

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	Husker On-site Services, Inc.
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	Jason D. Smook
Phone	402-315-8036
Email address	jasonsmook@aol.com
Web Address	www.huskerhealthcare.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	USA
Narrative Overview of Firm's Wrap-Up Services	We provide on-site healthcare (occupational and non-occupational), emergency response/first aid, drug/breath alcohol testing, safety services.

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 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 type="checkbox"/> N <input checked="" 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 type="checkbox"/> N <input checked="" type="checkbox"/>
Placement of residential wrap-up projects	Y <input type="checkbox"/> N <input checked="" 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"/>
Comments:	

Wrap-up Service/ Provider Information

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 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 type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> N <input 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:	