

SB Recommend, Inc.

201 S. Westland Avenue
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

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