



## State Unemployment Bond Application for Reimbursing Employers

Please scan and email this completed form to [unemploymentinsurance@gaig.com](mailto: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 _____	
<b>Employer Type</b>	<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	_____

### 4. Indemnity

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime \*and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. \*State of NY only.

**THE APPLICANT HEREBY AGREES:** This application is submitted for commercial underwriting purposes. The applicant(s) and the Indemnitor(s), if any, hereby authorize the Surety to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of the Surety for any suretyship or claim obligations expire.

**4. Indemnity Continued**

**INDEMNITY AGREEMENT:** The undersigned hereby declare that the statements made herein are true and correct, and are made to induce the Surety to execute, renew or continue surety bonds, undertakings or instruments of guarantee (hereinafter referred to as the "Bonds"). In consideration of the execution, renewal or continuation by the Surety of the Bonds, the Undersigned, jointly and severally, agree as follows: To pay the premium for the first year and annually in advance thereafter as long as liability shall continue under the Bonds, or any continuation or renewal thereof, or substitute therefore; To indemnify the Surety against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Surety may sustain or incur by reason of executing the Bonds, in making any investigation on account thereof, in prosecuting or defending any action which may be brought in connection therewith, in obtaining a release therefrom, and in enforcing any of the agreements herein contained; That the Surety shall have the right, and is hereby authorized, to investigate, adjust, settle or compromise any claim, demand, suit or judgment upon the Bonds; To deposit with the Surety, upon demand, an amount sufficient to discharge any claim on the Bonds; To waive, and here does waive, all right to claim any property, including homestead, exempt from levy, execution, sale or other legal process under the law of any state or states; That the Surety shall be under no obligation to execute, renew or continue any bond, and shall have the absolute right to cancel the Bonds, or any of them, in accordance with any cancellation provision contained therein, or to procure its release from any bond under any law for the release of sureties, and Surety is hereby released from any damage that may be sustained by the undersigned by reason of such cancellation or release; The Undersigneds' obligations under this Agreement may only be terminated by sending written notice to the Surety, effective twenty (20) days after receipt of the notice of termination, but in no event shall such notice operate to modify, bar, or discharge the Undersigneds as to the Bonds that may have been executed before the effective date of termination; That this Agreement shall be binding upon the Undersigned and each of them whether signing as applicant for the bond or as indemnitor, and upon their respective heirs, executors, administrators, successors and assigns, and shall be liberally construed as against the Undersigned.

Date \_\_\_\_\_

**Applicant (Name On Bond):** \_\_\_\_\_ **Applicant SSN/EIN:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name And Title Of Signatory:** \_\_\_\_\_ **Mobile Phone #:** \_\_\_\_\_

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

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