

# SALES PROPOSAL

**Esta es una propuesta SOLO DE MUESTRA para ayudarlo a comprender la información.**

QUOTE NUMBER	ISSUE DATE
FL - 52881	02/13/2024

**THIS PROPOSAL IS VALID UNTIL: 03/12/2024**

## PROPOSAL FOR: ABC COMPANY

WORKERS' COMP CODE 5551  
 NUMBER OF EMPLOYEES 5  
 ANNUAL PAYROLL \$208,000

SOCIAL SECURITY TAX	6.20%
MEDICARE TAX	1.45%
FEDERAL U/E (FUTA)	0.60%
STATE U/E (SUTA)	2.70%
WORKERS' COMP RATE	8.24%
ADMINISTRATION FEE	1.50%
<b>TOTAL SERVICE FEES</b>	<b>20.69%</b>
LESS SUTA & FUTA	(-3.30%)
<b>AFTER CUTOFF</b>	<b>17.39%</b>

Porción del empleador de FICA por cada \$100 de nómina

Impuestos de desempleo por cada \$100 de nómina

Tarifa administrativa por cada \$100 de nómina

Compensación laboral por cada \$100 de nómina

Costo laboral por cada \$100 de nómina

Costo laboral por cada \$100 de nómina después de los límites SUTA/FUTA

ESTIMATED WEEKLY PAYROLL OF: \$5,000  
 SOUTHEAST SETUP FEE (NONREFUNDABLE): \$750.00  
 MINIMUM ADMIN FEE PER WEEK: \$50.00  
 PER EMPLOYEE SETUP FEE: \$1.00

DELIVERY FEE: In accordance with Cost of Shipping/Handling

PER CLAIM DEDUCTIBLE (BILLED ON INCURRED LOSSES): \$1,000.00

\*REQUIRED COLLATERAL DEPOSIT: \$0.00

Posibles requisitos de suscripción

### SPECIAL REQUIREMENTS

#### ASSESSMENTS AND SURCHARGES:

An Assessment equaling 0.7% of Worker's Compensation Billed will appear on all invoices

#### SPECIAL REQUIRMENTS:

There is a Weekly minimum WC charge of: \$400, or minimum WC charge of \$55.00 per employee in code 5551, (whichever is greater) required.

ALL PROPOSALS ARE SUBJECT TO UNDERWRITING APPROVAL

CLIENT IS AWARE THAT SHOULD THE VOLUME OF PAYROLL FALL BELOW THE ORIGINAL AMOUNT, OR THERE IS A NOTABLE SHIFT IN LABOR FROM ONE CODE TO ANOTHER, AN INCREASE IN THE RATES MAY BE ASSESSED OR WORKERS' COMPENSATION MINIMUMS APPLIED.

\*REQUIRED COLLATERAL DEPOSIT IS REFUNDABLE 180 DAYS AFTER TERMINATION AND 180 DAYS AFTER THE LAST WORKERS' COMPENSATION CLAIM IS CLOSED.

**CUSTOMER WARRANTS AND REPRESENTS THE INFORMATION CONTAINED HEREIN IS ACCURATE.**

**CUSTOMER NAME:** The Roofing Company, LLC

**SIGNATURE:**

Firma del cliente para recepción y exactitud de la propuesta.

**DATE:**

**PRINT NAME AND TITLE:**

