



Request for Quote (RFQ)

Phone: 817.310.6677 • Fax: 866-559-8744

Client Profile

Please complete all of the information below:

Date: _____ Federal ID/FEIN _____

Company: _____ Contact: _____

Phone: _____ Fax: _____

Email: _____ Web site: _____

Address: _____ County: _____

City: _____ State/Zip Code: _____

Employees in Field: _____ # Employees in Office: _____

Are you currently using an outside payroll service? Yes No If yes, please include the last invoice with this submission.

Insurance Agent/Broker Information

Agent Name: _____ Agency Name: _____

Phone: _____ Fax: _____

Email:** _____ Web site:** _____

Renewal Date:** _____ Date Quote Needed: _____

**if available

Required Documents for Quick Quote:

1. Signed RFQ (this form) w/Completed General Information Questionnaire. Please include FEIN or Federal ID
2. Detailed narrative on the company's letterhead stating the nature of business
3. Bio of business owner (Start-up business only)
4. Statement of "No losses and No Coverage" letter from Company owner/officer (Start-up business only)
**Companies who have had prior workers compensation coverage need to include these additional items*
5. Three years of currently valued Loss Runs. Explanation of each loss in excess of \$10,000
6. Workers Compensation declaration page, or most recent audit summary, or if with a leasing company, current invoice with each code listed. Annual payroll by class code.
7. Current Experience Modification report (if available)**

Please fax the complete submission with this page to **866-559-8744**

Client Acknowledgement: I acknowledge I am requesting a quote from iNeedComp.com, a broker for AMS Staff Leasing. I further acknowledge I have not requested a quote from another AMS Staff Leasing broker.

Client Signature: _____ Date: _____

Print Client Name:

OTHER ITEMS NEEDED TO BIND COVERAGE (NOT NEEDED FOR QUOTE)

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

- Completed Client Application and Worksheet
- Officer/Owner Information
 - Included: Job duties & annual payroll needed
 - Excluded: Exclusion letter needed
- Signed Client Contract
- Signed Client Deductible Agreement for W/C and GL
- Signed Personal and Corporate Guarantees
- Signed Return to Work Policy
- Narrative of client operations
- Direct Deposit Forms
- Voided Checks for Direct Deposits
- FEIN (Federal Employer's Identification Number)
- Completed ACH form if client will print on own account, is hold at FedEx, 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. 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 [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 completed _____



PROPOSED PRICING WORKSHEET

Please provide a list of employee payroll by job classification. Please feel free to use the note section for any additional information.

Date: _____

Client: _____

Example

W/C Code - if known	5551			
Job Description	Roofing			
Number of Employees	10			
Estimated annual Payroll	\$350,000			

Notes:

Completion and submission of this Request for Quote form extends iNeedComp.com written permission to send facsimile correspondence and or advertisements to the Representative at the number provided pursuant to FCC Telephone Consumer Protection Act as amended.

iNeedComp.com

1025 S. Main Street, Suite 301, Grapevine, TX 76051 * toll free 866-935-6442 fax 866-559-8744

VII. GENERAL INFORMATION (Check box which applies.)

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 building 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?

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?

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 AMS Staff Leasing. 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 [NY: substantial] civil penalties.

Completed by _____

Date completed _____