



PEOshop.com

Simplified Request for Proposal - *When PEO's Compete, Your Business Wins!*

Our Fax: 888.583.3110	Our Phone: 888.611.SHOP	E-mail: sales@PEOshop.com
Your Web: www.PEOshop.com - Complete our rfp online!		

Basic Info:

Business Name:		DBA:	
Address:		Fed Tax ID:	
City:		Years in Business:	
State & Zip Code		Web Address:	
Contact Name:		Fax Number:	
Phone Number:		E-mail Address:	
Business Type: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Brief Business Description: _____			

Payroll & Workers' Comp Info:

Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Your Workers' Compensation Modifier:		Your Work Comp Renewal Date:	
Your Workers' Compensation Carrier:		Your State Unemployment Tax Rate: %	
Work Comp Class Code or brief description of job:	Number of Employees	Annual Gross Payroll For This Class Code	Current Rate per \$100 (If known)
Example: 8742- Sales persons	6	\$142,653.00	0.78

* If you do business in more than one state, please separate work comp codes by state. Attach additional sheet if necessary.

PEO Service Info:

* Please check "Yes" or "No" to help us determine your needs and preferences. Thank you!	YES	NO
Do you have commissioned, tipped, or "piecework" employees?		
Do you use an accrual system to track vacation and/or sick time?		
Do you require payroll reports by department or job?		
Do you require certified payroll report (government work, etc.)?		
Do you require or prefer internet access to payroll management and/or reporting?		
Would you prefer PEO assistance with job descriptions or employee handbooks?		
Would you prefer PEO assistance with unemployment claims and/or garnishments?		
Would you prefer PEO assistance with employee hiring and/or background checks?		
Would you prefer PEO support for Spanish speaking employees?		
Would you prefer PEO assistance with ongoing HR training and legal guidance?		
Do you require a PEO to have their own group health insurance program?		
Do you want to offer your employee dental and/or vision insurance through a PEO?		
Do you want to offer your employees a retirement program {401(k), etc.} through a PEO?		
Are you willing to sponsor 50% or more towards a group health insurance program?		
Are you interested in providing disability and/or term life insurance through a PEO?		
Do you currently provide any employee benefits? (If so, please list them below)		
Current Employee Benefits: _____		



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Our Fax: 573.445.9539	Our Phone: 573.356.9669	E-mail: sales@PEOshop.com
Your Web: www.PEOshop.com - Complete our rfp online!		

PEO Underwriting Info:

* Please check "Yes" or "No" to help us determine which PEO's will best fit your business. Thank you!	YES	NO
Do you currently have a written safety manual and/or safety program?		
Do you use any sub-contractors? (If so, what % is sub-contracted: _____)		
Do you work with any hazardous materials? (If so, please list work/materials in section below)		
Does your operation include excavation, tunneling, earth-moving, or underground work?		
Have you experienced any fatalities in the last 5 years?		
Have you had insurance coverage canceled or non-renewed during the past 3 years?		
Do you travel out of state for work? (If so, please list states below)		
Do you provide any group transportation for employees?		
Does the company own, lease, or charter any aircraft or watercraft?		
Do you perform any demolition work? (If yes, please describe work below)		
Does the operation include any exposure to heights? (If so, please describe below)		
Do you perform any work on barges, vessels, docks, or bridges?		
Have any substantial changes in the operations taken place in the past 5 years?		
Does the company use any volunteer or donated labor?		
Underwriting Notes and Further Explanation: _____ _____ _____		

Other Documents & Info:

<p>We look forward to the opportunity to provide you with PEO service proposals. In order to begin PEO shopping, we will need the following additional information:</p> <ul style="list-style-type: none"> *Required by all PEO's <ul style="list-style-type: none"> • Claims History or Loss Runs for last 3 years *Required by some PEO's. Allows for most thorough search and best possible advice. <ul style="list-style-type: none"> • NCCI Experience Mod Worksheet • Workers' Compensation Policy Declaration Page • Most recent SUTA Report or notice validating current rate from the Division of Employment Security • Current copies of benefit plans and bills • Last PEO invoice (if currently with a PEO) <p>*If your business does not currently have workers' compensation insurance we will help you determine the correct classification codes for your business. Just indicate "no coverage" on page one.</p> <p>Some PEO's provide access to their own group health insurance program. Other PEO's establish group plans specifically tailored for your group. Most PEO's will administer your current health plan if desired.</p> <ul style="list-style-type: none"> • Health Census Form (attached page) - If seeking PEO pricing for group health insurance
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