

CLIENT INFORMATION FORM

CONFIDENTIALITY NOTICE: All information furnished is considered Private and Confidential. PMG will use this information strictly for analysis purposes and preparation of rate quotes. Please complete in detail for a comprehensive proposal.

Company Name: _____		Date Business Started: _____	
		SIC Code: _____	
Business is: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Federal ID # _____	
Brief Description of Business Activities: _____			
Name(s)/Title(s) of Owner(s) and Percentage(s) of Ownership: _____			
Street Address: _____	City: _____	State: _____	Zip: _____
Mailing Address (If Different): _____	City: _____	State: _____	Zip: _____
Contact Person's Name: _____		Title: _____	
Phone # _____ ()	Fax # _____ ()	Email Address: _____	
Bank Officer: _____			
Bank's Name/Address/Tel.# Where Company's Account(s) are Maintained: _____			
Current Total Number of Employees: _____ Full Time: _____ Part Time: _____			
Are you intending to hire additional staff? If YES, approximately when? _____ How many? _____			
Current Gross Payroll: \$ _____ Monthly or \$ _____ Annually			
Payroll Cycle(s)/Method Required: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Payroll is currently generated by: <input type="checkbox"/> Outside Vendor <input type="checkbox"/> Staff <input type="checkbox"/> PEO <input type="checkbox"/> CPA <input type="checkbox"/> Other _____			
Total Number of Worksite Locations: _____ <i>(Please attach schedule with complete addresses, phone numbers of all worksite locations other than address listed above.)</i>			
Current State Unemployment Tax Rate: _____ <i>(Please Attach copy of Tax Rate Notice-Form)</i>			
Is there a Workers' Compensation Policy in effect?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please attach a copy of: Policy Declaration or Information Page, most recent monthly/quarterly payroll and last three (3) years' loss (claims) history.			
Do you want Group Health Coverage for your leased employees?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any pending lawsuit(s) involving company and/or its owner(s)/officer(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the company and/or it's owner(s)/officer(s) been sued within the last five years		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered YES to either or both questions, please provide details on a confidential signed attachment.			
How were you referred to PMG? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> NAPEO <input type="checkbox"/> Website <input type="checkbox"/> Current client of PMG			
<input type="checkbox"/> Other _____			
NOTE: PMG reserves the right to request a business credit report from Experian on prospective client company prior to finalizing a Personnel Services Agreement. Company's authorized representative hereby authorizes such business credit report.			
_____ Signature		_____ Date	