



PROPOSAL WORKSHEET FOR PEO SERVICES

A. NAME OF COMPANY: _____

 Contact: _____ Title: _____
 Phone: _____ Fax: _____
 Web site (URL): _____ SIC Code: _____

B. PAYROLL INFORMATION:

Rate the importance of **Payroll Administration** as a PEO Service for your company

Not Important Beneficial Crucial/Very Important

Desired effective date for W.C. and Payroll coverage: ____/____/____

Number of Employees: Full Time? _____ Part Time? _____ Contract? _____

Payday: Mon. Tues. Wed. Thu. Fri. Sat. Sun.

Pay Period: _____ Projected first payroll check date: ____/____/____

When is payroll compiled/submitted? _____

Does company require certified payrolls/and or job costing? Yes No

Payroll Frequency: Wkly Bi-wkly Semi-Monthly Monthly

Average monthly gross payroll: \$ _____

State Unemployment Rate: _____

Number of unemployment claims filed in the last 12 months? _____

Is a copy of a payroll journal available? Yes No

Does company currently outsource its payroll preparation? Yes No

If yes, who is your payroll-processing firm? _____

C. RISK MANAGEMENT AND WORKERS' COMP INFO:

Person in charge of safety? Name: _____ Title: _____

Are OSHA 200/300 Logs posted? YES NO

Has company ever been cited or fined by OSHA? YES NO

Is company currently involved with any pending litigation? YES NO



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C. RISK MANAGEMENT AND WORKERS' COMP INFO (CONT.):

Are you required to provide Work Comp Certificates with Waiver of Subrogation? Yes No

If yes, how many Work Comp Certificates with Waiver of Subrogation per year? _____ (Average)

D. BENEFITS INFORMATION:

Rate the importance of Employee Benefits Programs to your company

Not Important Beneficial Crucial/Very Important

What benefits are offered to employees? Health Dental Life STD/LTD

Caf  125 401(k) Direct Deposit Others: _____

Health Carrier: _____ Plan: _____

What % of benefits does employer pay? _____

Who administers these plans? _____ Cost? \$ _____

Is a copy of a health invoice available? Yes No Other: _____

Do you have an outline of coverage/benefits available? YES NO

E. HUMAN RESOURCES INFORMATION:

Rate the importance of HR Services & Support to your company

Not Important Beneficial Crucial/Very Important

Who does the hiring, firing, disciplining of employees?

Name: _____ Title: _____

What is the orientation process for new employees?

Does the company have an employee handbook? Yes No

F. PLEASE INCLUDE WITH PROPOSAL WORKSHEET:

- LLRG Risk Management Survey (required)
- Notice of SUTA Rate
- Prior PEO Invoice
- Loss Runs – 3 years or OSHA Logs
- Loss History Statement Form
- Prospect Company Marketing Piece/or letter describing business
- 940 & 941 (Forms)
- Acord Workers' Comp App 130 (required)
- Work. Comp Dec & Ext. of Info Pages
- Group Census & Health Questionnaire
- Current Invoice for Medical Benefits
- Current Health Plan Description/ Outline of Benefits

PEO Consultant Name: _____ Date: ____/____/____



Risk Management Survey

Company Name: _____

Management:

Primary Managers Name:	Title:
Years Managing this Company?	Years Experience in this Type Industry?
Company Officers:	

Hiring and Screening Practices:

	Yes	No		Yes	No
Employment Application?			Drug Testing Program?		
Pre-placement Physical Exam?			Pre-Employment Drug Testing?		
Background Checks?			Random Drug Testing?		
Medical History Questionnaire Matching Person to Job?			Post Accident Drug Testing?		

Training & Supervision of Employees:

	Yes	No		Yes	No
Written Work Procedures?			Positive Behavior Reinforcement?		
Performance Evaluations?			Disciplinary Policy?		
Who is Responsible for Training?			Who is Trained?		

Safety Program:

	Yes	No	N/A		Yes	No	N/A
Safety Director/Committee?				Hearing Conservation Program?			
Facility Inspection?				Lifting & Handling Practices?			
Management Participation?				Safety Program?			
Housekeeping?				Accident Investigations?*			
Respirator Program				*Analysis of Cause?			
Defensive Driving?				*Responsibilities?			
PPE Requirements?				*Investigation Form?			
Blood Borne Pathogen Program?				*Near Miss Analysis?			
Job Safety Analysis?				*Lessons Learned Statements?			
HAZCOM Program?				*Corrective Action?			
Lockout/Tagout Procedures?				Safety Meeting?			
Forklift/Vehicle Oper. Training?				How Often?			

Personal Protective Equipment:

	Yes	No	N/A		Yes	No	N/A
Hard Hats?				Safety Shoes/Boots?			
Respirators/Dust Masks?				Hearing Protection?			
Gloves?				Seat Belt Policy?			
Safety Glasses, Face Shields?							

Chemical Hazards:

	Yes	No	N/A
Proper Storage Practices of Flammable/Combustible Liquids?			
Adequate Ventilation and Fume Removal Systems Provided?			
Proper Protection for Handling Chemicals?			



Risk Management Survey

Company Name: _____

Machinery & Equipment:

	Yes	No	N/A		Yes	No	N/A
Proper Guarding of Machinery/Equipment?				Machinery & Equipment in Good Condition?			
Preventative Maintenance Program?				Forklift Trucks Adequate & Maintained			
Noise Level				Hand & Power Tools Maintained?			
Cranes & Hoists Well Maintained?							

Cumulative Trauma Disorders:

Risk:	Low ()	Moderate ()	High ()
Explain source of disorders and any ergonomic controls:			

Other Exposures:

	Yes	No		Yes	No
Aircraft?			Watercraft?		
Height Exposure?			Use of Sub-Contractors?		
Maximum Height Worked?			What % of Subs used?		

Vehicle Operations:

Number	Type	Number	Type
Number of Drivers:		Radius of Operations:	
Nature of Operations:			
Safety Activities:			
General Comments:			
List All Accidents Occurring In The Last Three (3) Years:			
Date	Claimant	Cost	Description of Loss

Employees:

Average Length of Employment?	
Percent Turnover?	Positions with High Turnover?
Any Seasonal Fluctuation?	If Yes, What Positions?
Number 65 Years Old or Older?	Duties of This Age Group?

Completed By: _____ Date: _____