

Request for Proposal



To receive a proposal, please complete the below checklist.

- Completed and signed RFP (Request for Proposal).
- Current Payroll Report with deductions and YTD wages.
 - Report should identify state, workers' compensation class code, and annual wages.
- Detailed narrative of company and/or employee operations.
- Workers' Compensation Policy Declaration Page if available.
 - If currently with a PEO, please provide most recent premium billing statement, or a report detailing payroll by class code and state.
- Three to five-year loss runs (valued within last 45-days).
 - If company has been in business less than three years, or no workers' compensation experience, please provide professional bio, CV, or resume.
 - Claims in excess of \$25,000, require nature and detail of those claims.

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Company Information

Company Name:

Email:

Website:

DBA:

Phone:

Fax:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Detailed Description of Operations:

Do your employees handle any type of product, prototypes, machinery, tools, etc? Yes No

If yes, what kind of equipment is used?

What state are you incorporated in?

FEIN:

In Business Since (YYYY):

SIC Code:

NAICS Code:

Any other entities use this FEIN? Yes No

If YES, Company Name:

Entity Type: S-Corp C-Corp Non-Profit LLC Sole Proprietorship Partnership

Pay Frequency:

Hours of Operation:

Current Payroll Provider:

Owner Information

Owner Name:

Does owner file K1/Schedule C?

Email:

Title:

Ownership %

DOB:

State:

Duties:

Owner Name:

Does owner file K1/Schedule C?

Email:

Title:

Ownership %

DOB:

State:

Duties:

Owner Name:

Does owner file K1/Schedule C?

Email:

Title:

Ownership %

DOB:

State:

Duties:

Any owner(s) previously excluded from Workers' Compensation coverage? Yes No

Note: For any new company or a company without prior WC coverage owner's Bio must be provided. New company is defined as any company in business less than three years.

*Please attach to the RFP form or use Notes page.

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General Underwriting Questions

#	YES	NO	
1.	<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:
2.	<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:
3.	<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:
4.	<input type="checkbox"/>	<input type="checkbox"/>	Do any of your clients require you to provide a waiver of subrogation on their workers' compensation certificate of insurance?
5.		%	What percentage of the Company's employees work off-premises?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you or your employees travel out of the country in the scope of their employment? If you answered yes: Do you currently have a foreign workers' compensation policy to cover their travels? Yes No a. To which countries? b. How many times per year? c. How long per average visit? d. What are the "job duties" during the visit? Workers' compensation coverage through PEO does not include foreign workers' compensation coverage. If you do not have an outside foreign policy, you will need to notify Vensure a minimum of two weeks prior to travel so that we may obtain a policy for your trip at a nominal fee
7.	<input type="checkbox"/>	<input type="checkbox"/>	Does the Company currently enforce a drug and alcohol policy?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Does the Company have a post-accident drug-testing program?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have a Return to Work Program?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Is there lifting exposure over 50 lbs? If Yes, answer below. a. What is the max weight lifted? b. Please provide safety procedures in place and equipment used for lifting.
11.	<input type="checkbox"/>	<input type="checkbox"/>	Are machines operated? If Yes, answer below. a. Are machine guards in place? b. Is there a lock out tag out procedure in place?

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General Underwriting Questions Continued

#	YES NO	
12.	<input type="checkbox"/> <input type="checkbox"/>	<p>Have any employees tested positive for Covid-19? If Yes, answer below.</p> <p>a. How many?</p> <p>b. Was the exposure alleged to be work-related?</p> <p>c. Has a WC claim been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, answer below.</p> <p>i. Was it accepted or denied?</p> <p>d. Did the employee(s) return to work?</p>
13.	<input type="checkbox"/> <input type="checkbox"/>	<p>What controls has the client put in place to mitigate the potential for COVID transmission? (EX: Masks, Physical Barriers, Social Distancing Measures, , Check Temperatures, etc.)</p>
14.	<input type="checkbox"/> <input type="checkbox"/>	<p>Where applicable, are cleaning and disinfecting procedures in place for COVID?</p>

General Information

#	YES NO	
1.	<input type="checkbox"/> <input type="checkbox"/>	<p>Does the Company own, operate or lease aircraft/watercraft? If Yes, please provide additional details.</p>
2.	<input type="checkbox"/> <input type="checkbox"/>	<p>Does the company past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting hazardous material? (e.g. landfills, waste, fuel tanks, etc.) If Yes, please provide additional details.</p>
3.	<input type="checkbox"/> <input type="checkbox"/>	<p>Any work performed underground or above 15 feet? If Yes, provide additional details.</p>
4.	<input type="checkbox"/> <input type="checkbox"/>	<p>Any work performed on barges, vessels, docks, bridge over water? If Yes, please provide additional details including the % of work performed at these locations.</p>

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#	YES NO	
5.	<input type="checkbox"/> <input type="checkbox"/>	Is applicant engaged in any other type of business? If Yes, please provide additional details.
6.	<input type="checkbox"/> <input type="checkbox"/>	<p>Are sub-contractors (1099s) used?</p> <p>a. If yes, _____ % subcontracted out.</p> <p>b. If yes, what type of work is subcontracted out?</p> <p>c. If yes, do you obtain and keep up to date copies of certifications of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. If yes, how often are updated COIs requested?</p>
7.	<input type="checkbox"/> <input type="checkbox"/>	<p>Is a written safety program in operation?</p> <p>a. If no, please advise.</p>
8.	<input type="checkbox"/> <input type="checkbox"/>	<p>Do any of your employees drive for business purposes?</p> <p><input type="checkbox"/> Yes, company vehicle only <input type="checkbox"/> Yes, personal vehicle only <input type="checkbox"/> Yes, both company and personal</p> <p><input type="checkbox"/> No</p> <p>a. If yes, do you check motor vehicle records (MVRs)</p> <p>i. Pre-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. During employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iii. How often?</p> <p>b. If yes, how many employees drive for company business?</p> <p>c. If yes, how many company vehicles do you have?</p> <p>d. If yes, what type of company vehicles are being driven?</p> <p>e. If yes, what is the driving radius?</p> <p>f. If yes, is group transportation provided?</p> <p>i. If yes, maximum number in a trip?</p>
9.	<input type="checkbox"/> <input type="checkbox"/>	<p>Does the Company have any employees under 16 or over 60 years of age? (Does not apply in CA)</p> <p>a. If yes, how many? And what are their job duties?</p>
10.	<input type="checkbox"/> <input type="checkbox"/>	<p>Any seasonal employees?</p> <p>a. If Yes, please provide the % of employee base that is seasonal and the time of year they are employed.</p>
11.	<input type="checkbox"/> <input type="checkbox"/>	<p>Is there any volunteer or donated labor?</p> <p>a. If yes, how many or what %?</p> <p>b. If yes, what are their job duties and where do these jobs take place?</p>
12.	<input type="checkbox"/> <input type="checkbox"/>	Any employees with physical handicaps?
13.	<input type="checkbox"/> <input type="checkbox"/>	<p>Do you or your employees travel out of state in the scope of their employment?</p> <p>a. If yes, please explain.</p> <p>b. If yes, do they stay overnight for business purposes?</p> <p>c. If yes, what is the most common mode of transportation?</p>

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General Information Continued

#	YES	NO	
14.	<input type="checkbox"/>	<input type="checkbox"/>	Does the Company sponsor any athletic teams? a. If Yes, do company employees participate?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Are physicals required after offers of employment are made? a. If Yes, please provide additional details.
16.			Who is your current WC Provider? Do you have any other insurance with this provider? E.G. Commercial Auto, Cyber, EPLI, or USL&H?
17.	<input type="checkbox"/>	<input type="checkbox"/>	Any prior coverage declined/cancelled/non-renewed in the last three (3) years? (Not applicable in Missouri) a. If Yes, please provide additional details.
18.	<input type="checkbox"/>	<input type="checkbox"/>	Are employee health plans provided? a. If yes, % paid by employer?
19.	<input type="checkbox"/>	<input type="checkbox"/>	Do any employees perform work for other businesses or subsidiaries? a. If Yes, please provide additional details.
20.	<input type="checkbox"/>	<input type="checkbox"/>	Does the Company lease employees to or from other employers? a. If Yes, please provide additional details.
21.	<input type="checkbox"/>	<input type="checkbox"/>	Do any employees predominantly work at home? a. If Yes list # of Employees: b. Please include all the different state(s) you have employees working from home on the Estimated Annual Payroll by State on page 3 of this document to ensure proper WC coverage.
22.	<input type="checkbox"/>	<input type="checkbox"/>	Any tax liens or bankruptcy within the last five (5) years? a. If Yes, please provide additional details.
23.	<input type="checkbox"/>	<input type="checkbox"/>	Any undisputed unpaid workers' compensation premium due from you or any commonly managed or owned enterprises? a. If Yes please explain including entity name(s) and policy number(s).

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Insurance Information Authorization

The undersigned attests that all information provided in this application is true and correct to the best of their knowledge.

Company:

Print Name:

Title:

Signature:

Date:

Notes
