



ConsensusDocs™
BUILDING A BETTER WAY

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

GENERAL INSTRUCTIONS. These instructions are solely for the information and convenience of ConsensusDocs users, and are not a part of the document. Gray boxes indicate where you should click and type in your project information. The yellow shading is a Word default function that displays editable text and is not necessary for document completion. Shading can be turned off by going to the Review tab, select "Restrict Editing" button and uncheck "Highlight the regions I can edit". In Word 2003 you will find this option under the Tools tab, Options, Security tab, Protect Document button.

EMBEDDED INSTRUCTIONS are provided to help you complete the document. To display or hide instructions select the "¶" button under the "Home" tab to show all formatting marks. Instruction boxes are color coded as follows:

- Red Boxes:** Instructions for fields that are typically required to complete contract.
- Blue Boxes:** Instructions for fields that may or may not be required for a complete contract.
- Green Boxes:** Provide general instructions or ConsensusDocs Coalition Guidebook comments, which can be found at www.ConsensusDocs.org/guidebook.

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.

Endorsing organizations recognize that this document must be reviewed and adapted to meet specific needs and applicable laws. This document has important legal and insurance consequences, and it is not intended as a substitute for competent professional services and advice. Consultation with an attorney and an insurance or surety adviser is strongly encouraged. Federal, State and Local laws may vary with respect to the applicability or enforceability of specific provisions in this document. CONSENSUSDOCS SPECIFICALLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. PURCHASERS ASSUME ALL LIABILITY WITH RESPECT TO THE USE OF THIS DOCUMENT, AND CONSENSUSDOCS AND ANY OF THE ENDORSING ORGANIZATIONS SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT OR CONSEQUENTIAL DAMAGES RESULTING FROM SUCH USE. For additional information, please contact ConsensusDocs, 2300 Wilson Blvd, Suite 400, Arlington, VA 22201, 866-925-DOCS (3627), support@consensusdocs.org or www.ConsensusDocs.org.



ConsensusDocs™ 721 – Subcontractor's Statement of Qualifications for a Specific Project - © 2011. THIS DOCUMENT MAY HAVE BEEN MODIFIED FROM THE STANDARD LANGUAGE, and a report of modifications can be generated through the ConsensusDocs platform. Purchase of the document permits the user to print one contract for each party to the contract within one project only. You may only make copies of finalized documents for distribution to parties in direct connection with this contract. Any other uses are strictly prohibited.

ConsensusDocs 721

SUBCONTRACTOR'S STATEMENT OF QUALIFICATIONS FOR A SPECIFIC PROJECT



SUBCONTRACTOR, []
submits this Subcontractor's Statement of Qualifications dated [] 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: []



Telephone: [] E-mail address: [] 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

Subcontractor'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 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

Type of organization: []



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:

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 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)

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
Year
Year

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).

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	<input type="text"/>	<input type="text"/>
b. Safety supervision	<input type="text"/>	<input type="text"/>
c. Toolbox safety meetings	<input type="text"/>	<input type="text"/>
d. Emergency procedures	<input type="text"/>	<input type="text"/>
e. First aid procedures	<input type="text"/>	<input type="text"/>



- 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: ☐ Phone: ☐

5.4. Does the Subcontractor conduct project safety inspections?

☐ Yes ☐ No

If yes, how often? ☐

Who conducts this inspection? Name: ☐ 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: []

6. SURETY AND INSURANCE

6.1. Surety Company: (name and address) []

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

6.3. Total bonding capacity: \$[] Limit per project: \$[]

6.4. Available bonding capacity as of this date: \$[]

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

[] Yes [] No

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

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:

Trade

National Agreement

Local Agreement

Expires

8.2. Industry affiliations and memberships:

8.3. Industry awards and honors and dates:

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:

Design Professional

Name:



Address: []

Telephone No.: []

Contact Person: []

Constructor

Name: []

Address: []

Telephone No.: []

Contact Person: []

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 TO ConsensusDocs 721

KEY CONSTRUCTION PERSONNEL

(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:

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:

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:

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:

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:

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

Attach additional sheets as necessary.



SCHEDULE B TO ConsensusDocs 721

PAST PROJECTS

Name, Location and Description: []

Owner/Contractor: []

Original Subcontract Amount: []; Final Subcontract Amount: []

Original Completion Date: []; Actual Completion Date: []

Reference/Contact (include phone and email): []

Name, Location and Description: []

Owner/Contractor: []

Original Subcontract Amount: []; Final Subcontract Amount: []

Original Completion Date: []; Actual Completion Date: []

Reference/Contact (include phone and email): []

Name, Location and Description: []

Owner/Contractor: []

Original Subcontract Amount: []; Final Subcontract Amount: []

Original Completion Date: []; Actual Completion Date: []

Reference/Contact (include phone and email): []

Name, Location and Description: []

Owner/Contractor: []

Original Subcontract Amount: []; Final Subcontract Amount: []

Original Completion Date: []; Actual Completion Date: []

Reference/Contact (include phone and email): []

Name, Location and Description: []

Owner/Contractor: []

Original Subcontract Amount: []; Final Subcontract Amount: []



Original Completion Date: []; Actual Completion Date: []

Reference/Contact (include phone and email): []

Attach additional sheets as necessary.

DRAFT



SCHEDULE C TO ConsensusDocs 721
CURRENT CONSTRUCTION PROJECTS

Name, Location and Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Name, Location and Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Name, Location and Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Name, Location and Description:

Owner/Contractor:

Approximate Contract Price:

Date of Scheduled Substantial Completion:

Reference/Contact:



Name, Location and Description:

Owner/Contractor:

Approximate Contract Price:

Percent Completed:

Date of Scheduled Substantial Completion:

Reference/Contact:

Attach additional sheets as necessary.

DRAFT

