

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	USI New England
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	Michael J. Regan
Phone	781-376-2729
Email address	781-376-5035
Web Address	www.usi.biz
Service Area <i>(Indicate specific City, State, Region or USA)</i>	New England
Brief Narrative Overview of Firm's Wrap-Up Services	Insurance placement and administration with partner firm; MRM Risk Management

SERVICES OFFERED

Wrap-up Administration Services	YES / NO
Commercial projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Residential projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Perform feasibility studies	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Compose RFP answers	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
In-house administration	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Offer on-site administration	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Provide training and education	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Comments:	
Loss Control & Safety Services	YES / NO
Commercial	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Residential	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Employ in-house loss control persons	Y <input checked="" type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>
Subcontract to outside vendors	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Comments:	
Brokerage Services	YES / NO
Placement of commercial wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Placement of residential wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Comments:	
Insurance Companies/Markets	YES / NO
<i>(Please include any limitations in comments section)</i>	
Write commercial wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Write residential wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Comments:	
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"/>	
Comments:			
Consultants		YES / NO	
Perform feasibility studies	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Represent sponsors only	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Create RFP documents	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Compose RFP answers	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Create marketing specifications	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Assist with program placement	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Assist with selection of broker/administrator	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Audit and monitoring services	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Training and education	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Expert/witness legal services	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Comments:			
Other:		YES / NO	
Medical services/medical trailers	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Written resources	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Legal services	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	
Other-Describe			
Comments:			

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