



**Summit**  
SKILLED TRADES

**Prospective**

Complete all Highlighted areas and email to: [Sales@summitskilledtrades.com](mailto:Sales@summitskilledtrades.com)

**Initial RFQ Qualification**

Prospect FEIN/SSN: \_\_\_\_\_

Target Date: \_\_\_\_\_

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

**Additional Services Offered**

Need HRIS:  Yes  No

Need A-rated Paper:  Yes  No

**Prospective Company Information**

Street: \_\_\_\_\_

DBA: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

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

Primary Contact's Name: \_\_\_\_\_

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

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

Business Type: \_\_\_\_\_

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

Number of Employees: \_\_\_\_\_

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

Gross Annual Payroll(\$): \_\_\_\_\_

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

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

Website Address: \_\_\_\_\_

Currently with a PEO?  Yes  No

If yes, which PEO? \_\_\_\_\_

Currently using an outside payroll service?  Yes  No

If yes, which payroll service? \_\_\_\_\_

Current Workers' Compensation coverage?  Yes  No

If yes, which insurance company? \_\_\_\_\_

Current Group Health coverage?  Yes  No

If yes, which insurance company? \_\_\_\_\_

Current 401k Plan?  Yes  No

If yes, which company? \_\_\_\_\_

Current Section 125 Plan?  Yes  No

If yes, which company? \_\_\_\_\_

Current EPLI Plan?  Yes  No

If yes, which insurance company? \_\_\_\_\_

# Operations

## Description of Operations

Please give complete details as to what type of work they perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## States of Operations

Please list all of the operational States for the prospective client. Any States that the experience modifier is not known please use a value of 1.0.

STATE	SUTA	MOD

## Workers' Compensation Information

Please list the Workers' Compensation codes, allocated payroll, and number of employees per code.

WC Code	Annual Payroll	# of Employees per Code

## Operational General Questions

Do you own, operate, or lease aircraft or watercraft?  Yes  No

Do you have past, present, or discontinued operations that involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?  Yes  No  
(e.g. landfills, wastes, fuel tanks, etc)

Any work performed underground or above 15 feet?  Yes  No

Any work performed on barges, vessels, docks, bridges over water?  Yes  No

Is applicant engaged in any other type of business?  Yes  No

Are sub-contractors used? (If yes, give % of work subcontracted)  Yes  No

\_\_\_\_\_ % of work      What type of work is subbed out?

Please provide details: \_\_\_\_\_

Any work sublet without certificates of insurance?  Yes  No

Is a written safety program in operation?  Yes  No

Any group transportation provided?  Yes  No

Any employees under 16 or over 60 years of age?  Yes  No

Any seasonal employees?  Yes  No

Is there any volunteer or donated labor?  Yes  No

Any employees with physical handicap?  Yes  No

Do employees travel out of state?  Yes  No

Are athletic teams sponsored?  Yes  No

Are physicals required after offers of employment are made?  Yes  No

Any other insurance with this insurer?  Yes  No

Any prior coverage declined/cancelled/non-renewed  
(Last 3 years)? (Not applicable in MO)  Yes  No

Are employee health plans provided?  Yes  No

Is there a labor interchange with any other business/subsidiary?  Yes  No

Do you lease employees to or from other employers?  Yes  No

Do any employees predominantly work at home?  Yes  No

Any tax liens or bankruptcy within the last 5 years?  Yes  No

Any undisputed and unpaid workers' compensation premium  
due from you or any commonly managed or owned enterprises?  Yes  No

*If you answered yes to any questions above, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_