



PEC Name: \_\_\_\_\_

Office: \_\_\_\_\_

ORGANIZATION INFORMATION						
Legal Entity Name:		Business Phone:		Website Address:		FEIN:
DBA Name (if applicable):		Fax Number:		Owner / Officer Name:		
Contact Name:		Contact Phone 1:		Contact Phone 2:	Email Address:	
Address:				Suite/Floor #:		
City:	State:	Zip Code:	Corporation Type:	NAICS:	SIC Code: <a href="https://www.osha.gov/pls/imis/sicsearch.html">https://www.osha.gov/pls/imis/sicsearch.html</a>	
Multiple Locations: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many?		Multiple States: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list additional states:

**Additional Entity Information (if applicable):**

Entity Name:	FEIN #:
Entity Name:	FEIN #:
Entity Name:	FEIN #:

ADDITIONAL ORGANIZATION INFORMATION			
Payroll Method / Company:		Total Gross Payroll:	Payroll Frequency:
Total Employee Count:		Health Insurance Carrier: Medical Renewal Date:	
Number of Full Time Employees:	Number of Part Time Employees:	Number of 1099/Contractor:	Number of Union Employees on Payroll:
Date of Incorporation:		Anticipated First Check Date:	
Workers' Compensation Carrier:		Workers' Compensation Renewal Date:	
401(k) Provider:		Interested in Oasis' 401(k): <input type="checkbox"/> Yes <input type="checkbox"/> No Number participating in 401(k):	

WORKERS' COMPENSATION / SUTA INFORMATION						
State	WC Code	Gross Payroll	Full Time	Part Time	SUTA Rate	Effect. WC Rate



**DETAILED DESCRIPTION OF OPERATIONS**

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**WORKERS' COMPENSATION QUESTIONNAIRE**

**If response is "yes" to any of the below questions, please provide additional information on back.**

**GENERAL QUESTIONS**

- Any work above 10 feet?  Yes  No
- Is there any driving exposure?  Yes  No
- Engaged in other business?  Yes  No
- Are sub-contractors used?  Yes  No
- Any operations in other states?  Yes  No
- Volunteer or donated labor?  Yes  No
- Travel out-of-state?  Yes  No
- Travel out-of-country?  Yes  No
- Prior workers' comp coverage declined/cancelled/non-renewed?  Yes  No
- Bid or does government work?  Yes  No
- Are union workers or employees under collective bargaining agreement employed?  Yes  No

**ACORD QUESTIONS**

- Own/operate/lease aircraft or watercraft?  Yes  No
- Barges, vessels, docks, bridges, over water?  Yes  No
- Exposure to hazardous materials?  Yes  No
- Any work underground?  Yes  No
- Sublet work without conflict of interest?  Yes  No
- Written safety program in operation?  Yes  No
- Group transportation provided?  Yes  No
- Seasonal employees?  Yes  No
- Labor interchange with other business?  Yes  No
- Undisputed and unpaid workers' comp premium due?  Yes  No

**ADDITIONAL RFP QUESTIONS**

- Employees under 18?  Yes  No
- Do employees work more than 40 hours per week?  Yes  No
- Drug-free work policy?  Yes  No
- FAA or DOT drug testing?  Yes  No
- Provide transportation to/from work?  Yes  No
- Claims/Charges from current/past employees?  Yes  No
- Operate or perform work for railroad?  Yes  No
- Are pre-employment physicals required?  Yes  No
- General Contractor's license?  Yes  No
- Other licenses held: \_\_\_\_\_
- Employees predominately work at home?  Yes  No
- Any tax lien/bankruptcy in last five years?  Yes  No

**NON- PEO PROSPECTS ANNUAL COSTS**

NON- PEO PROSPECTS ANNUAL COSTS	
Payroll and Tax Administration	HR and Compliance Functions
Payroll Company Costs:	EPLI Premium:
Acquired Time and Attendance System:	Performance Management System:
Acquired HRIS Technology:	Employee Handbook Development / Review:
	Training Costs:
Benefits Plan and Administration	Financial Savings Plans Administration
ACA Reporting Annualized Costs:	401(k) Retirement Plan:
Benefits Administration TPA Costs:	Flexible Spending Account:
Employee Assistance Program:	Form 5500 Filings:
COBRA Administration:	Annual Audit 401(k):
	Health Savings Account:
<b>Total Annual Cost of Administrative Time:</b>	