

L. D. Richards, LLC

Independent Broker For
PEO/ASO Services & Insurance

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Quote Request Form

The information on this form is needed to make an accurate quote as well as a fair comparison with your company's present payroll costs. We realize that this information is confidential and will not be shared with any other person or entity.

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Person to Contact: _____

Fed. ID #: _____ E-Mail: _____

Total Number of Employees: Full Time: _____ Part Time: _____

Average Gross Payroll per Week: _____

Do you have a multi-state workforce? _____

State Unemployment Compensation Rate (SUTA) _____ Years In Business: _____

Do you offer group health insurance? _____ Do you have a 401(K)? _____

Present Worker's Compensation Carrier: _____ Mod Factor: _____

Any workers' comp. claims in the last three years? _____

Do you have loss runs for the last three years? _____

<u>Class Code</u>	<u>NO. of Emp.</u>	<u>Job Description</u>	<u>Annual Payroll</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- If you are a staffing service, please attach a list of all workers' comp. class codes and estimated payroll for each code.