



PROSPECTIVE CLIENT REQUEST FOR PROPOSAL

Please complete this form in its entirety and return it to your PEOPLELEASE representative along with any supplemental documentation. The following information **must be submitted with this form** in order to process your request:

1. Workers' compensation loss runs for the last five (5) years valued within 45 days.
2. Completed ACORD 130.

In order to determine if your company meets our criteria, PEOPLELEASE may request additional information, as indicated within this questionnaire. If you need any help completing this form, please do not hesitate to reach out to your PEOPLELEASE representative. *Please note: For PEO clients, risk management and payroll services are included in the comprehensive PEOPLELEASE proposal. It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud.*

GENERAL INFORMATION

Legal Company Name: _____
As registered with the state. Please include DBA, LLC, Co., Inc. Corp., etc. as appropriate.

Owner Name: _____ Telephone No.: _____

Email Address: _____ Location: _____

COMPANY INFORMATION

Date of Organization: _____ Current Payroll Provider: _____

Current Workers' Comp carrier: _____ Does the company have pending litigation? Yes No

Current WC policy renewal date: _____ Has the company previously filed bankruptcy? Yes No

WC experience Mod factor: _____ *If the answer to either question above is "yes," please provide additional details and documentation.*

PAYROLL INFORMATION

Data for five previous years must be provided to process submission.

	YEAR	TOTAL ANNUAL PAYROLL
1st Prior		
2nd Prior		
3rd Prior		
4th Prior		
5th Prior		

HISTORICAL PAYROLL FIGURES

Will Owners be on Payroll? Yes No *Owners must be on Payroll to receive Workers' Compensation.*

Will Owners be exempt from WC? Yes No

Do any employees receive per diem payment? Yes No # of days: _____ Rate: _____

Are any of your employees members of a Union? Yes No

REPRESENTATIVE INFORMATION

PEOPLELEASE Representative: _____ Date: _____

Referring Agency: _____ Requested Agency: _____

Referring Agent Name: _____ Commission Percentage: _____

GENERAL INFORMATION

YES NO

1. Are there any special filings required? YES NO
2. Are you required to sign a waiver of subrogation, hold harmless, or permanent/exclusive lease agreements? YES NO
3. Is there a contracted medical provider to treat injured employees? YES NO
4. **Georgia, Virginia, Colorado, Tennessee, and Pennsylvania** require physician panels to direct medical care.
If you work for any of these states, do you currently have physician panels? YES NO
5. Do you or your employees travel on business outside the United States? YES NO

HIRING PRACTICES

YES NO

1. Are all job applicants interviewed in person? *If no, please skip to question two.* YES NO

List roles/titles of personnel involved in your interview process:

2. Are any of the following required **before** an employee is hired?
 - a. Background checks? YES NO
 - b. Drug and alcohol screening? YES NO
 - c. Vision test? YES NO
 - d. Physical Abilities Testing conducted by a Physical Therapist or other medical professional? YES NO
 - e. New DOT physical with a designated medical provider? YES NO
3. Do you use Independent Owner Operators (IOOs) or Independent Contractors?
If yes, please complete the supplemental. YES NO
4. Are company employees subject to a Collective Bargaining Agreement (CBA?) YES NO
5. What is the company's annual employee turnover rate? _____ %
6. Does your company hire any drivers? *If no, please skip to Safety Practices.* YES NO
 - a. Are motor vehicle records checked prior to hire? YES NO
 - b. Are motor vehicle records checked annually on all drivers? YES NO
 - c. Do you have any current drivers with citations for DWI, DUI, or reckless driving? YES NO

SAFETY PRACTICES

YES NO

1. Has a safety or loss control inspection been performed in the past year? YES NO
2. Is there a formal, written safety program in place for occupational injuries? YES NO
3. Is there a set procedure for reporting claims, including an accident reporting form? YES NO
4. Are workplace injuries investigated and root cause analysis documented? YES NO
5. Has a job hazard analysis been completed for each job description? YES NO
6. Is a formal Physical Abilities Testing program administered by a physical therapist or other medical professional? YES NO
7. Does the company have a Wellness policy in place? YES NO
8. Are safety incentives related to Workers' Compensation offered? YES NO
If yes, please specify: _____
9. Does the company have a written and implemented "Return to Work" program?
Does this program have limitations (e.g. hours per week, drivers only, certain locations or states only, etc.)? YES NO
10. Do you have a Personal Protection Equipment (PPE) policy? YES NO
11. Have you experienced any losses or filed any claims over \$100,000? YES NO

****If you answered yes to any of the above, please provide the additional details and/or supporting documentation.****