

To receive a **Total Back Office Solutions Quote**,
complete the information below and return to your **agent!**

- Completed and signed Request for Quote forms
- Detailed narrative on your company's letterhead stating the nature of business
- Bio or resume of business owner(s) (if in business less than 3 years)
- Copy of business license

Preparer: _____ **MGA:** _____

Company Name: _____ **DBA:** _____

Phone: _____ **Fax:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing/Other Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

FEIN: _____ **In Business Since (YYYY):** _____ **SIC Code:** _____

Pay Freq: Weekly Bi-Weekly Semi-Monthly Monthly

- Your company
- Another service provider
- New business, never reported

What FEIN have you been reporting your SUTA under for the current year? _____

Entity Type: Corporation LLC Sole Proprietorship Partnership

Nature of Business: _____

Contact Name: _____ **Email Address:** _____

Contact Phone: _____ Office Cell Other

Industry: Agriculture Construction Finance Manufacturing Mining
 Public Administration Service Retail Trans/Utilities Wholesale

Services: Payroll Human Resources Benefits Administration

Staffing Company: YES NO

Additional Services: Certified Payroll ACA Monitoring & Reporting

Co-Employment: YES NO

Proposed 1st Pay Period Start Date: _____

Proposed 1st Check Date: _____

(Typically no sooner than 14 days after CSA execution)

Owner Information:

Owner Name: _____ **Email:** _____

Title: _____ **Ownership %:** _____ **DOB:** _____ **State:** _____ **Duties:** _____

Owner Name: _____ **Email:** _____

Title: _____ **Ownership %:** _____ **DOB:** _____ **State:** _____ **Duties:** _____

Owner Name: _____ **Email:** _____

Title: _____ **Ownership %:** _____ **DOB:** _____ **State:** _____ **Duties:** _____

Estimated Annual Payroll by State:

State	# FT Employees (> 30 hours per week)	# PT Employees (< 30 hours per week)	Gross Payroll

General Questions:

#	<input type="checkbox"/> Yes <input type="checkbox"/> No	
101	<input type="checkbox"/> <input type="checkbox"/>	Is the company a subsidiary of another entity or have any subsidiaries? If Yes, please list name of Parent Company and or Subsidiaries:
104	<input type="checkbox"/> <input type="checkbox"/>	Has the Company ever had an employee, present or terminated, file a charge of discrimination, a wage and hour claim, or any other complaint against the company with a government agency? If Yes, explain:
105	<input type="checkbox"/> <input type="checkbox"/>	Does the Company have any employees covered under a collective bargaining agreement or are any current union organizing activities underway? If Yes, explain:
106	<input type="checkbox"/> <input type="checkbox"/>	Does the Company pay overtime (time and a half) for non-exempt employees who work more than 40 hours per week?
107	_____	What is the average length of employment, in months?
108	_____ %	What is the percentage of turnover in the company's workforce each year?

Additional Information:

Additional States of Operations (I/A): _____

Dun & Bradstreet Number: _____

Current Workers' Compensation Insurance Company: _____

Current Mod (XMOD/EMR/EMOD): _____

Company has a Certificate of Good Standing? YES NO

(If NO, please explain) _____

Company is a member of the Better Business Bureau? YES NO

(If YES, how long) _____

Does company belong to any other organizations (e.g. Chamber of Commerce)? YES NO

(If YES, please list) _____

Preferred day and time for site visit:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY AM PM

Information Authorization and Marketing Agent Appointment

All information provided to VENSURE will be considered confidential proprietary information and will not be communicated to anyone outside the company. The undersigned attests that all information provided in this application is true and correct to the best of their knowledge.

I hereby authorize _____ as the only representative permitted to provide Vensure with this request and to collect and submit any additional information required by Vensure to obtain a quote for services.

Company: _____

FEIN: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____