

## Wrap-up Service/ Provider Information

### FIRM INFORMATION

Firm Name	BB&T Insurance Services
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Contact Name	James P. (Chip) Carter, II
Phone	800-672-1674 ext. 4515
Email address	chcarter@bbandt.com
Web Address	www.insurance.bbt.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	Mid-Atlantic & Southeast US
Brief Narrative Overview of Firm's Wrap-Up Services	BB&T Insurance Services is a leader in construction surety and risk management services in our operational area. We partner with contractors and other construction related firms of all sizes to achieve their risk management goals. We have a full service Wrap Up Unit with our sister company, McGriff Seibels & Williams.

### 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 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 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>	

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Write commercial wrap-up projects	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Write residential wrap-up projects	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Comments:			
<b>Wrap-Up Software/System Providers</b>	<b>YES / NO</b>		
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:			
<b>Consultants</b>	<b>YES / NO</b>		
Perform feasibility studies	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
Represent sponsors only	Y <input checked="" type="checkbox"/>	N <input 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 type="checkbox"/>	N <input checked="" 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:			
<b>Other:</b>	<b>YES / NO</b>		
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:			

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