

# Propel HR

## PROSPECT INFORMATION FORM

**Date:** \_\_\_\_\_

Salesperson: \_\_\_\_\_ Source of Lead: \_\_\_\_\_

Co.: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Years In Business: \_\_\_\_\_

C Corp, S Corp, Prop, LLC, Partnership, or Non-Profit? \_\_\_\_\_

---

**Payroll Frequency:** Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

**Current SUTA Rate:**

State: \_\_\_\_\_ Rate: \_\_\_\_\_ %

State: \_\_\_\_\_ Rate: \_\_\_\_\_ %

**Current Admin.:** \_\_\_\_\_ %

**Requested Admin.:** \_\_\_\_\_ %

---

**Is Prospect interested in Health Insurance?**  Yes  No

If yes, you need to attach a copy of latest month's bill. If possible obtain a copy of Health Insurance Plan Booklet. Also, the **Prospective Client Health Questionnaire** must be completed.

