



State Unemployment Bond Application for Reimbursing Employers

Please scan and email this completed form to unemploymentinsurance@gaig.com. For all questions please call 800-248-8245.

1. Employer Information

Employer _____		
EIN _____		
Primary Contact _____	Contact Title _____	
Address _____		
City _____	State _____	Zip _____
Phone _____	Email _____	
Employer Type	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Government/Public Entity
	<input type="checkbox"/> Federally Recognized Tribe	

2. Bond Information

If you do not have a current bond or request from the state, please skip to question #3.
 If you have a bond request letter from your state department of labor, please provide the letter. If not, then answer question #3.
 Bond amount \$ _____ Bond expiration date _____

Please provide copy of state bond request letter including required surety bond dollar amount.

If you do not have a state bond request, please provide the following information:

3. Payroll and Unemployment Charges

	Gross Annual Payroll	Employee Count				
Current Year	\$ _____	_____				
If located in one of the following states we also require SUI taxable wages:						
Alabama	Colorado	Connecticut	Georgia	Kansas	Maryland	Maine
Mississippi	North Carolina	New Mexico	Ohio	Pennsylvania	Wisconsin	
SUI Taxable wages						
Current Year	_____					

I certify that the information provided on this application and its supporting documents is accurate and complete.

Signature _____ Date _____