

# Profile

Tel: (321) 725-5100 or (888) 812-3500  
 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](mailto:ProfileUnited@cfl.rr.com)**

