

Sam Bond Benefit Group

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St. Petersburg, FL 33701
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REQUEST FOR PROPOSAL

Company Name: _____

D/B/A Name if any: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Title: _____

In which states do you operate? _____

Description of Operations: _____

Current Ownership: _____ Year Business Began: _____

What payroll frequency would you prefer? Weekly Bi-Weekly Semi-Monthly Monthly

Do you currently have a retirement savings plan? Yes No If yes, what kind? _____

What kind of health insurance do you currently have? _____

Circle areas of interest: Employee Safety Training Human Resource Management Training

Employee Background Checks Employer Practices Liability Insurance Custom Payroll Reports

Please Attach Current Copy:

1. List of employees with rate of pay, w/c classification, date of birth, date of hire, full time or part time, current insurance status (a blank census form is provided for this purpose)
2. Workers' compensation declaration page showing classifications and premiums
3. Workers' compensation loss runs (4 years, currently valued)
4. Complete State Unemployment Tax Filing, for FL include RT6 form
5. Group Insurance Billing and loss history, if available