

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	Saxe Doernberger & Vita, P.C.
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	Tracy Alan Saxe, Esq.
Phone	203-287-8890
Email address	tas@sdvlaw.com
Web Address	www.sdvlaw.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	USA
Brief Narrative Overview of Firm's Wrap-Up Services	SDV is a trusted risk management partner and provides legal services to policyholders exclusively in insurance coverage disputes. When insurance companies deny claims, risk managers, in-house counsel and financial managers from the nation's top construction firms trust SDV to resolve insurance disputes and recover their losses. SDV attorneys have long-standing experience in complex multi-carrier litigation and a proven track record in handling insurance recovery cases involving multi-million-dollar construction claims across the country.

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"/>
Comments:	
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"/>
Comments:	
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"/>
Comments:	
Brokerage Services	YES / NO

Wrap-up Service/ Provider Information

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"/>	
Comments:			
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"/>	
Comments:			
Wrap-Up Software/System Providers	YES / NO		
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"/>	
Comments:			
Consultants	YES / NO		
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"/>	
Comments:			
Other:	YES / NO		
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 checked="" type="checkbox"/>	N <input type="checkbox"/>	
Other-Describe			
Comments:			

Please save this document as a PDF form and attach it to your return email.