## Profile

Tel: (321) 725-5100 or (888) 812-3500 Fax: (321) 953-3899

## **COMPANY PROFILE**

Sales Pers	on/Agent:					Date	:		
GENERA	AL INFORMA	TION							
Company I	Name:		FEIN:	FEIN:					
Business A	ddress:	Street			City		State	Zip Code	
Business F	hone: (	)			Business Fax: (	)			
Organization Type: Corporation			ooration	Limite	d Liability Corp	Partnership			
		Non	-Profit	Sole I	Proprietorship	Pro	Professional Assoc		
Website:									
Primary Co	ontact:				Title/Position:				
Contact Ph	ione:		Ext	xt Contact E-Mail:					
Years in Bu	usiness:	# of	Locations:	# of E	mployees:	Annual Sala	Annual Salary: \$		
Payroll Fre	quency:	Weekly	Bi-V	Veekly	Semi-	Monthly		Monthly	
Does your	company outsou	urce payroll? _	YES	NO	If YES, name ve	endor:			
Describe o	peration:								
WORKE	RS' COMPEI	NSATION							
		CURRENT RATE	# OF EMPLOYEES		DESCRIPTIO W/C COD	-	ANNUAL PAYROLL		
					IAL PAYROLL (0				
Current W	/C Carrier:					Current FUT	A Rate:	%	
Current SUTA Rate(s):		<u>      %</u> St	ate		<u>%</u> State		<u>%</u> State		
		<u>       %</u> St	ate		<u>%</u> State		<u>%</u> State		

BENEFITS								
Does your company currently offer	medical	benefits?		YES		NO		
OTHER COMPANY INFOR	MATIO	N						
Does your company participate in a Drug-Free Workplace Program?YESNO If yes, check all that apply:Pre-EmploymentPost-Accident Reasonable SuspicionRandom								
Does your company participate in pre-employment screening? YES If yes, check all that are included:Drug Screening Criminal Background						Previo	NO us Employers (specify):	
Does your company have an Empl	oyment F	ractices	Liability	(EPLI) Po	olicy?	. <u> </u>	_YESNO	
Does your company have a Safety	Policy in	place?		_YES		NO		
PAYROLL INFORMATION								
Preferred Effective Date:							_	
Payroll Begin Day (circle one):	Su	М	Tu	W	Th	F	Sa	
Payroll End Day (circle one);	Su	М	Tu	W	Th	F	Sa	
Preferred method to report payroll:		_ Fax		E-Mai	I			
Payroll delivery method:			Deposit	(coming s ds (comin				
Preferred delivery method:						pay perio 0 per pay		
Preferred payment method:		_ ACH D _ Depos		file's 'Dep	osit Only	' account		
REQUIRED DOCUMENTS								
The following information is REQU	IRED for	processi	ng subm	nission:				
Company Profile with a c	letailed d	escriptior	n of oper	rations.				
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: <u>ProfileUnited@cfl.rr.com</u>

	plain all "YES" responses in the "NOTES" section below)	YES	NO
	Does applicant own, operate or lease aircraft/watercraft?		
2	Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing,		
}	or transporting of hazardous materials (e.g. landfill wastes, fuel tanks, etc.)? Any work performed underground or above 15 feet?		
•	Any work performed on barges, vessels, docks, bridge over water?		
5	Is applicant engaged in any other type of business?		
	Are sub-contractors used? If yes, specify % of work sub-contracted in the "Notes" section below.		
,	Any work sublet without certificates of insurance?		
}	Is a written safety program in operation?		ļ
) 	Any group transportation provided?		ļ
0	Any employees under 16 or over 60 years of age?		ļ
1	Any seasonal employees?		
2	Is there any volunteer or donated labor?		
3	Any employees with physical handicaps?		
4	Do employees travel out of state?		
5	Are athletic teams sponsored?		
6	Are physicals required after offers of employment are made?		
7	Any insurance with this insurer?		
8	Any prior coverage declined/canceled/non-renewed in the last three (3) years? NO APPLICABLE IN MO		
9	Are employee health plans provided?		
20	Is there a labor interchange with any other business/subsidiary?		
21	Do you lease employees to or from other employers?		
22	Do any employees predominantly work at home?		
23	Any tax liens or bankruptcy within the last five (5) years?		
24	Any undisputed workers' compensation premium due from you or any commonly managed or owned enterprises? If YES, please explain in the "Notes" section including entity name(s) and policy numbers.		
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