

Request for Proposal

MIG – Staffing Division WC

E-mail: submissions@quotemywc.com

Referring Company: _____

Date Sent: _____

Referrers Name: _____

Referrers E-mail or Fax: _____

Client Data (attach separate listing of all additional locations)

Client Name:		Proposed Effective Date:	
Address:		Fed Tax ID:	
City, State, Zip:		Total # of Employees:	
Website:		Payroll Frequency:	
Email:		Current SUTA Rate:	
Contact Name:		Years in Business:	
Primary Phone:		Fax:	

Type of Business: Sole Prop. Partnership Corp. Non-Profit L.L.C. P.C. L.P

Description of Operations:

Payroll Frequency: Weekly Bi-Weekly (every other Friday, etc.) Semi-Monthly (1st & 15th, etc.) Monthly

Pay Period Start(s): (Sun., Mon., 1 st , 16 th , etc.)	
Pay Period End(s): (Sun., Mon., 1 st , 16 th , etc.)	
Pay Days: (Fri., Following Friday, 5 th , 20 th , etc)	

How do the employees get paid? Check EFT (Direct Deposit) Pay Cards (visa etc)

Workers Compensation History

Year	Carrier	Policy #	Premium	Mod	# of Claims	Incurred Losses

Employee Information (A separate payroll report may be provided. Provide complete information for each location)

NCCI Class Code(s)	# of EE's	Description	Annual Payroll
			\$
			\$
			\$
			\$
TOTAL Estimated Annual Payroll			\$

