



SIGNATURE STAFFING INC.

Request for Quote (RFQ)

(Please complete all of the information below)

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

Are you currently using an outside payroll service? _____ Yes _____ No
If yes, who? _____
Annual Payroll: \$ _____

Required Documents for Quote:

1. Three Years of Loss Runs (minimum)
2. Narrative on designated section or on the insured's letterhead stating the nature of their business (past, present, and future) in as much depth as possible
3. Completed and signed Client Application
4. Copy of owner's drivers license

Client Acknowledgement

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.]

I acknowledge that I am requesting a quote from Signature Staffing, Inc.

Client Signature: _____ Date: _____

Client Name (print): _____



STAFF LEASING CLIENT APPLICATION AND WORKSHEET

I. APPLICANT INFORMATION SECTION

Proposed Contract Date: _____

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: _____

II. LOCATION AND PAY INFORMATION (circle one)

Pay Frequency: Weekly Bi-weekly Semi-monthly Monthly

Ship Day: Mon Tues Wed Thurs Fri

Pay Period End Day: Sun Mon Tues Wed Thurs Fri Sat

Check Day: Mon Tues Wed Thurs Fri

Shipping Method: Office Pick up Fed-Ex COD (S) Fed-Ex Reg (ACH)

Multiple Shipping Locations: Yes No

Will client utilize direct deposit? Yes No (MUST PAY BY ACH WITHDRAWAL)

Shipping Address: Same as above

If not:

Client Address:

City: _____ State: _____ Zip: _____



III. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS ON PREMISES

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

IV. REVENUE RATING INFORMATION

ST	Description	W/C Code	W/C Rate	# of Emp.	Total Burden	Est. Annual P/R

W/C Deductible _____

V. COVERAGE HISTORY

Current WC Insurance Provider: _____

Reason for Coverage Change (please elaborate) _____



VI. 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?



Y N N/A

- 8. Is work performed on barges, vessels, docks, or bridges over water?
If so, how often? What safety measures are in place?
- 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?
What percentage of work?