



## Unemployment Risk Solutions Insurance Application

Please scan and email this completed form and required documents to [unemploymentinsurance@gaig.com](mailto:unemploymentinsurance@gaig.com).

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

Employer _____	Contact _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
FEIN/EIN _____	Unemployment State Account ID # _____
Do you currently pay State Unemployment Insurance (SUI) Tax?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the current unemployment tax rate? _____ %	
Do you use a third-party administrator to assist with your unemployment benefits and claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which firm? _____	
Employer Type: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Tribal Entity <input type="checkbox"/> Government/Public Entity	
Employee Count: Current Full-Time Employees _____ Current Part-Time/Seasonal Employees _____	

### 2. Fiscal Gross Payroll Information

2023 Actual \$ \_\_\_\_\_ 2024 Actual \$ \_\_\_\_\_ 2025 Budget \$ \_\_\_\_\_ Projected 2026 Budget \$ \_\_\_\_\_

### 3. Funding Sources

Government \_\_\_\_\_% Sales of goods or services \_\_\_\_\_% Grants or Foundations \_\_\_\_\_%  
Donations \_\_\_\_\_% Other \_\_\_\_\_%

### 4. Fiscal Year-End

	Yes	No
<b>Complete the answers below for all employers/locations to be afforded coverage under this policy.</b>		
A. Do you have a Head Start program?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you experienced any furloughs, layoffs, restructuring, additional locations, closures, acquisitions, or mergers in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you experienced any reductions in force in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you experienced increase or decrease in revenue or loss of any specific funding sources in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you anticipate any furloughs, layoffs, restructuring additional locations, closures, acquisitions, or mergers in the next 18 months?	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you anticipate any reductions in force within the next 18 months?	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you anticipate any increase or decrease in revenue or loss of any specific funding sources in the next 18 months?	<input type="checkbox"/>	<input type="checkbox"/>

Please submit an explanation for any questions answered yes along with this application

### 5. Required Documents

	Taxpayers	Reimbursors
Annual State SUI Contribution Rate form <i>(three most recent years)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State invoices or claims administrator Reports showing unemployment benefits paid <i>(three most recent years)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Most recent audited financials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**6. 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.

**Applicant's Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_

**Agent Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**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](mailto:unemploymentinsurance@gaig.com). Further information may be requested if deemed necessary.**