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ConsensusDocs™ 721 **SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT**

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SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT



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SUBCONTRACTOR, **FIRE SUPPRESSION SERVICES INC**

submits this Subcontractor's Statement of Qualifications dated **09/16/2015** to

the CONSTRUCTOR _____

in connection with the following

PROJECT, _____

for the OWNER, _____

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

1. SUBCONTRACTOR'S ORGANIZATION

1.1. General Information

Address: **3802 S 2300 E**
SALT LAKE CITY UT, 84109



Telephone: (801) 277-6464

E-mail address: arunfss@live.com

WebSite:

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

Attach brochure or promotional information.

1.2 Type of Organization

Blanks are provided to describe the organization's configuration as a corporation, partnership, joint venture, limited liability, sole proprietorship, or other. The names and address of the executive officers, general partners, joint ventures, 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 or small business concern. The organization that has approved each certification is also to be provided.

1.2. Type of Organization

Subcontractor's organization is a:

☒ Corporation

Date and state of incorporation: 90/01/24 - Utah

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 each indicate the 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

Date and State of organization:

Owners or Principals: (names and addresses)

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

Certifications Type: **Designations/Diversity**

<u>Certification</u>	<u>Agency</u>	<u>Certification #</u>	<u>Expiration Date</u>
No certification selected			

2. LICENSING AND REGISTRATION

2.1. Jurisdictions in which the Subcontractor is legally qualified to conduct business: (Indicate license or registration numbers for each jurisdiction, if applicable, and type of license or registration. Use separate sheet if necessary)

<u>Country</u>	<u>City</u>	<u>State</u>	<u>License Number</u>	<u>Classification</u>	<u>Expiration Date</u>
United States		Utah	92-252-208-5501	class S200 & S370	

2.2. In the past three years, has the Subcontractor 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. SUBCONTRACTOR'S PERSONNEL AND MANAGEMENT APPROACH

3.1. Key Construction Personnel List on Schedule A, attached, the construction experience of the Subcontractor's Key Construction Personnel who will be directly involved in the Project's construction operations and the percentage of time that will be committed to the Project.

3.2. List types of work the Subcontractor intends to perform with its own workforce

a. Does the Subcontractor plan to require Subsubcontractors to be bonded for this Project?

___ Yes ___ No

b. Do you plan to obtain subcontractor default insurance for the Project?

___ Yes ___ No

3.3. Describe the Subcontractor's proposed technical and management approach to the Project, including assurances of high quality, timely completion and cost control: (Attach a copy of the Subcontractor's quality control plan, if available. Attach additional sheets as needed.)

4. SUBCONTRACTOR'S RELEVANT EXPERIENCE

4.1. List on a fully completed Schedule B, Past Projects, attached, at least five construction projects the Subcontractor has worked on in the past three years 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 Constructor 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 Subcontractor, including projects not yet underway, approximate dollar value of each and the percentage of completion of each project (for Joint Ventures, list each joint venturer's projects separately).

4.3. Indicate the annual volume of work completed for the past three years:

Year	2015
Year	2014
Year	2013

4.4. In the past three years, has the Subcontractor defaulted or been terminated for cause?

Yes	No
-----	----

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

4.5. In the past three years has the Subcontractor failed to complete a construction contract?

Yes	No
-----	----

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

4.6. Except for Workers' Compensation claims, describe any litigation with the amount in dispute over \$ 25,000 arising from projects the Subcontractor has worked on within the last three years. (Attach additional sheets, if necessary)

SUBCONTRACTOR'S SAFETY PROGRAM

This article provides that the Subcontractor will attach a copy of its safety program and indicate if the program includes specific instructions in eight categories, if it has a safety officers or department, if it conducts safety inspections and by whom, if it conducts safety meetings for field supervisors, if it as 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. The Subcontractor also provides a summary of its OSHA No. 300A Summary Occupational Injuries and Illnesses for the past three years. Subcontractors are to provide the name and title of the personnel who receive OSHA accident reports or the equivalent. Also, the Subcontractor is to list all OSHA Citations and Notifications in the last five years and its Subcontractor's Workers Compensation Experience Modification Rate (EMR) for the past three years with a corresponding insurance agent's EMR verification letter. The Subcontractor 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.

5. SUBCONTRACTOR'S SAFETY PROGRAM

5.1. If the Subcontractor has a written safety program, attach a copy.

5.2. Does the Subcontractor's safety program include instructions on the following: (if yes, attach)

<u>Yes</u>	<u>No</u>
------------	-----------

- | | |
|--------------------------|----------|
| a. Safety work practices | X |
| b. Safety supervision | |



- c. Toolbox safety meetings ☒
- d. Emergency procedures
- e. First aid procedures
- f. Accident investigation ☒
- g. Fire protection ☒
- h. New workers' orientation ☒

5.3. Does the Subcontractor have a safety officer/department?

Yes ☒ No

If yes (Name, Title and Phone),

5.4. Does the Subcontractor conduct project safety inspections?

Yes ☒ No

If yes, how often? Who conducts this inspection? (Name and Title)

5.5. Does the Subcontractor hold project safety meetings for field supervisors?

Yes ☒ No

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

5.6. Does the Subcontractor 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.

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

- Weekly
- Bi-weekly
- Monthly
- Less often as needed

5.8. Does the Subcontractor have a drug and alcohol testing policy?

Yes ☒ No

If yes, attach a copy of the policy.

5.9. Provide the Subcontractor's OSHA No. 300A Summary of Occupational Injuries and Illnesses for the past three years. Upon request, the Subcontractor shall provide a written copy of OSHA No. 300 Log with reasonable promptness.

5.10. List all OSHA Citations and Notifications of Penalty, monetary or other, the Subcontractor has received within the last three years: (Indicate the final disposition as applicable. Attach additional sheets as necessary.)

5.11. List all safety citations of violations under state law the Subcontractor has received within the last three



years: (Indicate the final disposition as applicable. Attach additional sheets as necessary).

5.12. List the Subcontractor's Workers' Compensation Experience Modification Rate (EMR) for the past three years: (The EMR may be obtained from the Subcontractor's insurance agent. Attach a copy of the insurance agent's EMR verification letter.)

Year:	EMR:
Year:	EMR:
Year:	EMR:

5.13. List the Subcontractor's Total Recordable Frequency Rate (TRFR) for the past three years: (The TRFR may be obtained from the Subcontractor's insurance agent. If available, attach a copy of the insurance agent's TRFR verification letter.)

Year:	RFR:
Year:	RFR:
Year:	RFR:

5.14. List the Subcontractor's total number of construction 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:

5.15. Comment on any additional areas of the Subcontractor's safety program and policies that are appropriate for the Constructor's evaluation:

SURETY AND INSURANCE

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

6. SURETY AND INSURANCE

6.1. Surety Company:

Name: **Old Republic Surety Co.**
State: **Wisconsin**
City: **milwaukee**
Address: **P.O. Box Box 1635**
Telephone: **(801) 352-1161**

6.2. Agent: (name, address and telephone number)

Name: **Commercial Underwriters Insurance**
State: **Utah**
City: **Midvale**
Address: **623 E Fort Union Blvd Ste 104**
Telephone: **(801) 352-1161**

6.3. Total bonding capacity: \$ **500,000**. Limit per project: \$ **500,000**

6.4. Available bonding capacity as of this date: \$ **500,000**

6.5. Can the Subcontractor provide a bid bond for this project (if applicable)?

Yes **X** No



6.6. Commercial General Liability Carrier and summary of liability coverage, including deductibles (attach additional sheets if necessary).

[Click here to download attached file \(2015-06-18 Acord25 BLANK WaterMark.pdf\)](#)

7. SUBCONTRACTOR FINANCIAL INFORMATION

7.1. List any outstanding debt or loan that exceeds 20% of the current net worth of the Subcontractor and general repayment history of such debt or loan.

7.2. Attach any available audited financial statements for the past three years, including latest balance sheet, containing but not limited to the following information (available unaudited financial statements should be included if audited statements are not available):

- 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

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

7.3. State whether the Subcontractor or any of the individuals identified in section 1.2 have been the subject of any bankruptcy proceeding within the last three years.

Yes

No

If yes, describe circumstances on separate attachment.

8. INDUSTRY AGREEMENTS, AFFILIATIONS, MEMBERSHIPS, AWARDS, AND HONORS

8.1. List trade unions or associations with which the Subcontractor has an Agreement:

Certifications Type: **Union Status**

<u>Certification</u>	<u>Agency</u>	<u>Certification #</u>	<u>Expiration Date</u>
NONUNION - NON UNION			

8.2. Industry affiliations and memberships:

Certifications Type: **Association Memberships**

<u>Certification</u>	<u>Agency</u>	<u>Certification #</u>	<u>Expiration Date</u>
No certification selected			

8.3. Industry awards and honors and dates:

Award

Date

9. 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 Subcontractor and the Constructor or any other party known to be involved in the Project.



10. OTHER INFORMATION

10.1. Within the past three years, has the Subcontractor or any of the individuals identified in section 1.2 above 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.

10.2. Within the past three years, has the Subcontractor or any of the individuals identified in section 1.2 above or Schedule A been the subject of any federal or state suspension or disbarment?

Yes

No

If yes, describe circumstances on separate attachment.

10.3. Within the past three years, has the Subcontractor or any of the individuals identified in section 1.2 above 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.

11. REFERENCES

Provide references for each of the following categories (additional references may be provided on separate attached sheets):

Owner (if available)

Name	Address	Telephone No	Contact Person	Email
------	---------	--------------	----------------	-------

Design Professional

Name	Address	Telephone No	Contact Person	Email
------	---------	--------------	----------------	-------

Constructor

Name	Address	Telephone No	Contact Person	Email
------	---------	--------------	----------------	-------

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

SUBCONTRACTOR

By: _____

Title: _____ Date: _____

END OF DOCUMENT.



SCHEDULE A KEY CONSTRUCTION PERSONNEL

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 Subcontractor'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 721 KEY CONSTRUCTION PERSONNEL

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(For each, indicate whether individual is anticipated to be stationed at Subcontractor's headquarters or on the Project site)

Name:

Position:

Years with Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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 Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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 Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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 Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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 Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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 Subcontractor:

Total Years Relevant Experience:

Construction Experience:

Email:

Telephone:

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

For additional personnel, copy and paste paragraphs above as often as necessary, or attach separate sheets.



Attach additional sheets as necessary



SCHEDULE B PAST PROJECTS

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 721 PAST PROJECTS

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Name:

Location:

Description:

Owner/Contractor:

Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:



Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Original Subcontract Amount: ; Final Subcontract Amount:

Original Completion Date: ; Actual Completion Date:

Reference/Contact:

Email:

Telephone:

For additional projects, copy and paste paragraphs above as often as necessary, or attach separate sheets.



Attach additional sheets as necessary



SCHEDULE C CONSTRUCTION PROJECTS

This Schedule provides blank spaces to provide information about projects that the organization is currently constructing and projects not yet underway. Blank spaces are not 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 721 CURRENT CONSTRUCTION PROJECTS

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Name:

Location:

Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

Name:



Location:

Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

Name:

Location:

Description:

Owner/Contractor:



Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Email:

Telephone:

For additional projects, copy and paste paragraphs above as often as necessary, or attach separate sheets.

Attach additional sheets as necessary

