



PEO Advantage

ITEMS NEEDED TO RECEIVE A QUOTE

- Complete Request For Proposal (*attached*) or Acord Form (*on request*)
- Currently value Loss Runs for 3 to 5 years
- Work Comp Exp Mod Worksheet (*if possible*)
- Supplemental Risk Questionnaire (if applicable)

Additional Items If Health Quote Needed

- Current Plan Description
- Health Premium page or Current Invoice
- Renewal Rates (if available)
- Employee Census

If you have any questions, contact me at:

Eric George

Office: 770-609-5607 • Cell: 770-845-0091

eric@peoadv.com

Once completed please email to team@peoadv.com or fax to **1-678-807-2633**



PEO Advantage

REQUEST FOR PROPOSAL

Producer				Date							
General Business Information											
Legal Company Name				DBA							
Address				FEIN							
City		State		Zip							
Contact Information											
Owner			Payroll Contact								
Owner E-Mail			Payroll Cell								
Business Ph			Payroll E-mail								
Additional Information											
Description			Yrs in Business								
S Corp, LLC, etc..											
Full Time Employees			Part Time		Annual Payroll						
Pay Frequency											
Medical		Current Health Coverage			Health Renewal						
Dental		WC Requested									
Vision		Exp. MOD		WC Renewal Date							
Employer Compensation											
Workers Comp Information											
State		WC Code		# FT Emp		# PT Emp		Payroll		Notes	
ADDITIONAL ITEMS NEEDED FOR PROPOSAL											
Acord App and 3-4 years of currently valued workers' compensation Loss Runs											
Exp Mod Worksheet											
If quoting health include: (1) Current plan description (2) Current premium invoice (3) EE Census											
Number of employee work sites											
Estimated first check date:											

For additional information contact:

Eric George
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