

Assessment Center, Inc.

Thank you for providing us with the opportunity to prepare a no-cost no-obligation pricing analysis for your company. Please take a few moments to complete the following form.

For a basic Price Quote this is the only form required. If you seek a formal Proposal with a locked-in rate from a PEO(s) you will need to provide additional information detailed on our website. Please fax this form along with any supporting documentation to **(321) 249-0513**.

If you have any questions, don't hesitate to contact ACI by calling toll free **(877) 473-3111**, by email at info@acicorporate.com or online at www.acipeo.com.

1. Your Company (* = Required)

| | | | |
|--|-------|--|--|
| Date | *FEIN | *Years in Business | |
| *Form of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC/LLP <input type="checkbox"/> PA | | | |
| *Name of Business | | | |
| Contact Name | | Title | |
| *Owner's Name | | <input type="checkbox"/> Same as above | |
| Street Address | | Suite | |
| City | State | Zip | |
| *Phone | Fax | Email | |
| *Brief Description of Business: | | | |
| | | | |
| | | | |

2. Company Profile (* = Required)

| | |
|---|---------------------|
| *1. Current number of: Full Time Employees | Part Time Employees |
| *2. Your pay cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | |
| *3. Your average gross payroll per cycle: \$ | |
| * 4. Your current State SUTA Rate | Your SUTA Account # |
| 5. Do you currently use: <input type="checkbox"/> PEO/Employee Leasing <input type="checkbox"/> Payroll Service <input type="checkbox"/> Neither | |
| 6. Name of PEO, Payroll Service: | |
| 7. Do you currently carry Workers' Comp Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Have you had any Workers' Comp claims in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Have you had any Unemployment claims in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Do you offer Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please answer the following: | |
| 10a. What percentage of Health premium does employer contribute: | % |
| 10b. How many employees currently participate in health care benefits: | |

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3. Workers' Compensation Insurance

Workers' Comp Renewal Date:

Current Experience Modifier:

You will need to provide Loss Runs for the past three years. Simply notify your Workers' Compensation agent, carrier or PEO and they will provide you with a Loss Run report.

I Authorize Assessment Center, Inc. to order Loss Runs on my behalf.

Agent/Carrier Name:

Policy #

Agent/Carrier Phone:

State:

SKIP THIS SECTION if you will fax a copy of the Declaration Page from your current Policy with this proposal.

| 4 Digit Workers' Comp Code | Rate | Total Full Time Employees | Total Part Time Employees | Gross Payroll Per Pay Cycle |
|----------------------------|------|---------------------------|---------------------------|-----------------------------|
| Example: 8810 | 0.64 | 2 | 1 | \$ 1,200 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Use additional sheet if necessary.

4. Benefits

Using the chart below, indicate which items are Very, Somewhat or Not Very important to you. This helps us identify which PEO's meet your unique needs.

| PEO BENEFITS | VERY | SOMEWHAT | NOT VERY |
|--|------|----------|----------|
| Health Insurance | | | |
| 401(k)/Retirement | | | |
| Life Insurance | | | |
| Vision | | | |
| Dental | | | |
| Supplemental Insurance | | | |
| Flexible Spending Accounts | | | |
| PEO SERVICES | | | |
| Online Reporting & Internet Tools | | | |
| Human Resources & Administrative Support | | | |
| Compliance & Risk Management | | | |
| New Hire Testing & Screening | | | |
| Employee Recruitment & Training | | | |
| Workers' Compensation Insurance | | | |