



valley forge insurance brokerage

Request For Proposal

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____

Web Site Address: _____

Contact Name: _____ Title: _____

E-mail Address: _____

of Full Time Employees: _____ # of Part Time Employees: _____

of W-2's issued last year: _____

Gross Annual Payroll (past 4 quarters): _____

Taxable Payroll (past 4 quarters): _____

Are you a 501(c)(3) organization? _____

Have you had any layoffs in the past 12 months? If so, please provide details.

Has your organization been involved in any merger or acquisition over the past 3 years?

Are you aware of any funding cutbacks that might affect layoffs/staffing? If so, please provide details.

Please provide a copy of your current and previous years tax rate notices from your Unemployment Dept.

SEND TO:

Valley Forge Insurance Brokerage

One Bala Plaza, Suite 100

Bala Cynwyd, PA 19004

Phone: 866.516.1776

Fax: 866.358.7617

Sales@vfib.com

Agency Name: _____

Agent/Broker Name: _____ Phone #: _____ E-mail Address: _____