Plans for Life, Inc.
Insurance & Business Solutions Group

Request for Proposal (RFP)

Producer Name: _____ Date: _____ Date Requested: _____

Producer Phone: _____ Fax: _____ Email: _____

I. APPLICANT INFORMATION SECTION

FEIN: _____ Yrs in Business: _____ License No. _____

Client (legal) Name: _____ DBA: _____

Names and Titles of Owners: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Please Select One:

☐ Corp ☐ S-Corp ☐ LLC ☐ Sole Prop ☐ Partnership

Employees: _____ Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly

Current Payroll Provider, *if outsourced:* _____

Will Client Utilize Direct Deposit? _____ If so, what is the percentage of EE's? _____

Benefits Requested - Please check all that apply.

☐ Health ☐ Flex spending ☐ Employee Assistance ☐ 401(k) Plan

Documentation **Required** for Proposal (for each state of operation)

☒ Copy of Workers' Compensation Declaration Page(s), including detail of payroll by W/C class, Modifier, and any applicable premiums, discounts or surcharges.

☒ Three years Worker' Compensation loss runs

II. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

Please provide a brief description of type of business & operation:

III. REVENUE RATING INFORMATION

SIC Code(s): _____ All states of operation: _____ No. Locations: _____

Job Description or Comp Code	Current Rate	# of Employees *Full/Part Time*	Discounts **if any*	Est. Annual Payroll *(per class code)*

IV. LOSS HISTORY

* Please indicate if "None", Must provide copy of Loss Runs

Year	Line	# of Claims	Amount Paid	Reserve Amount	Total Paid

I understand that Plans for Life, Inc., is acting as a Marketing Arm not as a Workers Compensation Provider. Furthermore, I declare that to the best of my knowledge the information provided in this application is true and acknowledge that the information in this Client Application will be supplied to the insurance company providing workers' compensation insurance coverage. I understand that any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Signature _____ Date _____

UNDERWRITTING QUESTIONNAIRE

Please explain all items if answered "YES" in detail in the space provided below

	YES	NO
1 Does applicant own, operate, or lease aircraft/watercraft?	✔	
2 Any past, present, or discontinued operations which have involed exposure to chemicals, painting or hazardous materials?	✔	
3 Any work performed under or above water?		
4 Any work which may be subject to Jones Act, USL&H or FELA?	✔	
5 Any work performed underground or higher than 15 feet above ground level?		
6 Any operations include excavation, tunneling, road boring, earth moving or other undeground work?		
7 Any operations exposure to radioactive/nuclear materials?	✔	
8 Any fatalities in the past five years?		
9 Is applicant involved in any business other than that specified in the description of operations?		
10 Does employee turnover exceed 30% annually?	✔	
11 Do employees travel out of state or out of country? If so, scope of travel?		
12 Any group travel, ride-share programs, or tool or vehicle allowances provided?		
13 Are physicals required after offers of employment are made?		
14 Does the radius of operations of vehicles exceed 200 miles?		
15 Are MVRs checked on all drivers?		
16 Is a "managed care" provider utilized?		
17 Is a written safety program in place? (attach copy) If so, what is the schedule of meetings?		
18 Has applicant been inspected by OSHA in the past three years?		
19 Was applicant cited for any violations? If so, explain.		
20 Was applicant fined? If so, how much?		
21 Is a drug-testing program in effect? (attach copy) POST ACCIDENT		
22 Is an early return/light duty program in place? PEO REQUIRED		
23 Does applicant "full pay" during periods of disability or reduced work?		
24 Are any subcontractors used? If yes, list percent, type and location of work subcontracted.		
A) Are all subcontractors insured?		
B) If so, does applicant keep copies of certificates of insurance?		
25 Any prior coverage declined, cancelled or non-renewed in the past three years?		
26 Have there been any losses in the last three years?		
27 Are any employees enrolled in a group health plan? If yes, what percentage?		

Additional Comments:

Submitted By: Date: