

Profile

Tel: (321) 725-5100
 Fax: (321) 953-3899

COMPANY PROFILE

Sales Person/Agent: _____

Date: _____

GENERAL INFORMATION

Company Name: _____ FEIN: _____

Business Address: _____
 Street City State Zip Code

Business Phone: (_____) _____ Business Fax: (_____) _____

Organization Type: _____ Corporation _____ Limited Liability Corp _____ Partnership
 _____ Non-Profit _____ Sole Proprietorship _____ Professional Assoc

Website: _____

Primary Contact: _____ Title/Position: _____

Contact Phone: _____ Ext _____ Contact E-Mail: _____

Years in Business: _____ # of Locations: _____ # of Employees: _____ Annual Salary: \$ _____

Payroll Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

Does your company outsource payroll? _____ YES _____ NO If YES, name vendor: _____

Describe operation: _____

WORKERS' COMPENSATION

STATE	W/C CLASS CODE	CURRENT RATE	# OF EMPLOYEES	DESCRIPTION OF W/C CODE	ANNUAL PAYROLL
TOTAL ESTIMATED ANNUAL PAYROLL (GROSS WAGES):					

Current W/C Carrier: _____ Current FUTA Rate: _____%

Current SUTA Rate(s): _____ % State _____ % State _____ % State _____
 _____ % State _____ % State _____ % State _____

BENEFITS

Does your company currently offer medical benefits? _____ YES _____ NO

OTHER COMPANY INFORMATION

Does your company participate in a Drug-Free Workplace Program? _____ YES _____ NO
If yes, check all that apply: _____ Pre-Employment _____ Post-Accident
_____ Reasonable Suspicion _____ Random

Does your company participate in pre-employment screening? _____ YES _____ NO
If yes, check all that are included: _____ Drug Screening _____ Previous Employers
_____ Criminal Background _____ Other (specify): _____

Does your company have an Employment Practices Liability (EPLI) Policy? _____ YES _____ NO

Does your company have a Safety Policy in place? _____ YES _____ NO

PAYROLL INFORMATION

Preferred Effective Date: _____

Payroll Begin Day (circle one): Su M Tu W Th F Sa

Payroll End Day (circle one); Su M Tu W Th F Sa

Preferred method to report payroll: _____ Fax _____ E-Mail

Payroll delivery method: _____ Pay Checks
_____ Direct Deposit (coming soon)
_____ Pay/Debit Cards (coming soon)

Preferred delivery method: _____ FedEx Overnight \$20.00 per pay period
_____ Two (2) Day Priority Mail ... \$5.00 per pay period

Preferred payment method: _____ ACH Debit
_____ Deposit to Profile's 'Deposit Only' account

REQUIRED DOCUMENTS

The following information is REQUIRED for processing submission:

_____ Company Profile with a detailed description of operations.

_____ Bio of Owner(s), if start-up.

_____ Loss Run – Minimum of three (3) years currently valued loss history or signed statement if no claims.

_____ Explanation of any missing requirements from above list.

PLEASE FAX TO: (321) 953-3899
or
E-MAIL TO: ProfileUnited@cfl.rr.com

