



Unemployment Insurance Application

Please scan and email this completed form and required attachments to unemploymentinsurance@gaig.com.

1. Employer Information *(Please complete for each employer. List additional employers on the supplemental application.)*

Employer _____	Contact _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Tax Status <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Government/Public Entity <input type="checkbox"/> Tribal Business	
FEIN/EIN _____	State Account ID# _____
Do you currently <input type="checkbox"/> pay state unemployment tax <input type="checkbox"/> reimburse the state?	
If you pay tax, what is your: Unemployment tax rate? _____% SUI taxable wage base? \$ _____	
Do you use a third party administrator (TPA) to assist with your unemployment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which firm? _____	

2. Insurance Producer

Insurance Agency _____	Agent Name _____
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3. Requested Quote *(Check all that apply below and fill in associated blanks.)*

<input type="checkbox"/> First Dollar coverage with a policy limit of \$ _____ <input type="checkbox"/> No limit <i>(selected if policy limit is left blank)</i>	<input type="checkbox"/> Custom Stop Loss with a \$ _____ self-insured retention <input type="checkbox"/> 501(c) Agencies Trust Program*
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** If quote desired for 501(c) Agencies Trust Program only, complete first page only. Otherwise, complete both pages.*

4. Budget, Payroll and Unemployment Charges

Period	Total Budget	Gross Payroll	Total Unemployment Charges
Two years prior	\$ _____	\$ _____	\$ _____
One years prior	\$ _____	\$ _____	\$ _____
Current year	\$ _____	\$ _____	\$ _____
Projected next year	\$ _____	\$ _____	\$ _____

Within the next 18 months, do you anticipate any reduction in revenue or loss of any specific revenue source *(e.g., non-renewable grant)* that will result in layoffs and/or reduction in hours or wages of any employees? Yes No

5. Acknowledgement

I certify that the information provided on this application and its supporting documents is accurate and complete. I understand that data and answers on this form, together with the related attachments, shall form the basis for any coverage hereunder and will be attached to any policy issued. I understand that any fraud, misstatement, concealment or failure to disclose information in response to any aspect of the application, whether intentional or inadvertent, may result in the cancellation of any service or insurance coverage for which this application is submitted.

Signature _____ Date _____

Name _____ Title _____

The questions below apply only to applications for First Dollar or Custom Stop Loss coverage.

6. Employment Profile

Full-time employees _____	Part-time/Seasonal Employees _____
Head Start Employees _____	Employees Exempt from Unemployment _____
#W2s Issued Last Year _____	Employees Under Collective Bargaining Agreements _____

For each yes answer to a question below, attach an explanation including the number of affected employees and the dates of action or event, as applicable.

- | | | |
|---|--|---------------------------------------|
| 1. During the last 18 months, have you experienced any layoffs or staff reductions other than regular seasonal staffing adjustments? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. During the last three years, have you suspended or terminated a group of five (5) or more employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the next 18 months, do you anticipate any change in regulations, restructuring within your organization, closure of program, acquisition, or merger that may result in layoffs and/or reduction in employees' hours or wages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the next 18 months, do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs? | <input type="checkbox"/> | <input type="checkbox"/> |

7. Funding Sources

On the supplemental application, list the names and percentages associated with any individual funding source representing greater than 5% of total annual funding.

Funding Distribution			
Federal _____%		Sales of Goods or Services _____%	
State _____%		Investment Income _____%	
Local/City/County _____%		Bond or Financing Issues _____%	
Donations or Contributions _____%		Grants and Foundations _____%	
Other % (specify): _____			

If you receive local, city or county funding, within the next 18 months, will a tax levy be under consideration that may affect your funding? **Yes** **No**
 N/A

If yes, attach an explanation.

Number of employees whose wages are funded in whole or in part by Federal, State, Local or Private grants: _____

8. Required Attachments

Tax Payers Reimbursees

Attach documents to this application per the table below.

<input type="checkbox"/> Audited financial statement (most recent)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Summary page for the four most recent wage report forms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Annual SUI contribution tax rate (three most recent)	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Unemployment benefits paid by period (four most recent)	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Reimbursable unemployment benefits by period (three most recent years)		<input checked="" type="checkbox"/>

For all questions regarding this application and required attachments, please call 800-248-8245. Please scan and email this completed form and required attachments to unemploymentinsurance@gaig.com