



# Unemployment Risk Solutions Insurance Renewal 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 \_\_\_\_\_

**Yes**      **No**

Has any of the following contact information changed from expiring?           

**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?           

**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?           

**If yes**, please explain:

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

Is your budget fully funded for the upcoming policy term?           

**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 furloughs, layoffs or staff reductions other than seasonal staffing adjustments?           

**If yes**, please provide an explanation:

**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 any restructuring within your organization, such as a program closure, acquisition, or merger?             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you anticipate any layoffs or reductions in force?  | <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.**

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