



Unemployment Risk Solutions Insurance Renewal Application

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

1. Applicant Information *(For operations located in different states, please [complete the state application addendum](#))*

Employer _____

	Yes	No
Has any of the following contact information changed from expiring?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide updated information in the fields below. **If no**, please leave blank.

Business Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are there any changes to your operations from the expiring policy term?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please describe:

2. Financial and Employment Profile

What is the Fiscal Year period for the applicant? Dates _____

Fiscal Year (FY) Period	FY Payroll	Full-Time Employees	Part-Time/Seasonal Employees
Current year	\$ _____	# _____	# _____
Projected next year	\$ _____	# _____	# _____

Funding Sources	Yes	No
Has there been any significant changes in funding sources over the past year?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

Please provide projected Budget Amount for the upcoming fiscal year \$ _____

Is your budget fully funded for the upcoming policy term?	<input type="checkbox"/>	<input type="checkbox"/>
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If no, please provide explanation and plans to obtain full funding:

Complete the answers below for all employers/locations to be afforded coverage under this policy.

1. During the past year, did you experience any unexpected furloughs, layoffs or staff reductions other than seasonal staffing adjustments?	<input type="checkbox"/>	<input type="checkbox"/>
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2. Financial and Employment Profile *Continued*

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 2. Within the upcoming policy term: | | |
| a. Are you aware of any circumstances that may, or will, lead to a reduction in revenue or loss of any specific funding source? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you anticipate restructuring within your organization, such as a closure of program, acquisition, or merger? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you aware of any proposed changes in regulations, a tax levy or bond under consideration that may affect your funding? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any **yes** answers, including relevant details:

3. Signature

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.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature _____ **Title** _____

Applicant's Name _____ **Date** _____

Producer's Signature _____ **Producer's Name** _____

For all questions regarding this application and required attachments, please call 800-248-8245.

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