



REQUEST FOR PROPOSAL

*Allied Employer Group
 4400 Bufallo Gap Rd., Ste. 4500
 Abilene TX 79606
 Office 325-695-5822
 FAX 325-692-9660
 www.coemployer.com*

Account Executive: _____

General Business Questionnaire

Company Name: _____
 Address: _____
 Phone: _____ FAX _____ Website _____
 Contact: _____ e-mail: _____

General Business Description:

FEIN: _____ State of Incorporation:
 Years in Business: _____ NAICS Code:
 Name of Owners: _____
 Number of Locations: _____ Other Locations:

Payroll Cycle: **Monthly** **Semi-Mo** **Bi-weekly** **Weekly** **Payroll Group**

Name of Your Bank _____
 Bank Officer's Name _____

State Unemployemnt Tax Rate (s):

Workers' Compensation Data:

ANNUAL PAYROLL BY WORKERS' COMP CLASS CODES

State	W/C Code	Description	FT	Pt	Wage
		Total	0	0	



Detailed description of operations and employees duties:

[Empty box for detailed description of operations and employees duties]

Current W/C Carrier or PEO: _____ Experience Mod Rate: _____

How many years have you been with our curent W/C carrier or (PEO)? _____ Renewal Date: _____

Do you have a safety professional on staff? If yes, please identify. _____

Please explain any "Yes" answers in the remarks section below.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1 Is your company engaged in any other type of business? |
| <input type="checkbox"/> | 2 Do you have any subsidiary? |
| <input type="checkbox"/> | 3 Are you a subsidiary of any other business? |
| <input type="checkbox"/> | 4 Is pre-employment testing for alcohol / drugs, flexibility / dexterity / strength of hearing required? |
| <input type="checkbox"/> | 5 Does the company have a light duty return-to-work program for injured employees? |
| <input type="checkbox"/> | 6 Has your company filed to intend to file for Chapter 7 or 11 protection? |
| <input type="checkbox"/> | 7 Is there any union activity or is your company unionized workplace? |
| <input type="checkbox"/> | 8 In the past 3 years has your company had any employment related lawsuits, grievances or EEO claims? |
| <input type="checkbox"/> | 9 Is your company a federal contractor? |
| <input type="checkbox"/> | 10 Do you EMPLOY any CDL / DOT Licensed Drivers? |
| <input type="checkbox"/> | 11 Do you have a driver qualification program, including MVR checks? |
| <input type="checkbox"/> | 12 Do you have any special payroll reporting needs? |
| <input type="checkbox"/> | 13 Do you use a timekeeping system? If so, which vendor? |
| <input type="checkbox"/> | 14 Do you use any flammables, explosives, caustics or radioactive materials? |
| <input type="checkbox"/> | 15 Do any past, present or discontinued operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials? |
| <input type="checkbox"/> | 16 Do any employees perform work any work underground or above 15 feet? |
| <input type="checkbox"/> | 17 Is any work performed on barges, vessels, docks or bridges over water? |
| <input type="checkbox"/> | 18 Does your company use subcontractors? (If so, give percentage, type and location of work subcontractors). |
| <input type="checkbox"/> | 19 Do you require certificates of insurance on all work you sublet? |
| <input type="checkbox"/> | 21 Does your company have a formal safety program in place? |
| <input type="checkbox"/> | 22 Has your compnay ever been cited by OSHA, EPA, of the state for a violation of a law, regulation, or ordinance? |
| <input type="checkbox"/> | 23 Does your company provide group transportation? |
| <input type="checkbox"/> | 24 Do you use any volunteer donated labor? |
| <input type="checkbox"/> | 25 Has prior workers' comp coverage been declined, cancelled, or non-renewed in the past 3 years? |
| <input type="checkbox"/> | 26 Do you have any seasonal employees? |
| <input type="checkbox"/> | 27 Do any employees travel out of state for extended period of time? |
| <input type="checkbox"/> | 28 Do any employees predominately work at home? |
| <input type="checkbox"/> | 29 Do you have a company sports team sponsored by the company with company employees? |
| <input type="checkbox"/> | 30 Are you currently with a PEO or have you ever been with a PEO? |
| <input type="checkbox"/> | 31 Does your company have EPLI (Employers Practices Liability Insurance)? |
| <input type="checkbox"/> | 32 Does your company pay bonuses? If Yes, who receives bonuses and how often? |

Please Explain any "Yes" answers given. Use a separate sheet if necessary

and Explanation

[Empty box for explanation of "Yes" answers]



Benefits Information

Current Health Carrier: _____

Renewal Date: _____

Years with Carrier: _____

Type (s) of current Plan (s) (HMO), (PPO): _____

Employer Contribution (\$ or %) _____

Class 1: _____

Class 2: _____

Class 3: _____

Eligibility Criteria: _____

Definition of Full-Time _____

Ancillary Benefits Currently offered:

Col	Benefit	Curent Carrier	Plan Description	Renewal Date	Co Pays:	EE Pays
	Dental					
	Vision					
	ST Disability					
	Lt Disability					
	Section 125					
	Flex Accts					
	401(k)					
	Other					