



PLEASE COMPLETE ALL DATA FOR PROPER UNDERWRITING

A. COMPANY DETAILS

SERVICES (SELECT ALL THAT APPLY): HR/PAYROLL BENEFITS APPLICANT TRACKING WORKERS' COMPENSATION

TIME & ATTENDANCE 401(K) RETIREMENT PLAN EPLI

LEGAL NAME OF THE ORGANIZATION: _____

DBA NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WEBSITE: _____

COMPANY DESCRIPTION:

YEARS IN BUSINESS: _____ EST. ANNUAL PAYROLL: _____ PAY FREQUENCY: _____

SIC CODE: _____ FEIN: _____ LEGAL ENTITY DESIGNATION: _____

OF EMPLOYEES*: _____ CURRENT PAYROLL VENDOR: _____

OWNER/OFFICE NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

PAYROLL/HR REP NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

*<5 Employees requires growth plan

EFFECTIVE DATE: _____

B. REFERRAL INFORMATION (OPTIONAL)

IF YOU WERE REFERRED TO ALPHASTAFF, PLEASE PROVIDE THE BELOW INFORMATION FOR THE REFERRAL SOURCE.

ORGANIZATION NAME: _____ CONTACT NAME: _____

CONTACT EMAIL: _____ CONTACT PHONE: _____

C. MEDICAL BENEFITS QUOTE: PLEASE PROVIDE THE FOLLOWING DOCUMENTATION

- Plan Summary for the current medical plan(s) and renewal date.
- Medical Rates*, Group Health Questionnaire*
- Employee Census: Name, Gender, Date of Birth, Zip Code, Plan Selection, Level of Coverage, Number of Benefit Eligible Employees and Waiting Period Requirements. ▶ For groups of 100+, claims data is required.



D. SUTA INFORMATION

CURRENT SUTA RATE(S)*:

STATE	SUTA RATE	STATE	SUTA RATE

How many employees were terminated (on average) in the past 24 months? _____

How many unemployment claims were filed? _____

Number of claims won: _____ Number of claims lost: _____

***Please also provide current SUTA rate notice.**

E. DISCOVERY OF NEEDS (OPTIONAL)

When considering some form of outsourcing, please rank the following goals from most important (1) to least important (5).

PROVIDING BETTER BENEFITS

REDUCING ADMINISTRATIVE BURDENS

REDUCING OVERALL COST OF LABOR

IMPROVING WORKPLACE SAFETY AND RISK MANAGEMENT

FIXING PAYROLL PROBLEMS AND INACCURACIES

Of the below options, which best describes your current HR structure?

WE WOULD LIKE TO FOCUS ON INTERNAL CULTURE AND RECRUITMENT RATHER THAN COMPLIANCE

WE WOULD LIKE TO FOCUS ON INTERNAL CULTURE AND RECRUITMENT RATHER THAN COMPLIANCE

WE HAVE LITTLE TO NO HR GUIDANCE AND NEED SOMEONE TO MANAGE FOR US

WE ARE IN A CURRENT OUTSOURCING RELATIONSHIP AND DON'T CARE FOR THE VENDOR

Corporate Legal Documents required at closing:

Authorized Signers

List of Officers

IRS FEIN Letter

Certificate of Good Standing within 1 year



F. RISK

- Y N Is an OSHA 300 Log being used?
- Y N Does the company use cars/trucks for company business?
- If yes, what is the radius of travel? _____ miles
 - If yes, what is the frequency of the trips? _____
- Y N Are the vehicles company owned?
- Y N Does the company check MVR's?
- If yes, how often? _____
- Y N Does the company use group transportation? (Details regarding question #9 on Acord application)
- If yes, what is the maximum number of employees in vehicle? _____
 - If yes, what types of vehicles are being used? _____
- Y N Is there a discipline program in place for driving violations?
- Y N Is there a vehicle maintenance program?
- Y N Do employee use their personal vehicles for business?

What is the maximum height exposure? (see question #3 on Acord application) _____

- Y N Are forklifts utilized?
- Y N • If yes, are the forklift operators certified?
- Y N Is there manual lifting of material or product?
- If so, what is the maximum weight handled? _____ lbs.

Who packs and delivers goods? _____

- Y N Does the company use Safety Equipment or PPE (Personal Protection Equipment)
- Y N Do you have a certificate verification program in place for any subs used?
(Details regarding questions #6 & #7 on the ACORD application)

Which, if any, employees travel and for what purpose?

Title: _____ Purpose: _____
Title: _____ Purpose: _____
Title: _____ Purpose: _____

States or Countries traveling to and how often?
