

**Attachment B**

**QUALIFICATIONS QUESTIONNAIRE**

| <b>CONSULTANT INFORMATION</b>  |    |    |  |
|--|----|----|--|
| Consultant's company name:   |    |    |  |
| Address:   |    |    |  |
| Telephone:   |    |    |  |
| Mobile telephone:  |    |    |  |
| E-mail:  |    |    |  |
| Years in business under current company name:  |    |    |  |
| Years at the above address:  |    |    |  |
| Types of work performed with own forces:   |    |    |  |
| Gross revenue of the Consultant for the past three (3) years:  |    |    |  |
| \$   | \$ | \$ |  |
| <b>Submit a financial statement for the past two (2) full fiscal years. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the financial statement.</b>  |    |    |  |
| Name of license/certification holder exactly as on file:   |    |    |  |
| License/certification classification(s):   |    |    |  |
| License/certification Number(s):   |    |    |  |
| License/certification expiration date(s):  |    |    |  |
| Responsible Managing Officer (RMO) or Employee (RME) for Consultant:   |    |    |  |
| Number of years license holder has held the listed license(s):   |    |    |  |
| Number of years Consultant has done business in California:  |    |    |  |
| Number of years Consultant has done business in California under <b>current</b> license /certification:  |    |    |  |
| Has Consultant changed name(s) or license/certification number(s) in the past five (5) years? ( Y / N ). If "yes", explain on a separate signed sheet, including the reason for the change.  |    |    |  |
| Has there been any change in ownership of the Consultant at any time in the past five (5) years? <b>NOTE:</b> A corporation whose shares are publicly traded is not required to answer this question. ( Y / N ). If "yes," explain on a separate signed sheet, including the reason for the change.  |    |    |  |
| Is the Consultant a subsidiary, parent, holding company, or affiliate of another firm?<br><b>NOTE:</b> Include information about other firms if one firm owns ten percent (10%) or more of another, or if an owner, partner, or officer of the Consultant holds a similar position in another firm. ( Y / N ). If "yes", explain on a separate signed sheet, the name of the related company(ies) and the percent ownership. |    |    |  |
| Indicate the form of Consultant (type of business entity):   |    |    |  |
| <input type="checkbox"/> Individual  |    |    |  |
| <input type="checkbox"/> Sole Proprietorship   |    |    |  |
| <input type="checkbox"/> Partnership   |    |    |  |
| <input type="checkbox"/> Limited Partnership   |    |    |  |
| <input type="checkbox"/> Corporation, State: _____   |    |    |  |
| <input type="checkbox"/> Limited Liability Company   |    |    |  |
| <input type="checkbox"/> Joint Venture   |    |    |  |
| <input type="checkbox"/> Other: _____  |    |    |  |

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List the following for each corporation officer, general partner, limited partner, owner, etc. (as applicable) for the Consultant's type of entity. For joint ventures, include this information for each entity in the joint venture and the percent ownership of each joint venture. Attach all additional information on separate signed sheets as needed.

| Name | Position | Years with Co. | % Ownership |
|------|----------|----------------|-------------|
|      |          |                |             |
|      |          |                |             |
|      |          |                |             |
|      |          |                |             |
|      |          |                |             |
|      |          |                |             |

Identify every firm that the Consultant or any person listed above has been associated with (as officer, general partner, limited partner, owner, RMO, RME etc.) at any time during the **past five (5) years** ("Associated Consultant"). Include all additional references and/or information on separate signed sheets. NOTE: For this question, "owner" and "partner" refers to ownership of ten percent (10%) or more of the business, or ten percent (10%) or more of its stock if the business is a corporation. Include all additional information on separate signed sheets as needed.

| Name of Person at Associated Consultant | Name of Associated Consultant | Consultant's License or Certification No. of Associated Consultant | Dates of Person's Participation with Associated Consultant |
|---|-------------------------------|--|--|
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |
|   |                               |  |  |

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| <b>CONSULTANT’S INSURANCE INFORMATION</b>   |  |     |
|---|--|-----|
| Name of insurance company(ies) Consultant has utilized over the past five (5) years (not broker or agency): |  |     |
|   |  |     |
|   |  |     |
| Address of those insurance company(ies):  |  |     |
|   |  |     |
|   |  |     |
| “Best” rating(s) for those insurance company(ies):  |  |     |
|   |  |     |
| Number of years Consultant has been with those insurance company(ies):                                      |  |     |
|   |  |     |
| Name of broker/agent:   |  |     |
| Address of broker/agent:  |  |     |
| Telephone number of broker/agent:   |  |     |
| E-mail of broker/agent:   |  |     |
| Consultant’s current insurance limits for the following types of coverage:                                  |  |     |
| Commercial General Liability  | Combined Single Limit (per occurrence) | \$  |
|   | Combined Single Limit (aggregate)      | \$  |
| Product Liability & Completed Operations  | (aggregate)                            | \$  |
|   | (per occurrence)                       | \$  |
| Automobile Liability – Any Auto   | Combined Single Limit (aggregate)      | \$  |
| Automobile Liability – Any Auto   | Combined Single Limit (per occurrence) | \$  |
| Employers’ Liability  |  | \$  |
| Workers’ Compensation Experience Modification Rate for the past five (5) premium years:                     |  |     |
| (1) Current year:   | (2)                                    | (3) |
|   | (4)                                    | (5) |

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**QUESTIONS**

**Pass/Fail Questions (Essential Criteria)**

|    |   |   |
|----|---|---|
| 1. | <p>Has Consultant (including any Principal thereof) contracted for and completed services for a minimum of:</p> <ul style="list-style-type: none"> <li>• <b>Five (5)</b> Consulting Services contracts: <ul style="list-style-type: none"> <li>○ With a project value of at least <b>\$75,000</b>; and</li> <li>○ All within the past <b>seven (7) years</b>?</li> </ul> </li> </ul> <p>(Please circle one). <b>NOTE:</b> Consultant <b>must</b> list these projects in the “Consultant’s Prior Relevant Experience” Section.</p> | <p><u>YES</u> <u>NO</u><br/> No = cannot qualify</p>  |
| 2. | <p>Does Consultant currently hold all license(s) or certification(s) necessary to perform the Services and have those license(s) or certification(s) been consistently active for at least five (5) years without revocation or suspension? (Please circle one).</p>  | <p><u>YES</u> <u>NO</u><br/> No = cannot qualify</p>  |
| 3. | <p>Has Consultant or an Associated Consultant been found non-responsible, debarred, disqualified, forbidden, or otherwise prohibited from performing work and/or bidding on work for any public agency within California within the past five (5) years? (Please circle one).</p>   | <p><u>YES</u> <u>NO</u><br/> Yes = cannot qualify</p> |
| 4. | <p>Has Consultant or an Associated Consultant defaulted on a contract or been terminated for cause by any public agency on any project within California within the past five (5) years and, if so and if challenged, has that default or termination been upheld by a court or an arbitrator? (Please circle one).</p>   | <p><u>YES</u> <u>NO</u><br/> Yes = cannot qualify</p> |
| 5. | <p>Has Consultant or an Associated Consultant or any of their owners or officers been convicted of a crime under federal, state, or local law involving:</p> <ul style="list-style-type: none"> <li>(1) Bidding for, awarding of, or performance of a contract with a public entity;</li> <li>(2) Making a false claim(s) to any public entity; or</li> <li>(3) Fraud, theft, or other act of dishonesty</li> </ul> <p>to any contracting party within the past <b>ten (10) years</b>? (Please circle one).</p>                   | <p><u>YES</u> <u>NO</u><br/> Yes = cannot qualify</p> |



**If Consultant answered:**  
“NO” to questions 1-2 or “YES” to questions 3-5,  
**then STOP because Consultant is not eligible to perform the Services at this time.**  
**Otherwise, continue to the Scored Questions section.**

| <b>Additional Questions</b> |  |                      |
|-----------------------------|--|----------------------|
| 1.                          | Has any insurer had to pay amounts to third parties that were in any way related to plan review services of Consultant within the past five (5) years? (Please circle one).<br><br>If YES, explain and indicate on separate signed sheet(s) the project name(s), the amount(s) paid, and date(s).  | <u>YES</u> <u>NO</u> |
| 2.                          | Has Consultant's Workers' Compensation Experience Modification Rate exceeded 1.0 at any time for the past five (5) premium years? (Please circle one).<br><br>If YES, explain and indicate on separate signed sheet(s) the EMR(s) and the applicable date(s).  | <u>YES</u> <u>NO</u> |
| 3.                          | Has there been a period when Consultant had employees but was without workers' compensation insurance or state-approved self-insurance within the past five (5) years? (Please circle one).<br><br>If YES, explain and indicate on separate signed sheet(s) the reason(s) for not having this insurance and the applicable date(s).  | <u>YES</u> <u>NO</u> |
| 4.                          | Has Consultant declared bankruptcy or been placed in receivership within the past five (5) years? (Please circle one).<br><br>If YES, explain and indicate on separate signed sheet(s) the type of bankruptcy, the Consultant's current recovery plan, and the applicable date(s).   | <u>YES</u> <u>NO</u> |
| 5.                          | Has a project owner filed claim(s) in an amount exceeding \$50,000 against Consultant, or has Consultant filed claim(s) in an amount exceeding \$50,000 against a project owner, general contractor, architect, or construction manager in the past five (5) years? (Please circle one).<br><br>If YES, explain and indicate on separate signed sheet(s) the project name(s), claim(s) and the date(s) of claim(s).  | <u>YES</u> <u>NO</u> |
| 6.                          | Has Consultant or an Associated Consultant been cited and/or assessed any penalties for non-compliance with state and/or federal laws and/or regulations, including public bidding requirements and Labor Code violations, within the past five (5) years? (Please circle one).<br><br>If "YES," indicate on separate signed sheet(s) the project name(s), violation(s), and date(s) of citation(s) and/or assessment(s).  | <u>YES</u> <u>NO</u> |
| 7.                          | Has Consultant been required to pay either back wages or penalties for its failure to comply with California's prevailing wage laws, with California's apprenticeship laws or regulations, with federal Davis-Bacon prevailing wage laws, or other wage law violations within the past five (5) years? (Please circle one).<br><br>If "yes," indicate on separate signed sheet(s) the project name(s), the nature of the violation(s), the name and owner of the project(s), the number of employees who were initially underpaid and the amount of back wages and penalties that Consultant was required to pay.: | <u>YES</u> <u>NO</u> |

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**FIRM'S PROJECT REFERENCES**

List **ALL** projects in which Consultant has participated as the principal firm during the past **seven (7) years** with a project value of more than **\$ 75,000**.

- Consultant may limit its response to the ten (10) most-recently completed projects, but Consultant **must** include at least the five (5) most recent consulting projects with a project value of more than \$75,000 performed by Consultant providing plan review services.
- Include all information indicated below on separate signed sheets as necessary, and explain or clarify any response as necessary.

|   |
|---|
| Project name/identification:  |
| Project address/location:   |
| Project owner, contact person, and telephone:   |
| Project contractor name and telephone number:   |
| Scope of work:  |
| Original completion date:   |
| Date completed:   |
| Initial contract value (as of time of award):   |
| Final contract value:   |
| Total fees for services:  |
| Provide list of all claims and values associated with those claims:                   |
| Did the project include constructing or modernizing an earthquake resistant building? |

**CERTIFICATION**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Date: \_\_\_\_\_

Proper Name of Consultant: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_