

## **Request for Non-Binding Proposal**

Organization Name:			
Street:			
City:	State:	Zip Code:	
Phone #:	Fax #:		
Website Address:			
Are you a 501(c)(3) organization?			
Contact Name:	Titl	e:	
Email 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):			
Has your organization been involved in any r	nerger or acquisition	over the past 3 years?	

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

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

Please provide a copy of your last three years of Tax Rate Notices or sign the Tax Rate Authorization Letter. If your 501(c)(3) is already in another Trust or Bond product or is selfinsured, please send us the most current activity report or statement.

## SEND TO:

Scott A. Strenger CLCS, LSE scottstrenger@worldins.net World Insurance Associates LLC 656 Shrewsbury Avenue, Suite 200 Tinton Falls, NJ 07701 Phone: (609) 827-2654