



## REQUEST FOR PROPOSAL AND UNDERWRITING PROFILE

DATE OF REQUEST: \_\_\_\_\_ SALES REPRESENTATIVE \_\_\_\_\_

NEED PROPOSAL BY: \_\_\_\_\_

LEGAL BUSINESS NAME \_\_\_\_\_

DBA, IF ANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ SAFETY / CLAIMS CONTACT \_\_\_\_\_ SIC CODE \_\_\_\_\_

TYPE OF ENTITY: \_\_\_ "C" CORP \_\_\_ LLC \_\_\_ "S" CORP \_\_\_ PARTNERSHIP \_\_\_ SOLE PROPRIETOR

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_ OTHER \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_ STATE TAX ID # \_\_\_\_\_

NAME OF ALL OWNERS \_\_\_\_\_

CURRENT STATE UNEMPLOYMENT RATE: \_\_\_\_\_ COPY OF UCT-6 ATTACHED \_\_\_\_\_ YES \_\_\_\_\_ NO

GROSS ANNUAL PAYROLL \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_ FULL TIME \_\_\_ PART TIME

PAY CYCLE \_\_\_\_\_ WEEKLY \_\_\_\_\_ BI-WEEKLY \_\_\_\_\_ SEMI-MONTHLY

CURRENT ADMINISTRATION HANDLED: \_\_\_ IN HOUSE \_\_\_ PAYROLL SERVICE \_\_\_ LEASING COMPANY

YEARS BUSINESS ESTABLISHED \_\_\_\_\_ MORE THAN ONE LOCATION \_\_\_ YES \_\_\_ NO # \_\_\_\_\_

IN MORE THAN ONE STATE \_\_\_ YES \_\_\_ NO IF YES, LIST STATES: \_\_\_\_\_

**NOTE: CONFIDENTIAL INFORMATION WORKSHEET MUST BE COMPLETED FOR EACH STATE BUSINESS IN LOCATED IN.**

DESCRIPTION OF BUSINESS (DETAILED):



S T A F F B R O K E R S I N C .

IF CURRENTLY LEASING, ATTACH CURRENT COPY OF: PAYROLL BILLING SUMMARY, OR OTHER DOCUMENTATION SHOWING: GROSS PAYROLL, WORKERS COMPENSATION INFORMATION, SUTA, FUTA, AND ADMINISTRATION FEE (S).

CURRENTLY LEASING \_\_\_\_ YES \_\_\_\_ NO IF YES, IS ABOVE INFORMATION ATTACHED \_\_\_\_ YES \_\_\_\_ NO

IF NO (ATTACHED INFORMATION) EXPLAIN \_\_\_\_\_

IF NOT CURRENTLY LEASING, WORKERS COMPENSATION DECLARATION PAGE, SHOWING W/C CODES, PAYROLL PER CODE, EXPERIENCE MODIFIER & DISCOUNTS.

IF NOT CURRENTLY LEASING, IS W/C INFORMATION ATTACHED: \_\_\_\_ YES \_\_\_\_ NO

IF NO (ATTACHED INFO) EXPLAIN \_\_\_\_\_

WORKERS COMPENSATION DATA  
INCLUDE OWNER (S) / PARTNERS  
STATE \_\_\_\_\_

CODE DESCRIPTION	WORKERS COMPENSATION CODE	CURRENT RATES	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL PAYROLL

COMMENTS/ADDITIONAL INFORMATION:

**SB** S T A F F B R O K E R S I N C .

IS CLIENT EXPERIENCED RATED ?  YES  NO

IF YES THE EXPERIENCE MODIFICATION IS \_\_\_\_\_

HAS CLIENT'S OPERATION BEEN INSPECTED BY YOU FOR SAFETY PURPOSES ?  YES  NO

DOES THE CLIENT HAVE A FORMAL SAFETY PROGRAM ?  YES  NO

IS ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS OR BRIDGES OVER WATER ?  YES  NO

DO HAVE A COPY OF THEIR WORKERS COMPENSATION POLICY ?  YES  NO

\*\* Have you had any workers compensation claims in the last three years? If yes, were any of the losses greater than \$5000.00? What were they? If losses were greater than \$5000.00 please include loss runs for the last 3 years?

**ADDITIONAL COMMENTS:**

***Client Signature:*** \_\_\_\_\_

**Date:** \_\_\_\_\_