

## CONSULTANT PROFILE

Legal Name: \_\_\_\_\_

(If individual, enter last name first) Note: Sole proprietor – enter the individual’s name on the legal name line.

Trade Name (dba): \_\_\_\_\_

Note: Sole proprietor – enter the business name or “dba.” You must enter both the sole proprietor name (above) and the business name / dba here.

ARCHITECTURE

INTERIOR  
ARCHITECTURE

PLANNING

Mail PURCHASE ORDERS to:  
(leave blank if address is the same)

Mail PAYMENTS to:

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

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

Street: \_\_\_\_\_

Street: \_\_\_\_\_

(P.O. box not acceptable for purchase order)

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nation: \_\_\_\_\_

Nation: \_\_\_\_\_

Voice: \_\_\_\_\_

Voice: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

CHARLESTON

COLUMBIA

GREENVILLE

CHARLOTTE

RALEIGH

WILMINGTON

Note: If additional purchasing or payment sites are applicable, please attach additional site information.

Other Office Locations:  
(attach additional sheets as required)

Street: \_\_\_\_\_

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nation: \_\_\_\_\_

Nation: \_\_\_\_\_

Voice: \_\_\_\_\_

Voice: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Total number of EMPLOYEES per physical location: \_\_\_\_\_

List all PROFESSIONAL REGISTRATIONS by state / nation: \_\_\_\_\_

\_\_\_\_\_

Number of REGISTERED PROFESSIONALS by discipline: \_\_\_\_\_

\_\_\_\_\_

Primary / Secondary / Tertiary DISCIPLINES: \_\_\_\_\_

Your personnel who will have MANAGEMENT LEVEL OVERSIGHT of federal projects:

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS ENTITY TYPE: Federal EIN SSN  
(fill out separate forms for subsidiaries, etc.)

Individual Recipient (not owning a business) \_\_\_\_\_ - - \_\_\_\_\_  
 Sole Proprietorship \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ - - \_\_\_\_\_  
 Partnership (Type \_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 C Corp \_\_\_\_\_ - \_\_\_\_\_  
 S Corp \_\_\_\_\_ - \_\_\_\_\_  
 Limited Liability Company \_\_\_\_\_ - \_\_\_\_\_  
(Enter tax classification (D=disregarded entity, C=corporation, P=partnership))  
\_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - - \_\_\_\_\_  
(use for disregarded entity (single-member LLC))

North American Industry Classification System code: \_\_\_\_\_  
For Small Business Administration size standard: \_\_\_\_\_ Total no. of employees  
\_\_\_\_\_ Annual gross revenue

Data Universal Numbering System no(s). (Dun & Bradstreet): \_\_\_\_\_  
(Please include each DUNS number for each location.)  
Commercial And Government Entity code: \_\_\_\_\_  
U.S.-Canada Joint Certification Program number: \_\_\_\_\_  
Electronic Subcontracting Reporting System listing: \_\_\_\_\_

BUSINESS CLASSIFICATION (check all that apply and provide copy of applicable certification):

Large Business  Small Business  
 Small Disadvantaged Business  Women-Owned Small Business  
 Veteran-Owned Small Business  Service Disabled Veteran-Owned Small Business  
 HUB Zone Business  HBCU  
 Minority Owned  Other (please specify)

Please verify that the Consultant complies with E-Verify FAR clause 52.222-54 Employment Eligibility Verification. \_\_\_\_\_ Yes \_\_\_\_\_ No (initials) copy of "Maintain Company" page required.

MINORITY-OWNED status (check all that apply and provide copy of certification):

African American  
 Hispanic American  
 Native American  
 Asian-Pacific American  
 Subcontinent Asian  
 Alaskan-Native Corp. / Tribally-Owned  
 Other (please specify)

METHOD OF DELIVERY CAPABILITIES

In order to be considered a Preferred Consultant:

Please list the discipline, version and number of your current REVIT Licenses: \_\_\_\_\_

Number of Current REVIT Users: \_\_\_\_ Number of completed REVIT projects to date: \_\_\_\_\_

Please state the percentage of total projects produced in REVIT: \_\_\_\_\_

Please describe your internal workflow of a typical BIM project: \_\_\_\_\_

\_\_\_\_\_  
Please describe your collaborative workflow of an IPD (Integrated Project Delivery) project:  
\_\_\_\_\_

INSURANCE REQUIREMENTS

LS3P requires a copy of your current Certificate of Insurance (“COI”) (endorsed by your insurance carrier, not just your broker) for our files prior to commencing payment. In order to include you as a vendor and avoid interruption in work or delays in payment, please forward the COI to LS3P. This Consultant Profile form alone is not sufficient. The COI should include coverage limits for General Liability, Umbrella (Excess) Liability, Workers Compensation, Employers Liability, Automobile Liability, Professional Liability (Errors & Omissions), and any other coverage specific to a given project. All policies should list LS3P ASSOCIATES LTD. as an additional insured with the exception of Professional Liability and Workers Compensation. COIs should be updated to LS3P at policy renewal.

In order to be considered for larger projects, LS3P requests that you indicate the highest Level in which you wish to be included corresponding to the limit of Professional Liability coverage listed below and provide a COI showing that limit:

- \_\_\_ Level 1: => \$5,000,000 each claim / agg.
- \_\_\_ Level 2: => \$2,000,000 < \$5M each claim / agg.
- \_\_\_ Level 3: => \$1,000,000 < \$2M each claim / agg.
- \_\_\_ Level 4: < \$1,000,000 each claim / agg.

Are there any policies listed above which your company does NOT carry? If not, please explain:

\_\_\_\_\_

Forward completed documents to the following:

LS3P ASSOCIATES LTD.  
205 ½ King St.  
Charleston, SC 29401  
[COI@ls3p.com](mailto:COI@ls3p.com)  
(843) 577-5777 (voice)  
(843) 958-5532 (fax)

I hereby certify that, to the best of my information and belief, the above-listed information is true and correct as of the date of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

FOR LS3P USE ONLY

\_\_\_\_\_

Central Contractor Registration comments: \_\_\_\_\_

Excluded Parties List System comments: \_\_\_\_\_

Business Identification Number Cross-reference System comments: \_\_\_\_\_

Online Representations and Certifications Application comments: \_\_\_\_\_

electronic Subcontracting Reporting System comments: \_\_\_\_\_