

## Wrap-up Service/ Provider Information

### FIRM INFORMATION

<b>Firm Name</b>	SOFTSERVD
<b>DBE? (Indicate Yes or No and certifications)</b>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Contact Name</b>	Mike Palacios
<b>Phone</b>	562-388-4529
<b>Email address</b>	mpalacios@softservd.com
<b>Web Address</b>	www.softservd.com
<b>Service Area</b> <i>(Indicate specific City, State, Region or USA)</i>	USA
<b>Narrative Overview of Firm's Wrap-Up Services</b>	Wrap administration software for insurance brokers and third party 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 type="checkbox"/> N <input checked="" 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 type="checkbox"/> N <input checked="" 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

## Wrap-up Service/ Provider Information

Provide wrap-up administration software and/or systems	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
System has on-line capabilities	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Provide programming services	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>			
<b>Consultants</b>		<b>YES / NO</b>	
Perform feasibility studies	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Represent sponsors only	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Create RFP documents	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Compose RFP answers	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Create marketing specifications	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Assist with program placement	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Assist with selection of broker/administrator	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Audit and monitoring services	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Training and education	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Expert/witness legal services	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>			
<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	<span style="background-color: #cccccc; display: inline-block; width: 100%; height: 15px;"></span>		
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100%; height: 15px;"></span>			