

Request For Proposal (RFP)

Submitted by: _____

Date: _____

Client Legal Name: _____ FEIN: _____

Client DBA: _____ Date Business Started: _____

Type of Entity: ☐ Individual/Sole Prop ☐ S-Corp ☐ LLC ☐ Other: _____

Taxes Filed As: ☐ Individual/Sole Prop/Single-Member LLC ☐ C-Corp ☐ S-Corp ☐ Partnership

☐ LLC with tax classification: _____ ☐ Other: _____
(C-Corp, S-Corp, Partnership)

Email: _____ Number of Locations: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner: _____ Phone: _____ Cell: _____

Primary Contact: _____ Phone: _____ Cell: _____

Current Payroll Method: ☐ In-House ☐ PEO ☐ Payroll Only Current Provider: _____

Payroll Frequency: ☐ Weekly (52) ☐ Biweekly (26) ☐ Semi-Monthly (24) ☐ Monthly (12)

Please provide a full, detailed description of operations

Payroll Information

Employees		Workers'	Workers' Comp Code Description	Annual Payroll
Full-Time	Part-Time	Comp Code		
Total Employees:			Total Annual Payroll:	

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Worker's Compensation Questionnaire

1. Do employees travel out of the state and/or country?.....☐ Yes ☐ No
2. Do any employees predominately work from home?.....☐ Yes ☐ No
3. Has any prior workers' comp coverage been declined, canceled or non-renewed?.....☐ Yes ☐ No
4. Has the company and its owners/officers met all financial obligations to insurers for workers' comp premium and/or employee leasing/PEO agreements?.....☐ Yes ☐ No
5. Are waivers of subrogation needed?.....☐ Yes ☐ No
6. Exact maximum height worked in feet: _____
7. Provide how work is performed at heights: ☐ Scaffolding ☐ Lifts ☐ Ladders ☐ Other ☐ N/A
8. Percentage of operations subcontracted: _____%
9. Type of work subcontracted: _____
10. Certificates for subcontractors kept on file?.....☐ Yes ☐ No
11. Depth of work performed underground in feet: _____
12. Is trenching or boring performed?.....☐ Yes ☐ No
13. Do you have company vehicles?.....☐ Yes ☐ No
 - a. If yes, please provide a list of vehicles: _____
14. How many employees ride together (i.e. in the same vehicle) at the same time? _____ ☐ N/A
15. Radius of travel: _____ miles
16. How often are MVRs checked? (Select all that apply)☐ Upon Hire ☐ Annually ☐ Quarterly
17. Please provide a list of all machinery owned: _____
18. Percentage of work:
 - a. Commercial _____% Residential _____%
 - b. Interior _____% Exterior _____%
19. Please provide a list of all chemical and hazardous material exposures: _____
20. Is work performed on barges?.....☐ Yes ☐ No
21. Is work performed on vessels?.....☐ Yes ☐ No
22. Is work performed on bridges?.....☐ Yes ☐ No
23. Do you use aircraft/watercraft within your scope of work?.....☐ Yes ☐ No
24. Is an early/light duty program in operation?.....☐ Yes ☐ No
25. Do you provide 24-hour services?.....☐ Yes ☐ No

Loss History Affidavit

Please provide complete information

Client Legal Name: _____ FEIN: _____

Client DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

In the table below, please list injuries and incurred cost from the last 36 months

Claim Year	Name of Injured Employee	Claim Amount (\$)	Open/Closed	Description of Injury

*Please attach loss runs, if available. Write "NONE" if there have been no losses in the last 36 months.

Explanation of Losses

I, _____ (Owner Name), do hereby certify and swear that

(i) _____ (Company Name) or

(ii) all predecessors-in-interest or (iii) any other business entities with common majority ownership or common control,
have incurred _____ injuries within the last _____ months.

Authorized Client Representative Signature

Print Name & Title

Date

Any person who knowingly and with intent to injure, defraud, or deceive an insurer file, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.