



Request For Proposal And Underwriting Profile

Date of Request: _____

Legal Business Name: _____

DBA: _____

Contact: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____ Other: _____

Type Of Entity: "S" Corp _____ "C" Corp _____ LLC _____ Partnership _____ Sole Proprietor _____

Federal Tax ID: _____ State Tax ID: _____

Years Business Established: _____ Count of Business Locations: _____

List States Where Business Location(s) Reside: _____

Note: A Confidential Information Worksheet Must Be Completed For Each State Business Are Located In.

Name Of All Owners: _____

Primary Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Safety / Claims Contact _____ SIC Code _____

Current State Unemployment Rate: _____ UCT-6 Attached (Copy): Yes _____ No _____

Gross Annual Payroll: _____ Employee Count: Full Time _____ Part Time _____

Payroll Frequency: Daily _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____

Current Administration: In-House _____ Payroll Service _____ Leasing Company _____

Description Of Your Business (Detailed):

If you are currently leasing, Attach Current Copy Of: Payroll Billing Summary, Or Other Documentation Showing: Gross Payroll, Workers Compensation Information, SUTA, FUTA, And Administration Fee(s).

If your administration is handled through a leasing company:

Is the above information attached: Yes ___ No ___ If Leased but info is not attached, Why?

Explain: _____

If you are not Currently Leasing then please attach the Workers Compensation Declaration Page, Showing all W/C Codes, Payroll Per Code, Experience Modifier & Discounts.

Is the above information attached: Yes ___ No ___ If the information is not attached, Why?

Explain: _____

**Workers Compensation Data
Include Owner(s) / Partners
State: _____**

WC Code Description	WC Code	Current Rate	Number of Employees	Estimated Annual Payroll

Comments / Additional Information:

Are you experienced rated: Yes _____ No _____

If yes, Experience Modification is _____

Do you have a formal safety program: Yes _____ No _____

Is any work performed on barges, vessels, docks or bridges over water: Yes _____ No _____

Do you 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:** _____