



Unemployment Contractual Liability State Application Addendum

Additional State Unemployment Account

Employer _____ Contact _____

Address _____

City _____ State _____ Zip _____

FEIN/EIN _____ State Account ID# _____

Financials

| Fiscal Year (FY) Period | FY Operating Budget | FY Payroll |
|-------------------------|---------------------|------------|
| Two years prior | \$ _____ | \$ _____ |
| One year prior | \$ _____ | \$ _____ |
| Current year | \$ _____ | \$ _____ |
| Projected next year | \$ _____ | \$ _____ |

Employment Profile

| Calendar Year Period | Total Unemployment Benefits Paid |
|----------------------|----------------------------------|
| Two years prior | \$ _____ |
| One years prior | \$ _____ |
| Current year | \$ _____ |

Current full-time employees _____ Current part-time/seasonal employees _____

W2s issued last calendar year _____ Average number of employees in a calendar year _____

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Employment Profile

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W2s issued last calendar year _____ Average number of employees in a calendar year _____

Add additional sheets, as necessary, if you will insure more additional employers or state unemployment accounts under the policy.