

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.



First-Dollar Insurance Application



501(c) Services, in conjunction with Great American Insurance Group, is pleased to offer UInsure – unemployment insurance for employers that is an alternative to State Unemployment Insurance (SUI). UInsure is a first of kind admitted insurance program that offers eligible employers unemployment insurance and risk management services with potential savings in excess of 20% per year versus the tax associated with State-run SUI.

Eligibility

Federal law allows 501(c)(3) nonprofits, public entities and tribally owned businesses to opt out of paying into the SUI pool and instead reimburse the state for unemployment benefits paid to the employer’s former employees. UInsure is for those employer types who typically have 15+ full-time employees and/or gross payroll of at least \$1 million.

Program Benefits

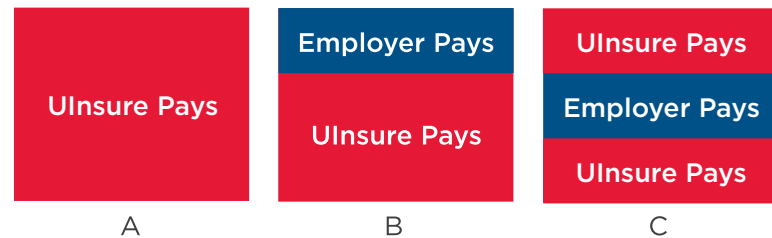
UInsure offers a robust suite of services that reduce unemployment risk and control losses:

- Unparalleled and individualized customer service
- A dedicated, professional unemployment claims representative to strategize and consult on minimizing unemployment costs
- Unlimited access to unemployment hearing representatives
- Unlimited access to an HR Hotline for advice on all HR topics
- 50+ certified educational training webinars for all supervisors and managers
- Re-employment tools and support for separated employees to expedite new employment
- Fixed quarterly payments for budgeting ease

Customized Solutions Available

Our unemployment risk professionals assist in designing the best insurance plan based on employer goals and risk tolerance. Insurance plan costs vary based on policy limits and the employer self-insured retention. Plan types include:

- A) First Dollar coverage without a policy limit.
- B) First Dollar coverage with an agreed policy limit.
- C) First and last dollar with an agreed middle layer self-insured.



About 501(c) Services and Great American Insurance Group



501(c) Services has over three decades of experience in providing full-service alternatives to state-run unemployment insurance, and provides service to over 1,500 nonprofits nationally. For employers who wish to self-insure their unemployment liability, 501(c) Services is the administrator of the 501(c) Agencies Trust; for more information on Trust membership, please call (800) 631-2567 or email membership@501ctrust.org.



Great American Insurance Group’s roots go back to 1872 with the founding of its flagship company, Great American Insurance Company. Great American Insurance Company is rated “A+” (Superior) by A.M. Best. Last affirmed August 11, 2017.

Please consult 501(c) Services for complete details about the various programs. Coverage and program descriptions are summarized. Coverage is subject to meeting certain eligibility requirements. Coverage is underwritten by Great American Insurance Company, an authorized insurer in all 50 states and the D.C. Coverage is not available in all states. Coverages may be available through Unemployment Alternative Purchasing Group (the “RPG”), a risk purchasing group formed pursuant to the Risk Retention Act of 1986. This is not intended as a solicitation or offer to sell an insurance product in a jurisdiction in which the solicitation, offer, sale or purchase thereof would be unlawful. Great American Insurance Group, 301 E. Fourth Street, Cincinnati, OH 45202. The UInsure service mark is owned by 501(c) Services. The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2017 Great American Insurance Company. All rights reserved. 5339-URS (9/17)



Unemployment Insurance Application

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