1. CONSTRUCTOR'S PERSONNEL AND APPROACH

This section references Schedule A that the Constructor uses to describe the experiences of the Constructor’s construction personnel who will be directly involved in the construction operations. The Constructor is to provide the percentage of each person’s time that will be committed to the Project.

* 1. Key Construction Personnel List on Schedule A, attached, the construction experiences of the Constructor's Key Construction Personnel who will be directly involved in the Project’s construction operations and the percentage of time that is anticipated to be devoted to the Project.

The Constructor is to provide the percentage of Work normally performed with the Constructor’s workforce and the types of Work performed by that workforce.

* 1. List types of work the Constructor intends to perform with its own workforce:
  2. Subcontractor Selection

Indicate and rank the criteria used in selection of Constructor’s subcontractors. Criteria that are not applicable are also to be identified.

* + 1. Indicate criteria to be used in the selection of Subcontractors and the approximate percentage weight each factor is given in selecting the Subcontractors (indicate NA, if not applicable).

Price

Financial strength

Bonding capacity

Previous experience with the Constructor

Previous experience in industry

Subcontractor's reputation in industry

Availability of sufficient personnel

Safety record

Other:

Describe the Constructor’s policy on bonding of its subcontractors.

* + - 1. Does the Constructor plan to require the Subcontractor to be bonded for this Project?
         1. Does the Constructor plan to obtain the Subcontractor default insurance for this Project?
  1. Describe the Constructor's proposed technical and management approach to the Project, including approaches to quality, time and cost control: (Attach a copy of the Constructor's quality control plan, if available. Attach additional sheets as necessary.)

1. CONSTRUCTOR'S RELEVANT EXPERIENCE
   1. List on a fully completed Schedule B Past Projects, attached, at least five construction projects on which the Constructor has worked in the past three years with project delivery systems similar to the one to be employed for this Project (for JVs, list each JV member's projects separately). The Owner may contact the owners of the projects listed on Schedule B.
   2. Current Projects List on Schedule C, attached, all current projects of the Constructor, including projects not yet underway, approximate dollar value for each, and the percentage of completion of each project (for JVs, list each JV member's projects separately).
   3. Indicate the annual volume of work completed for the past three years (for JVs, each JV member should answer separately):

Year

Year

Year

* 1. In the past three years, has the Constructor been defaulted or terminated for cause (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances on separate attachment, including dates and owner, and if applicable, the Constructor's surety.

* 1. In the past three years, has the Constructor failed to complete a construction contract (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances on separate attachment, including dates and owner, and if applicable, the Constructor’s surety.

* 1. Except Workers' Compensation claims, describe any litigation with the amount in dispute over $100,000 arising from projects the Constructor has worked on within the last three years. (Attach additional sheets as necessary. For JVs, each JV member should answer separately.)

1. CONSTRUCTOR'S SAFETY PROGRAM

This article provides that the Constructor will attach a copy of its safety program and indicate if the program includes specific instructions in eight categories, if it has a safety officer or department, if it conducts safety inspections and by whom, if it conducts safety meetings for field supervisors, if it has an instruction program on safety for new supervisors, if and how often craft “toolbox” safety meetings are held, and if it has a drug and alcohol testing policy.

* 1. If the Constructor has a written safety program, attach a copy.
  2. Does the Constructor's safety program include instructions on the following: (If yes, attach.)

1. Safety work practices  Yes  No
2. Safety supervision  Yes  No
3. Toolbox safety meetings  Yes  No
4. Emergency procedures  Yes  No
5. First aid procedures  Yes  No
6. Accident investigation  Yes  No
7. Fire protection  Yes  No
8. New workers' orientation  Yes  No
   1. Does the Constructor have a safety officer/department?

Yes  No

If yes,

Name: Title: Phone:

Does the Constructor intend to conduct project safety inspections for this Project?

Yes  No

If yes, how often? [\_\_\_\_\_]

Who will conduct this inspection?

Name: Title:

* 1. Does the Constructor hold project safety meetings for field supervisors?

Yes  No

If yes, how often? Weekly Bi-weekly Monthly Less often as needed

* 1. Does the Constructor have in place an instruction program on safety for newly hired or promoted supervisors?

Yes  No

If yes, please attach a copy of program format.

* 1. If craft "toolbox" safety meetings are held, what is their frequency?

Weekly Bi-weekly Monthly Less often as needed

* 1. Does the Constructor have a drug and alcohol testing policy?

Yes  No

If Yes, attach a copy of the policy.

The Constructor provides a summary of its OSHA No.300 Log and Summary of Occupational Injuries and Illnesses for the past five years. Constructors are to provide the name and title of the personnel who receive OSHA accident reports or the equivalent. Also, the Constructor is to list all OSHA Citations and Notifications of Penalty received within five years, all safety citations for violations under state law received in the last three years and its Constructor’s Worker’s Compensation Experience Modification Rate (EMR) for the past three years with a corresponding insurance agent’s EMR verification letter. The Constructor is to also list its Total Recordable Frequency Rate and Total Number of Man Hours Worked in the past three years. Blanks are provided to comment on additional areas of the organization’s safety program.

* 1. Provide the Constructor's OSHA 300 Summary of Occupational Injuries and Illnesses for the past three years. Upon request, the Constructor shall provide a written copy of OSHA 300 Log with reasonable promptness.
  2. List all OSHA citations and a notification of penalty, monetary, or other, the Constructor has received within the last three years: (Indicate the final disposition as applicable. Attach additional sheets as necessary.)
  3. List all safety citations of violations under state law the Constructor has received within the last three years: (Indicate final disposition as applicable. Attach additional sheets as necessary.)
  4. List the Constructor's Workers' Compensation Experience Modification Rate (EMR) for the past three years: (The EMR may be obtained from the Constructor’s insurance agent. Attach a copy of the insurance agent's EMR verification letter.)

Year EMR:

Year EMR:

Year EMR:

* 1. List the Constructor's OSHA Injury and Illness Incidence Rate (Total Recordable Case Incidence Rate) for the past three years:

Year Total Recordable Case Incidence Rate:

Year Total Recordable Case Incidence Rate:

Year Total Recordable Case Incidence Rate:

* 1. List the Constructor's total number of man hours worked for the past three years:

Year: Total number of man hours worked:

Year: Total number of man hours worked:

Year: Total number of man hours worked:

* 1. Comment on any additional areas of the Constructor’s company's safety program and policies that are appropriate for the Owner’s evaluation:

Blank space is provided here to comment on additional areas of the organization’s safety program.

1. SURETY AND INSURANCE

This article provides blanks to list the Surety Company’s name and address and the Agent’s name and address. The Constructor is also to provide the company’s total bonding capacity and limit per project, as well as the available bonding capacity to date. The Constructor is to indicate if it can provide a bid bond for this Project and the Commercial general liability carrier and summary of liability coverage.

* 1. Surety company: (name and address)
  2. Agent: (name, address and telephone number)
  3. Total bonding capacity: $

Limit per project: $

* 1. Available bonding capacity as of this date: $
  2. Can the Constructor provide a bid bond for this project, if applicable?

Yes  No

* 1. Commercial General Liability Carrier and summary of liability coverage:

1. CONSTRUCTOR FINANCIAL INFORMATION
   1. List any outstanding debt or loan that exceeds 20% of the current net worth of the Constructor and general repayment history of such debt or loan.
   2. Attach any available audited financial statements for the past three years, including the latest balance sheet, containing but not limited to the following information (available unaudited financial statements should be included if audited statements are not available):
2. current assets
3. net fixed assets
4. other assets
5. current liabilities (i.e. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes)
6. other liabilities (i.e. capital, capital stock, authorized and outstanding shares par values, earned surplus)
7. retained earnings and net worth
8. date of statement
9. name of firm preparing statement

Submitted audited financial statements should be stamped as confidential or sensitive information. The Owner shall treat such information as confidential.

* 1. State whether the Constructor or any of the individuals identified in article 1 have been the subject of any bankruptcy proceeding within the last three years (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances on separate attachment.

1. INDUSTRY AGREEMENTS, AFFILIATIONS, MEMBERSHIPS, AWARDS, AND HONORS
   1. List trade unions or associations with which the Constructor has an Agreement:

Trade

National Agreement

Local Agreement

Expires

Trade

National Agreement

Local Agreement

Expires

Trade

National Agreement

Local Agreement

Expires

* 1. Industry affiliations and memberships:
  2. Industry awards and honors and dates:

1. STATEMENT OF POTENTIAL CONFLICTS OF INTEREST

Provide information about any business associations, financial interests, or other circumstances that may create a conflict of interest between the Constructor and the Owner or any other Party known to be involved in the Project.

1. OTHER INFORMATION
   1. Within the past three years, has the Constructor or any of the individuals identified in §1.2 or Schedule A been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances on separate attachment.

* 1. Within the past three years, has the Constructor or any of the individuals identified in §1.2 or Schedule A been the subject of any federal or state suspension or disbarment (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances on separate attachment.

* 1. Within the past three years, has the Constructor or any of the individuals identified in §1.2 or Schedule A been the subject of any formal proceeding or consent order with a state or federal environmental agency involving a violation of state or federal environmental laws (for JVs, each JV member should answer separately)?

Yes  No

If yes, describe circumstances (attach additional sheets as necessary).

1. REFERENCES

Provide references for each of the following categories (additional references may be provided on a separate attached sheet).

Owner

Name:

Address:

Telephone:

Contact Person:

Design Professional

Name:

Address:

Telephone:

Contact Person:

Subcontractor

Name:

Address:

Telephone:

Contact Person:

The undersigned, on behalf of the Constructor, certifies under oath that the information provided herein, including any schedule or attachment, is true and sufficiently complete so as not to be misleading.

CONSTRUCTOR:

By:

Title:

Date:

END OF DOCUMENT.

This Schedule provides blank spaces to list information about the staff who will be working on the Project including their name, position, date started with Contractor’s organization, construction experience, and percentage of the person’s time that will be devoted to the Project at headquarters and on the Project site. Attach additional sheets as necessary.

**SCHEDULE A TO ConsensusDocs® 221**

**KEY PERSONNEL**

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Name: [\_\_\_\_\_]

Position: [\_\_\_\_\_]

Years with Contractor: [\_\_\_\_\_]

Total Years Relevant Experience: [\_\_\_\_\_]

Construction Experience:

Percentage of Time Anticipated to be Devoted to Project (indicate percentage for time at headquarters and/or on Project site as applicable): [\_\_\_\_\_]

Name [\_\_\_\_\_]

Position: [\_\_\_\_\_]

Years with Contractor: [\_\_\_\_\_]

Total Years Relevant Experience: [\_\_\_\_\_]

Construction Experience:

Percentage of Time Anticipated to be Devoted to Project (indicate percentage for time at headquarters and/or on Project site as applicable): [\_\_\_\_\_]

Name: [\_\_\_\_\_]

Position: [\_\_\_\_\_]

Years with Contractor: [\_\_\_\_\_]

Total Years Relevant Experience: [\_\_\_\_\_]

Construction Experience:

Percentage of Time Anticipated to be Devoted to Project (indicate percentage for time at headquarters and/or on Project site as applicable): [\_\_\_\_\_]

Name: [\_\_\_\_\_]

Position: [\_\_\_\_\_]

Years with Contractor [\_\_\_\_\_]

Total Years Relevant Experience: [\_\_\_\_\_]

Construction Experience:

Percentage of Time Anticipated to be Devoted to Project (indicate percentage for time at headquarters and/or on Project site as applicable): [\_\_\_\_\_]

Attach Additional Pages as Necessary

This Schedule provides blank spaces to provide information about past projects including name, location, description, owner, contract price, completion date and a reference/contact. Attach additional sheets as necessary.

**SCHEDULE B TO ConsensusDocs® 221**

**PAST PROJECTS**

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Name, Location and Description:

Enter identification of project, its location, and a brief description.

Owner:

Original Contract Price:; Final Contract Price:

Original Substantial Completion Date: ; Actual Date:

Reference/Contact (include phone and email):

Name, Location and Description:

Owner:

Original Contract Price: ; Final Contract Price:

Original Substantial Completion Date: ; Actual Date:

Reference/Contact (include phone and email):

Name, Location and Description:

Owner:

Original Contract Price: ; Final Contract Price

Original Substantial Completion Date: ; Actual Date:

Reference/Contact (include phone and email):

Name, Location and Description:

Owner:

Original Contract Price: ; Final Contract Price:

Original Substantial Completion Date: ; Actual Date:

Reference/Contact (include phone and email):

Name, Location and Description:

Owner:

Original Contract Price: ; Final Contract Price:

Original Substantial Completion Date: ; Actual Date:

Reference/Contact (include phone and email):

Attach Additional Pages as Necessary

This Schedule provides blank spaces to provide information about projects that the organization is currently constructing and projects not yet underway. Blank spaces are provided for the project name, location, description, owner, approximate contract price, percent of the project that is completed, date of scheduled substantial completion, and a reference. Attach additional sheets as necessary.

**SCHEDULE C TO ConsensusDocs® 221**

**CURRENT CONSTRUCTION PROJECTS**

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Name, Location and Description:

Enter project identification, location, and brief description.

Owner: [\_\_\_\_\_]

Approximate Contract Price: [\_\_\_\_\_]

Percent Completed: [\_\_\_\_\_]

Date of Scheduled Substantial Completion: [\_\_\_\_\_]

Reference/Contact: [\_\_\_\_\_]

Name, Location and Description:

Owner: [\_\_\_\_\_]

Approximate Contract Price: [\_\_\_\_\_]

Percent Completed: [\_\_\_\_\_]

Date of Scheduled Substantial Completion: [\_\_\_\_\_]

Reference/Contact: [\_\_\_\_\_]

Name, Location and Description:

Owner: [\_\_\_\_\_]

Approximate Contract Price: [\_\_\_\_\_]

Percent Completed:

Date of Scheduled Substantial Completion: [\_\_\_\_\_]

Reference/Contact:

Name, Location and Description:

Owner: [\_\_\_\_\_]

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Name, Location and Description:

Owner:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Attach Additional Pages as Necessary

END OF DOCUMENT.