

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	NourTek Solutions
DBE? (Indicate Yes or No and certifications)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Contact Name	James Pitcher
Phone	972-717-2700
Email address	info@nourtek.com
Web Address	www.nourtek.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	Irving, Texas
Narrative Overview of Firm's Wrap-Up Services	OCIP/CCIP Management Portal

SERVICES OFFERED

Wrap-up Administration Services	YES / NO
Commercial projects	Y <input type="checkbox"/> N <input type="checkbox"/>
Residential projects	Y <input type="checkbox"/> N <input type="checkbox"/>
Perform feasibility studies	Y <input type="checkbox"/> N <input type="checkbox"/>
Compose RFP answers	Y <input type="checkbox"/> N <input type="checkbox"/>
In-house administration	Y <input type="checkbox"/> N <input type="checkbox"/>
Offer on-site administration	Y <input type="checkbox"/> N <input type="checkbox"/>
Provide training and education	Y <input type="checkbox"/> N <input type="checkbox"/>
Comments:	
Loss Control & Safety Services	YES / NO
Commercial	Y <input type="checkbox"/> N <input type="checkbox"/>
Residential	Y <input type="checkbox"/> N <input type="checkbox"/>
Employ in-house loss control persons	Y <input type="checkbox"/> N <input type="checkbox"/>
Subcontract to outside vendors	Y <input type="checkbox"/> N <input type="checkbox"/>
Comments:	
Claims Administration	YES / NO
Employ in-house claims persons	Y <input type="checkbox"/> N <input type="checkbox"/>
Subcontract to outside vendors	Y <input type="checkbox"/> N <input type="checkbox"/>
Comments:	
Brokerage Services	YES / NO
Placement of commercial wrap-up projects	Y <input type="checkbox"/> N <input type="checkbox"/>
Placement of residential wrap-up projects	Y <input 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 type="checkbox"/>
Write residential wrap-up projects	Y <input 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 type="checkbox"/>	N	<input type="checkbox"/>
Written resources	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Legal services	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Other-Describe				
Comments: 				