

## **SB Recommend, Inc.**

606 S. Boulevard  
The Hillsborough County Medical Association Building  
Tampa, FL 33606  
813.441.0477 ph/fax/cell

### REQUEST FOR PROPOSAL

Company Name and d/b/a: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Industry: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

In which states do you operate? \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Current Ownership: \_\_\_\_\_ Year Business Began: \_\_\_\_\_

What payroll frequency would you prefer? Weekly Bi-Weekly Semi-Monthly Monthly

Do you currently have a retirement savings plan? Yes No If yes, what kind? \_\_\_\_\_

What kind of health insurance do you currently have? \_\_\_\_\_

#### Indicate areas of interest:

Employee Safety Training

Human Resource Management Training

Employee Background Checks

Employer Practices Liability Insurance

Custom Payroll Reports

Web Based Human Resource Information System

Please Attach Current Copy:

1. List of employees with rate of pay, w/c classification, date of birth, date of hire, full time or part time, current insurance status (a blank census form is provided for this purpose)
2. Workers' compensation declaration page
3. Workers' compensation loss runs (4 years, currently valued)
4. Complete State Unemployment Tax Filing
5. Group Health Insurance Billing

[samantha@sbrecommend.com](mailto:samantha@sbrecommend.com)