



Agility Solutions Group

www.agilitysolutionsgroup.com

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New Client Set Up Form

Company Name:				
D/B/A Name:				
Street Address:				
City:		State:	Zip:	
Telephone:		Fax:		
Web Site Address:				
Nature of Business:				
Organization:	Corporation	Limited Liability	Partnership	Non-Profit
FEIN:	Incorporation State:	Years in Business:	NAICS code:	
Contact:		Position/Title:		
Contact Telephone:			Mobile:	
Contact Email Address:				

List All Owners/Officers

Incl/Excl	Name	Title	%owned	Actual Duties	Actual Salary

Payroll Information

Company Pay Cycle:	Weekly	Bi-Weekly	Monthly	Semi Monthly	
Number of Payroll Locations:					
WC Code	State	#Full-Time EE's	#Part-time EE's	Annual Payroll	Current Rate
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Does your company outsource its payroll? YES NO
If Payroll Outsourced, name of current vendor:
How long with vendor(s)?
What types of reports do you require?
Does the company have an employment practices liability insurance (EPLI) policy? YES NO
The U.S. Chamber of Commerce, U.S. Department of labor and Small Business Administration estimate non-productive employee cost is between 4-12% of payroll. *Employee administration includes printing, mailing, delivery, forms, checks disbursements, W-2, quarterly payroll reports and tax deposits, workers compensation claims management, Section 125 administration, 401(k) administration, COBRA administration, and employee handbooks.
Please estimate the percentage required for employee administration: 4-5% 5-6% 6-7% 8%+

Workers' Compensation Information	
Does your company participate in a drug-free workplace program? YES NO	
If YES, Pre-employment Post Accident Reasonable Suspicion Random	
Do you currently have a per-claim deductible? YES NO	
If YES, Amount \$.00	
Is there any use of independent sub-contractors? YES NO	
Please provide a contact for a loss control survey: Contact Telephone:	

Benefits Information	
Do you currently offer medical insurance? YES NO	
If Yes, current carrier:	
Current benefits offered (circle ALL that apply)	
Medical Benefits Dental Supplemental Life Long-term Disability	
Short-term Disability 401(k) Ancillary	
Other (please list):	
Note: If you are interested in medical benefits please go to www.agilitysolutionsgroup.com/medical_census_form.pdf . Print form, fill out and send in with this New Client Set Up form.	

Workers' Comp Questionnaire		YES	NO
Please explain all items answered "YES" in detail in the space provided below			
1. Does applicant own, operate, or lease aircraft/watercraft?			
2. Any past, present, or discontinued operations which have involved exposure to chemicals, painting, or hazardous materials?			
3. Any work performed under, on, or above water?			

4. Any work which may be subject to Jones Act, USL&H, or FELA?		
5. Any work performed underground or higher than 15 feet above ground level?		
6. Any operations include excavation, tunneling, road boring, earth moving, or underground work?		
7. Any operations exposure to radioactive/nuclear materials?		
8. Any fatalities in the past five years?		
9. Is applicant involved in any business other than that specified in the description of operations?		
10. Does employee turnover exceed 30% annually?		
11. Do employees travel out of state or out of the country? If "yes" please explain scope of travel below.		
12. Any group travel, ride-share programs, or tool or vehicle allowances provided?		
13. Are physicals required after offers of employment are made?		
14. Does the radius of operations of vehicles exceed 200 miles?		
15. Are MVR's checked on all drivers?		
16. Is a "managed care" provider utilized?		
17. Is a written safety program in place? (attach copy) If "yes", what is the schedule of meetings?		
18. Has applicant been inspected by OSHA in the past three years?		
19. Was applicant cited for any violations? If "yes" explain below.		
20. Was applicant fined? If "yes" how much?		
21. Is a drug-testing program in effect? (attach copy)		
22. Is an early return/light duty program in place?		
23. Does applicant "full pay" during periods of disability or reduced work?		
24. Are any subcontractors used? If "yes" explain type and location of work subcontracted.		
a. Are all subcontractors insured?		
b. If "yes" does applicant keep copies of certificates of insurance?		
25. Any prior coverage declined, cancelled, or non-renewed in the past three years?		
26. Have there been any losses in the last three years?		
27. Are any employees enrolled in a group health plan? If "yes" what percentage?		

Additional Comments:

Additional Documentation

The following documentation is required for processing of a new client.

*If emailing please include name, business, and phone number.

*Please attach Company Profile with an operations description. (web pages acceptable)

*If in business less than 1 year please fax or email owners work/history/resume.

Payroll: (please checkmark the box provided if document has been included)

	Historical Payroll Summary - Minimum of three years. 2003 - \$ 2004 - \$ 2005 - \$
	If currently in a PEO arrangement, please provide the most recent billing statement or invoice.

Unemployment:

	State unemployment tax report (most recent quarter)
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Workers' Compensation:

	Declaration Page – Workers' Compensation classifications by code and gross wages (including modifier, and discounts)
	Loss Run – Minimum of three years currently valued loss history (must be within 30 days of RFP submission).
	Current/Latest NCCI Experienced Mod Worksheet (must include prospect's current Experience Mod rating)

Other:

Explanation of any missing requirements for the list above: (please comment below)

Additional Comments:**Submitted by:**

Date:

***Please print a copy for your records.**

You can submit this form for processing by clicking

or, you can print and fax to this number

(fax) 866-466-8206