

Please return this completed form and required attachments by fax to (800) 449-8563 or information@501c.com.

Employer: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Tax Status: 501(c)(3) Government / Public Entity Tribal Owned Entity
 FEIN: _____ State ID# _____
 Insurance Broker: _____ City: _____ State: _____

1. REQUESTED QUOTE (Check all that apply below and fill in associated blanks.)

- Please call to discuss
- First Dollar coverage without a policy limit.
- First Dollar coverage with a \$_____ policy limit.
- First and Last Dollar coverage.

2. 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: _____

3. CURRENT UNEMPLOYMENT MANAGEMENT PROGRAM

Do you currently pay state unemployment tax or reimburse the state? Pay Tax Reimburse
 Do you use a third party administrator (TPA) to assist with your unemployment? Yes No
 If yes, which firm? _____

4. EMPLOYMENT PROFILE

Full-time employees _____ Part-time/Seasonal Employees _____
 Head Start Employees _____ Employees Exempt from Unemployment _____
 #W2's 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.

During the last 18 months, have you experienced any layoffs or staff reductions other than regular seasonal staffing adjustments? Yes No

During the last three years, have you suspended or terminated a group of five (5) or more employees? Yes No

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

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? Yes No

Within the next 18 months, do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs? Yes No

5. BUDGET, PAYROLL AND CLAIMS

Date of Fiscal Year End: _____

Period	Total Budget	Gross Payroll	Total Unemployment Charges
2015	\$ _____	\$ _____	\$ _____
2016	\$ _____	\$ _____	\$ _____
2017 (projected)	\$ _____	\$ _____	\$ _____
2018 (projected)	\$ _____	\$ _____	\$ _____

6. FUNDING SOURCES

On a separate sheet, 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: _____

7. REQUIRED ATTACHMENTS

Attach documents to this application per the table below.

	Tax Payers	Reimbursees
<input type="checkbox"/> Interim balance sheet and income statement	x	x
<input type="checkbox"/> Audited financial statement (most recent)	x	x
<input type="checkbox"/> Summary page for the four most recent wage report forms	x	x
<input type="checkbox"/> Annual SUI contribution tax rate (three most recent)*	x	
<input type="checkbox"/> Unemployment benefits paid by period (four most recent)*	x	
<input type="checkbox"/> Reimbursable unemployment benefits by period (three most recent years)*		x

* For sample forms by state; visit www.501c.com/uinsure/.

For all questions regarding this application and required attachments, please call (800) 631-2967.