

## Company Information

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Physical Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Type of Business:  Sole Proprietor       Corporation       Non-profit  
 LLC       LLP       Partnership

Description of Operations (What do you do?) \_\_\_\_\_

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Does your company work outside the state?     Yes       No

## Employee Information:

No. Employees	Title/Duties	Annual Payroll
<i>Example</i>	<i>Example</i>	<i>Example</i>
6	Plumbers	\$160,000
2	Secretaries	\$40,000

## Payroll Information:

Payroll Frequency:  Weekly  Bi-weekly  Semi-monthly  Monthly

Are you currently using an Employee Leasing Company / PEO?  Yes  No

Do you currently have workers' compensation coverage?  Yes  No

Are employee benefits important to your company?  Yes  No

How did you hear about us?  Search Engine  Billboard  Postcard

Radio  Yellow Pages  TV  Other

Name \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE FAX THIS FORM TO (352) 332-5651**