

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	Integrity Now Insurance Brokers, Inc.
DBE? (Indicate Yes or No and certifications)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Disabled Veteran Owned
Contact Name	Kevin Edwards
Phone	562-606-1030
Email address	kedwards@integritynowins.com
Web Address	http://integritynowins.com/Wrap_Up_Insurance.html
Service Area <i>(Indicate specific City, State, Region or USA)</i>	California
Narrative Overview of Firm's Wrap-Up Services	Independent Insurance Agent with 10 years experience in implementing and serving OCIP/CCIP Insurance policies.

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 checked="" type="checkbox"/> N <input 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:	No matter the size of your project we can help you put together a program that meets your needs.	
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 type="checkbox"/> N <input checked="" type="checkbox"/>	
Subcontract to outside vendors	Y <input checked="" type="checkbox"/> N <input 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 type="checkbox"/> N <input checked="" type="checkbox"/>	
Write residential wrap-up projects	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	

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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 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 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	
Comments:	