

IMPACT STAFF LEASING INC.

Request for Quote(RFQ)

Client Profile: *(Please complete all of the information below)*

Date: _____ FEIN: _____
Company: _____
Contact: _____
Phone: _____ Fax: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Website: _____

Are you currently using and outside payroll service? _____ Yes _____ No

If yes, who? _____

Annual Payroll: \$ _____

Required Documents for Quote:

1. Workers Compensation declaration page including rating schedule and annual payroll verification (941/940) by class code, or if with a leasing company, current invoice with codes broken out
2. Three Years of Loss Runs
3. Current State Unemployment Rating Page
4. Gross Sales-previous year and current year
5. Current Experience Modification Worksheet
6. Narrative on the insured's letterhead stating the nature of their business (past, present, and future) in as much depth as possible
7. Completed Client Application

Client Acknowledgement

I acknowledge that I am requesting a quote from Impact Staff Leasing, Inc., representing Signature Staffing Inc./ Impact Staff leasing. I further acknowledge that have not requested a quote from another SSI/ Impact or Impact Staff Leasing broker.

Client Signature: _____ Date: _____

Client Name (print): _____

IMPACT STAFF LEASING CLIENT APPLICATION AND WORKSHEET

Marketing Group #/Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

I. APPLICANT INFORMATION SECTION

Proposed Contract Date: _____ ISL Customer #: _____
FEIN #: _____ License #: _____
Client Name (Name all entities): _____
Client Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Primary Contact: _____ Phone/Email: _____
Secondary Contact: _____ Phone/Email: _____
Year Business Started: _____ Effective Date: _____
NCCI Experience Modifier: _____ Modifier Effective Date: _____

II. LOCATION AND PAY INFORMATION

Pay Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly **Ship Day:** ___ M ___ T ___ W ___ Th ___ F
Pay Period End Day: ___ Su ___ M ___ T ___ W ___ Th ___ F ___ S **Check Day:** ___ M ___ T ___ W ___ Th ___ F
Shipping Method: ___ Hand Deliver ___ Fed Ex COD (S) ___ Fed Ex Reg (ACH) **Bill for Shipping:** ___ Y ___ N
Bill Minimum Fee: ___ Y ___ N **Multiple Shipping Locations:** ___ Y ___ N **Shipping Cost:** _____

Shipping Address # 1

Shipping Address # 2

Address: _____
City: _____
State: _____
Zip: _____

Will client utilize direct deposit? ___ Y ___ N (**MUST PAY BY ACH WITHDRAWAL**)
Will client print checks at their own location? ___ Y ___ N (**MUST PAY BY ACH WITHDRAWAL & PRINT CHECKS ON OWN PAYROLL ACCOUNT**)

User Name (first name, last initial): _____ User Password: _____

Will Client need to: Input Payroll ___ Y ___ N Print Checks ___ Y ___ N Print Invoices ___ Y ___ N

III. ADDITIONAL PREMISES INFORMATION

Loc #	Bldg #	Street	County	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS ON PREMISES

(Elaborate on past, present, and future jobs. Describe specific activity of all employees)

V. REVENUE RATING INFORMATION

State Loc # Classification/ Description W/C Code W/C Rate Total Burden Estimated Annual P/R

W/C Deductible _____

VI. COVERAGE HISTORY

Current WC Insurance Provider

Reason for Coverage Change (please elaborate)

VII. GENERAL INFORMATION (check box which applies)

Y N N/A

1. Is the applicant a subsidiary of another entity or have any subsidiaries?
2. Is the applicant engaged in any other type of business?
3. Does the applicant get involved in any of the following operations:
- Dam construction, including cofferdams and caisson building
 - Levee or breakwater construction
 - Subway or Tunnel construction
 - Railroad construction
 - Blasting
 - Environmental/pollution work
 - Asbestos abatement work
 - Trucking-interstate or transporting or disposing of hazardous waste
 - Chemical, petrochemical process, oil/gas well and nuclear work
 - Occupational disease exposure
 - Offshore drilling
 - Underground or coal mining of any type
 - Wrecking or demolition of structures, vessels, or buildings exceeding two stories in height
 - Rocket or missile testing or launching
 - Sawmills or logging
 - Window cleaning in excess of two stories
 - Bridge construction or painting
 - Steel erection in excess of two stories
 - Scaffolding-leasing, erection, or repair
 - Sand or gravel digging
 - Pesticide operations involving fumigation or tenting
 - Crane operators
 - Repossessing services
4. Does the applicant own, operate, or lease aircraft/watercraft?
If so, is it used in day to day business operations?
5. Is there exposure to flammables, explosives, or chemicals?
If so, what type of protection and preventative measures are used?
6. Are there past, present, or discontinued operations that involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?
If so, which ones? And what type of hazardous materials?
7. Is work performed underground or above 15 feet?
If so, how deep is the confined space? If so, how high and is tie off equipment used?
8. Is work performed on barges, vessels, docks, or bridges over water?
If so, how often? What safety measures are in place?

Y N N/A

- 9. Is group transportation provided?
If so, what type of vehicle? How many employees use the transportation?

- 10. Are any employees under 18 or over 60 years of age?
What are their job functions?

- 11. Are there part time or seasonal employees?
How many?

- 12. Is there volunteer or donated labor?

- 13. Do employees travel out of state?
How far? How long?

- 14. Is there current or past involvement with OCIP?
What percent of annual revenues?

- 15. Are employee health plans provided?

- 16. Does the risk hire subcontractors?
What percent?

- 17. Does the risk obtain Certificates of Insurance from all subcontractors?
Please provide a copy of a certificate?

- 18. Does the risk require all subcontractors to carry primary limits equal to or greater than their own?

- 19. Is the risk named as additional insured on all subcontractor's policies?

- 20. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?

- 21. Does the insured verify that all subcontractors follow all industry requirements and applicable state and local codes?

- 22. Does the insured use hot tar in their business?

VIII. OTHER TERMS

Please confirm that all these items are included with the completed application.

- Completed client application and worksheet or an Accord application with client worksheet for cover.
- Narrative. Must be on client letterhead, describe past, present and future operations, contain annual sales (past, present, and future) and must be signed by the client.
- Resume of owner and a business plan for the client.
- 3 years loss runs. Must be readable.
- Copy of previous declaration page or copy of previous audit if available.
- 941 or SUTA report
- Signed Client Contract
- Signed Client Deductible Agreement for W/C and GL
- Signed Personal and Corporate Guarantees.
- Signed return to work policy
- N.C.C.I. rating confirmation and/or worksheet
- FEIN (Federal Employers Identification Number)
- Direct Deposit Forms
- Voided checks for Direct Deposit
- Completed ACH form if client will print on own account, is hold at Fed Ex, or has direct deposits.
- Voided check for ACH
- Client signature 5 times on a piece of white paper if checks are to print on Client's Account.

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 to Signature Staffing, Inc. 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 fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. [Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.]

Completed By: _____ Date: _____