

Describe technology expertise and experience your firm offers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. PROFESSIONAL LIABILITY INSURANCE**

Describe limits per project \_\_\_\_\_

Describe limits in aggregate \_\_\_\_\_

Describe deductible \_\_\_\_\_

Have you had any claims asserted against you within the last five years? \_\_\_\_\_

If yes, provide details of each claim. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. EXPERIENCE PROFILE**

**List the total number of projects for the last five years, including renovations and additions:**

	Project Type	New Construction	Renovation/Addition
<b>A.</b>	Elementary Schools		
<b>B.</b>	Middle Schools		
<b>C.</b>	9 <sup>th</sup> or 10 <sup>th</sup> Grade Schools		
<b>D.</b>	High Schools		
<b>E.</b>	Administrative Facilities		
<b>F.</b>	Athletic facilities/gyms/field houses		
<b>G.</b>	Auditoriums		
<b>H.</b>	Stadiums		
<b>I.</b>	Transportation / Nutrition Service Centers		
<b>H.</b>	Specialized educational facilities (list any type of educational facility not listed above)		

State number of firm's school projects and school construction dollars for each of the following years:

2017 \_\_\_\_\_ \$ \_\_\_\_\_ 2019 \_\_\_\_\_ \$ \_\_\_\_\_

2018 \_\_\_\_\_ \$ \_\_\_\_\_ 2020 \_\_\_\_\_ \$ \_\_\_\_\_

**7. SPECIALIZED SERVICES/SUPPLEMENTAL SERVICES**

Check the services your firm provides and whether included in the basic services or available for an additional fee.

	Basic	Additional
Americans with Disabilities Act audit/review ADA	_____	_____
Facility plans	_____	_____
Acoustical evaluation	_____	_____