

# Sam Bond Benefit Group

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**RFP Currently PEO**

## REQUEST FOR PROPOSAL

Company Name & d/b/a: \_\_\_\_\_

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

Do you currently have a retirement savings plan?      Yes      No

If yes, what kind? \_\_\_\_\_

What kind of health insurance do you currently have? \_\_\_\_\_

Check areas of interest:      Employee Safety Training      Human Resource Mgmt. Training

Employee Background Checks      Employer Practices Liability Insurance

Custom Payroll Reports      Employee Benefits      Other: \_\_\_\_\_

### **Please provide the following:**

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. Most recent payroll billing report with employee names, workers' compensation class codes, and payroll amounts.
3. Workers' compensation loss runs (3 years, currently valued).
4. Current group insurance billing and renewal. Include rates and summary plan descriptions for this year and last year. Additional information may be required.