

NEW CLIENT INFORMATION QUESTIONNAIRE

(Please answer all questions completely and provide requested documentation to facilitate preparation of proposal.)

Date: _____ Business Development Representative: _____
 Legal Business Name: _____
 Type of business: Sole Prop. Corp. L.L.C. P.C. Partnership
 Address: _____ City, State, Zip _____
 Secondary Location: _____
 Client Contact: _____ Title: _____
 Phone Number: _____ Fax Number: _____
 Description of Business: _____
 Number of years in Business: _____

**Please provide copy of most recent quarterly Tax and Wage Report if available:*

Current SUTA rate: _____
 Pay Frequency: Weekly: Bi-weekly Semi-Monthly Monthly
 Pay Type: Commission: Salary Hourly
 Number of Employees: _____ Gross Monthly Payroll: _____
 Current method of processing payroll: PEO Payroll Service In-house staff
 Other method (describe): _____

Estimated current monthly cost for processing payroll? \$ _____

**Please provide copy of most recent billing invoice for all "Yes" answers:*

Do you currently offer to your employees?

Medical	Yes	No	If yes, renewal date: _____
Dental	Yes	No	If yes, renewal date: _____
Vision	Yes	No	If yes, renewal date: _____
Life Insurance	Yes	No	If yes, renewal date: _____
LTD/STD	Yes	No	If yes, renewal date: _____
401(k)	Yes	No	
Employee Assistance Program	Yes	No	
Flexible Spending Plan	Yes	No	

**Please provide copy of Declaration Page of Workers Compensation Policy:*

Current Workers Compensation carrier: _____ Policy# _____
 Classification Code: _____ Number of employees: _____
 Classification Code: _____ Number of employees: _____

Do you currently have: Employee Handbook Yes No
 Safety Manual Yes No

**Please provide a copy of Declaration Page of General Liability Policy*