

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	Wrap Up Insurance Solutions
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	Brian Billhartz, CPCU, ARM
Phone	636-489-0185
Email address	bbillhartz@trekadmin.com
Web Address	www.trekadmin.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	National
Narrative Overview of Firm's Wrap-Up Services	Wrap Up Insurance Solutions is a full service wrap up administrator and consultant for all types of construction wrap ups, including Owner and Contractor Controlled (OCIP/CCIP) Insurance Programs. Our business niche continues to be in the development of partnerships with other broker/agencies to assist them in the placement and/or administration of these types of programs with their clients. Our team has developed and managed over \$7 billion in construction over 60+ Wrap-up projects.

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:		
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 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 checked="" type="checkbox"/> N <input type="checkbox"/>	
Comments:		
Brokerage Services		YES / NO
Placement of commercial wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

Wrap-up Service/ Provider Information

Placement of residential wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Comments:	We work with our agent/broker partners and share our markets and contacts to develop the optimum program for their client.
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 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 type="checkbox"/> N <input checked="" type="checkbox"/>
Comments:	
Consultants	YES / NO
Perform feasibility studies	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Represent sponsors only	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Create RFP documents	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Compose RFP answers	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Create marketing specifications	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Assist with program placement	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Assist with selection of broker/administrator	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Audit and monitoring services	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Training and education	Y <input checked="" type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/>
Legal services	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Other-Describe	
Comments:	