



ConsensusDocs® 222 DESIGN PROFESSIONAL'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT

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ENDORSEMENT. This document was developed through a collaborative effort of organizations representing a wide cross-section of the design and construction industry. The organizations endorsing this document believe it represents a fair allocation of risk and responsibilities of all project participants.

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ConsensusDocs 222

DESIGN PROFESSIONAL'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT



The DESIGN PROFESSIONAL

[]

submits this Statement of Qualifications dated [] to

the OWNER

in connection with the following PROJECT

The contents of this Design Professional Statement of Qualifications shall be treated as confidential by the Owner.

1. DESIGN PROFESSIONAL'S ORGANIZATION

1.1. General Information

Address

Telephone and Facsimile: []

E-mail address: []

Web site: []



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

Attach brochure or promotional information.

1.2. Type of Organization

The Design Professional's Organization is a:

Corporation

Professional 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

Date and State of Organization:

Joint Venturers: (For each indicate the name, address and form and state of organization, as well as the managing or controlling Joint Venturer, if applicable.)

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 and/or Principals: (Names and Addresses)



In addition to the above categories of business entities, indicate whether Design Professional'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:

2. LICENSING AND REGISTRATION

2.1. Jurisdictions in which Design Professional 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.)

2.2. In the past five (5) years, has Design Professional had any business or professional license suspended or revoked?

Yes No

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

3. DESIGN PROFESSIONAL'S PERSONNEL AND SERVICES

3.1. Total Number of Staff: .

Number of Registered/Licensed Architects:
Number of Registered/Licensed Engineers:

3.2. Key Project Personnel List on Schedule A, attached, Design Professional's Key Construction Personnel, their design experience and the amount of time that is anticipated to be devoted to the Project.

3.3. Related Design/Professional Services Indicate related design or professional services to be provided, indicate whether to be provided in-house or by proposed consultants, as applicable, and provide information about relevant design experience. (Attach separate attachment as necessary.)

- Civil:
- Structural:
- Mechanical:
- Electrical:
- Interior Design:
- Landscape Design:
- Other:

4. DESIGN PROFESSIONAL'S APPLICABLE EXPERIENCE AND APPROACH

4.1. Past Projects List on Schedule B, attached, at least five construction projects Design Professional has designed in the past five (5) years similar to this Project and with project delivery systems similar to the one to be employed for this Project. (For Joint Ventures, list each joint venturer's projects separately). The Owner may contact the owners of the projects listed on Schedule B.



4.2. Current Projects List on Schedule C, attached, all current projects of the Design Professional (For Joint Ventures, list each joint venturer's projects separately).

4.3. Describe Design Professional's proposed design or technical approach to the Project: (Attach additional sheets as necessary.)

4.4. Describe Design Professional's proposed management approach to the Project, including approaches to quality, time and cost control: (Attach additional sheets as necessary.)

4.5. In the past five (5) years, has Design Professional been terminated for cause or failed to complete a project?

Yes No

If yes, describe circumstances on separate attachment, including dates and owner.

4.6. Describe all litigation arising from Design Professional's active projects or projects worked on within the last five (5) years: (Attach additional sheets as necessary.)

5. INSURANCE

List Professional Liability Carrier(s) and provide the following information:

Carrier Name:

Per occurrence limit: \$

Aggregate limit: \$

Deductible: \$

Length of policy tail:

Identify all non-standard policy exclusions and attach copies of policy language:

Identify all current claimants against policy and amount of each claim: (Attach additional sheets as necessary.)

6. DESIGN PROFESSIONAL FINANCIAL INFORMATION

6.1. List principal banks used, the approximate value of outstanding loans and general repayment history, as well as the Name, Address and Telephone Number of a contact person:

6.2. Attach audited financial statements for the past three (3) years, including latest balance sheet, containing but not limited to the following information:

a. Current Assets

b. Net Fixed Assets

c. Other Assets



d. Current Liabilities (i.e. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)

e. Other Liabilities (i.e. capital, capital stock, authorized and outstanding shares par values, earned surplus)

f. Retained Earnings and Net Worth

g. Date of Statement

h. Name of firm preparing statement

6.3. Within the past five (5) years, indicate whether Design Professional, or any individual listed in article 1, has/have been the subject to any bankruptcy proceeding?

Yes No

If yes, describe circumstances on separate attachment.

7. PROFESSIONAL AFFILIATIONS, AWARDS AND HONORS

7.1. Professional Affiliations and Memberships:

7.2. Professional Awards and Honors:

8. STATEMENT OF POTENTIAL CONFLICTS OF INTEREST

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

9. OTHER INFORMATION

9.1. Within the past five (5) years, has Design Professional, or any individual listed in Section 0 and/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?

Yes No

If yes, describe circumstances on separate attachment.

9.2. Within the past five (5) years, has Design Professional or any individual listed in Section 0 and/or Schedule A been the subject of any federal or state suspension or disbarment?

Yes No

If yes, describe circumstances on separate attachment.

9.3. Within the past five (5) years, has Design Professional, or any individual listed in Section 0 and/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?

Yes No



If yes, describe circumstances on separate attachment.

10. REFERENCES

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

Owner

Name: []
Address: []
Telephone No.: []
Contact Person: []

Contractor

Name: []
Address: []
Telephone No.: []
Contact Person: []

Consultant

Name: []
Address: []
Telephone No.: []
Contact Person: []

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

DESIGN PROFESSIONAL

By: _____

Title: []

Date: []

END OF DOCUMENT.



SCHEDULE A TO ConsensusDocs® 222

KEY PERSONNEL

Name: []

Position: []

Years with Design Professional: []

Total Years Relevant Experience: []

Jurisdictions Licensed to Practice In: []

Design Experience:

Percentage of Time Anticipated to be Devoted to Project: []

Name: []

Position: []

Years with Design Professional: []

Total Years Relevant Experience: []

Jurisdictions Licensed to Practice In: []

Design Experience:

Percentage of Time Anticipated to be Devoted to Project: []

Name: []

Position: []

Years with Design Professional: []

Total Years Relevant Experience: []

Jurisdictions Licensed to Practice In: []

Design Experience:

Percentage of Time Anticipated to be Devoted to Project: []

Name: []

Position: []

Years with Design Professional: []

Total Years Relevant Experience: []



Jurisdictions Licensed to Practice In: []

Design Experience:

Percentage of Time Anticipated to be Devoted to Project: []

Attach Additional Pages as Necessary.



SCHEDULE B TO ConsensusDocs® 222

PAST PROJECTS

Name, Location and Description, including Size:

Owner: []

Approximate Cost:[]

Substantial Completion Date:[]

Reference/Contact:[]

Name, Location and Description, including Size:

Owner:[]

Approximate Cost:[]

Substantial Completion Date:[]

Reference/Contact:[]

Name, Location and Description, including Size:

Owner:[]

Approximate Cost:[]

Substantial Completion Date:[]

Reference/Contact:[]

Name, Location and Description, including Size:

Owner:[]

Approximate Cost:[]

Substantial Completion Date:[]

Reference/Contact:[]

Name, Location and Description, including Size:

Owner []

Approximate Cost:[]

Substantial Completion Date:[]

Reference/Contact:[]



Attach Additional Pages as Necessary



SCHEDULE C TO ConsensusDocs® 222

CURRENT PROJECTS

Name, Location and Description, including Size:

Owner:[_____]

Approximate Cost:[_____]

Status:[_____]

Date of Scheduled Substantial Completion:[_____]

Reference/Contact:[_____]

Name, Location and Description, including Size:

Owner [_____]

Approximate Cost:[_____]

Status:[_____]

Date of Scheduled Substantial Completion:[_____]

Reference/Contact:[_____]

Name, Location and Description, including Size:

Owner:[_____]

Approximate Cost:[_____]

Status:[_____]

Date of Scheduled Substantial Completion:[_____]

Reference/Contact:[_____]

Name, Location and Description, including Size:

Owner:[_____]

Approximate Cost:[_____]

Status:[_____]

Date of Scheduled Substantial Completion:[_____]

Reference/Contact:[_____]

Attach Additional Pages as Necessary



END OF DOCUMENT

