



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 _____

	Yes	No
Are there any changes to your operations from the expiring policy term? <i>(Examples include: program additions or closures, new operations, key staffing changes, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe:

2. Financial and Employment Profile

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 furloughs, layoffs, staff reductions, OR any staff increases?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide an explanation:		

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, such as a program closure, acquisition, merger or program addition?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you anticipate any layoffs or reductions in force?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you expect any additional staff hires?	<input type="checkbox"/>	<input type="checkbox"/>

2. Financial and Employment Profile *Continued*

Please explain any **yes** answers, including relevant details like number of staffing changes.

3. Additional State Information

State _____

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

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

What is the term/season for any seasonal/temporary employees? _____

State _____

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

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

What is the term/season for any seasonal/temporary employees? _____

State _____

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

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

What is the term/season for any seasonal/temporary employees? _____

4. 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.