

Wrap-up Service/ Provider Information

FIRM INFORMATION

Firm Name	Steele Risk Services, LLC
DBE? (Indicate Yes or No and certifications)	Y <input type="checkbox"/> N <input type="checkbox"/>
Contact Name	Steve Steele
Phone	206-860-6011
Email address	info@steeleriskservices.com
Web Address	www.steeleriskservices.com
Service Area <i>(Indicate specific City, State, Region or USA)</i>	USA
Narrative Overview of Firm's Wrap-Up Services	<p>Steele Risk Services coordinates the entire wrap program enrollment process, including securing contractor bid deductions relieving you of this management burden.</p> <p>Steele Risk Services has an efficient web-based administrative portal giving lenders, developers, general contractors, and underwriters 24 hour per day real time access to critical project information including contractor compliance and enrollment status, bid deduction tracking, and certificate of insurance tracking.</p>

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 type="checkbox"/> N <input checked="" 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 type="checkbox"/> N <input checked="" type="checkbox"/>
Subcontract to outside vendors	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Comments:	
Brokerage Services	YES / NO

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