

ALLIED WORKFORCE, INC.

Prospective Client Information

(Request for a Proposal)

(If more than one entity, complete a separate application for each).

1. General Information

Date information submitted to PEO: _____ Business Developer: _____

Legal Name: _____

DBA Name: _____

Physical Address: _____

City : _____ State / Zip Code: _____

Mailing Address: _____

City: _____ State? Zip Code: _____

For Multiple Locations, Complete the Addendum

2. Business Structure: Corporation Limited Liability Sole Proprietorship Partnership Other

Owner's Name: _____ Title: _____

Officer's Name: _____ Title: _____

Officer's Name: _____ Title: _____

Officer's Name: _____ Title: _____

FEIN Number: _____ SUTA Number: _____

Description of Company's Core Business: _____

Payroll Contact: (Please Provide 2) _____

Phone Number: _____ Fax Number: _____

Payroll Contact: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____ Pager: _____

Email Address of Contact Person: _____

Email Address of Payroll Contact; _____

4400 Buffalo Gap Rd. Ste. 4500
Abilene, TX 79606
325-695-5822 Fax 325-692-9660
www.coemployer.com

ALLIED WORKFORCE, INC.

3. Payroll Information

Payroll Start Date: _____ Payroll End Date: _____

Pay Day: _____ Call-In Day: _____

7-Day Period (i.e. Wednesday to the following Tuesday or Monday to the following Sunday)

Pay Cycle: _____

Current PEO: _____ or Current Payroll Service: _____

Total Estimated Payroll: _____

Is Vacation accrued? Yes No

If yes, are there a written policy / formula for calculation? Yes No (If yes, please provide a copy)

Do any employees have garnishments or any other payroll deductions? Yes No

If yes, please attach copies of payroll deduction forms and / or court orders.

4. Human Resources

Are there any EEOC / EE related issues / litigation pending? Yes No (If yes, provide an explanation)

Is there a union or attempts to organize a union? Yes No (If yes, provide an explanation)

Is there an employee handbook? Yes No (If yes, provide a copy)

5. 401(k) Plan

Is there a 401(k) plan? Yes No

If yes, will the plan be rolled over to our plan? Yes No

If no, is there interest in offering a 401(k) plan to the employees? Yes No

ALLIED WORKFORCE, INC.

6. Workers' Compensation Data

Describe Operations (complete the addendum if there are additional worksites), _____

Workers' Compensation class code and wage information:

| State | WC class code | position / job description | # of Employees | Annual wages |
|-------|---------------|----------------------------|----------------|--------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

The following documents must accompany the application. Provide an explanation, where appropriate, if they are not available.

- a) Is there a safety manual or written safety policy? Yes No **(If yes, attach a copy).**
- b) Are pre / post employment background investigations performed on new hires for hazard jobs?
 Yes No **(If yes, attach a copy of the program or policy or explain the program).**
- c) Attach a copy of the General Liability declaration page.
- d) Attach a copy of the last state unemployment quarterly report of last payroll report to confirm wages.
- e) Three years of carrier generated loss runs. If cannot be provided, provide three years of OSHA logs.
- f) Provide details of all WC claims >\$25,000.
- g) Has there ever been an OSHA inspection? Yes No
(If yes, attach a copy of any citations and abatement action).

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7. Financial and Credit Information

Name of Company: _____

Mailing Address: _____

City: _____ State / Zip Code: _____

Location Address: _____

Nature of Business: _____

Bank and Trade References

| <u>Name</u> | <u>Phone #</u> | <u>Contact</u> | <u>Acct. #</u> |
|------------------|----------------|----------------|----------------|
| Bank Ref.: _____ | | | |
| Trade Ref: _____ | | | |
| Trade Ref: _____ | | | |
| Trade Ref: _____ | | | |

Are there any outstanding judgments? Yes No

If so, provide details.

Number of years in business under current ownership: _____

Please complete this section and sign to allow us to obtain information from your bank.

I hereby authorize credit and banking information to be released to Allied Workforce, Inc.

Company Name: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____ Bank Fax Number: _____

Bank Contact Name: _____

Operating Account #: _____

Signature: _____ Date: _____

ALLIED WORKFORCE, INC.

8. Multiple Location Addendum: (Use additional sheets for additional locations).

Location # _____

DBA Name: _____

Location Address: _____

County: _____ City: _____ State / Zip Code _____

Phone Number: _____

Number of Employees: _____ F/T _____ P/T

Description of Operations: _____

Workers' Compensation class code and wage information:

| State | WC class code | Position / Job | # employees | Annual wages |
|-------|---------------|----------------|-------------|--------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

Location # _____

DBA Name: _____

Location Address: _____

County: _____ City: _____ State / Zip Code _____

Phone Number: _____

Number of Employees: _____ F/T _____ P/T

Description of Operations: _____

Workers' Compensation class code and wage information:

| State | WC class code | Position / Job | # employees | Annual wages |
|-------|---------------|----------------|-------------|--------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |