

Sam Bond Benefit Group

RFP GENERAL

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
Ph: 727.823.2663
Fax: 813.283.0672

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. Workers' compensation declaration page showing classifications and premiums.
3. Workers' compensation loss runs (3 years, currently valued).

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4. Complete State Unemployment Tax Filing, for FL include RT6 form.
5. Group Benefit Billing and Plan Designs. Additional information may be required.