

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	CRC Insurance Services, Inc.
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	Steve Beard or your current CRC broker
Phone	312-899-7354
Email address	sbeard@crcins.com
Web Address	www.crcins.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	USA
Brief Narrative Overview of Firm's Wrap-Up Services	CRC is one of the largest wholesalers in the country, and we can provide access to surplus lines markets that write General and Excess Liability wrap-up projects.

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
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:	For residential and commercial wrap-ups we can provide access to the surplus lines markets for general and excess liability markets. CRC is especially strong with residential wrap-up projects like condominiums in California, Arizona, Florida, and other states that are experiencing construction defect issues.	

Wrap-up Service/ Provider Information

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 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 type="checkbox"/> N <input checked="" type="checkbox"/>
Other-Describe	
Comments:	

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