



## AMS Staff Leasing

Request for Quote (RFQ)

Company \_\_\_\_\_

Name/Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Current State Unemployment Rate \_\_\_\_\_ Years in Business \_\_\_\_\_

### Loss History Summary

Check if No Loss History

Loss Year	Total Claims	AMOUNT
2008-09		
2007-08		
2006-07		

Current W/C Carrier \_\_\_\_\_ Renewal Date \_\_\_\_\_

### Payment Information

W/C Code	Job Title	Total Annual Payroll

*Print, fill out and mail or fax form to:*

#### MAILING ADDRESS:

AMS Staff Leasing  
c/o JCS Business Solutions

179 Delaware Avenue  
Palmerton, PA 18071

Office **610.849.0803**  
Fax **610.849.0192**