

PROPOSAL REQUEST

- Provide the following for completion:**
- Copies of payroll invoices or reports from January 1 of current year to present
 - List of Work Comp codes and 3 years of loss runs



For multiple entities you may need to complete a separate Proposal Request for each

GENERAL INFORMATION

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Key/Primary Contact: _____ Phone Number: _____
 Email: _____ Website: _____
 Federal Tax ID Number: _____ Referred by: _____
 Description of Business: _____
 Obtaining Proposals From: _____

BACKGROUND INFORMATION

Has your company ever filed bankruptcy? Yes No
 Does your company or business principals have any current litigation with clients, partners, vendors or suppliers? Yes No
 Is your business corporate status OK? Yes No
 Does your company have any liens, judgments, lawsuits or injunctions? Yes No

PAYROLL INFORMATION

Pay Schedule *(Select all that apply)*
 Weekly Bi-weekly Semi-monthly Monthly
 Payroll: \$ _____ per _____ Current Payroll System or Provider: _____
 Day of Payroll Cut Off: _____ Day of Payroll Distribution: _____
 State Unemployment Rate: _____ % Current **Years in Business:** _____
 _____ % Last Year **Number of Employees:** _____
 _____ % Previous Year Full: _____ Part: _____ Temps: _____ Other: _____
 Tax Exempt? Yes No **Non-Profit Organization?** Yes No **SIC Code:** _____
 Any 1099 Employee's? Yes No *If Yes, # of checks per pay period:* _____
 All States Employees are Located: _____

INSURANCE CONTACTS

Policy Type <i>(i.e. Health, Dental, 401k, Life)</i>	Agent / Firm Name	Contact Information <i>(Phone and E-Mail Only)</i>

INTERNAL CONTACTS

Department	Name and Title	Contact Information <i>(Phone and E-Mail Only)</i>
Owner / Executive		
Payroll		
Benefits		
Human Resources		
Accounting / CPA		
Safety		