

## Wrap-up Service/ Provider Information

### FIRM INFORMATION

<b>Firm Name</b>	Aon Risk Services - Construction Services Group
<b>DBE? (Indicate Yes or No and certifications)</b>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<b>Contact Name</b>	Michael J. Heffernan
<b>Phone</b>	408-535-2814
<b>Email address</b>	mike_heffernan@ars.aon.com
<b>Web Address</b>	www.aon.com
<b>Service Area</b> <i>(Indicate specific City, State, Region or USA)</i>	Worldwide and USA
<b>Brief Narrative Overview of Firm's Wrap-Up Services</b>	Worldwide Full Service Broker and Wrap-Up Administrator -National Service Team consisting of over 125 professionals specialising in wrap-up design, implementation and service.

### SERVICES OFFERED

<b>Wrap-up Administration Services</b>		<b>YES / NO</b>
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"/>	
<b>Comments:</b>		
<b>Loss Control &amp; Safety Services</b>		<b>YES / NO</b>
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"/>	
<b>Comments:</b>		
<b>Claims Administration</b>		<b>YES / NO</b>
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"/>	
<b>Comments:</b>	We will subcontract under MBE/WBE/DBE contracts if required	
<b>Brokerage Services</b>		<b>YES / NO</b>
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"/>	
<b>Comments:</b>		
<b>Insurance Companies/Markets</b>		<b>YES / NO</b>
<i>(Please include any limitations in comments section)</i>		
Write commercial wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

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Write residential wrap-up projects	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	
<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 type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	
<b>Consultants</b>	<b>YES / NO</b>
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 checked="" type="checkbox"/> N <input type="checkbox"/>
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	
<b>Other:</b>	<b>YES / NO</b>
Medical services/medical trailers	Y <input checked="" type="checkbox"/> N <input 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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	
<b>Comments:</b> <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>	

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