

## Wrap-up Service/ Provider Information

### FIRM INFORMATION

<b>Firm Name</b>	Ron Rakich & Associates, Inc.
<b>DBE? (Indicate Yes or No and certifications)</b>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Contact Name</b>	Ron Rakich, CPCU, ARM
<b>Phone</b>	949 292-5202
<b>Email address</b>	ron@ronrakich.com
<b>Web Address</b>	www.ronrakich.com
<b>Service Area</b>	USA
<i>(Indicate specific City, State, Region or USA)</i>	
<b>Brief Narrative Overview of Firm's Wrap-Up Services</b>	OCIP consulting and expert witness/litigation consulting. Studies, project management, audits. We are not wrap-up administrators.

### SERVICES OFFERED

Wrap-up Administration Services	YES / NO
Commercial projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Residential projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Perform feasibility studies	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Compose RFP answers	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
In-house administration	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Offer on-site administration	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Provide training and education	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b>	
Loss Control & Safety Services	YES / NO
Commercial	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Residential	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Employ in-house loss control persons	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Subcontract to outside vendors	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b>	
Claims Administration	YES / NO
Employ in-house claims persons	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Subcontract to outside vendors	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Comments:</b>	
Brokerage Services	YES / NO
Placement of commercial wrap-up projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Placement of residential wrap-up projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Comments:</b>	
Insurance Companies/Markets	YES / NO
<i>(Please include any limitations in comments section)</i>	
Write commercial wrap-up projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Write residential wrap-up projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Comments:</b>	
Wrap-Up Software/System Providers	YES / NO

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Provide wrap-up administration software and/or systems	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
System has on-line capabilities	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Provide programming services	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Comments:</b>	
<b>Consultants</b>	<b>YES / NO</b>
Perform feasibility studies	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Represent sponsors only	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Create RFP documents	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Compose RFP answers	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Create marketing specifications	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Assist with program placement	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Assist with selection of broker/administrator	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Audit and monitoring services	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Training and education	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Expert/witness legal services	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b>	
<b>Other:</b>	<b>YES / NO</b>
Medical services/medical trailers	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Written resources	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Legal services	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Other-Describe	
<b>Comments:</b>	

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