



Unemployment Contractual Liability Program Indication Form

Please complete this form to determine if an employer currently paying State Unemployment Insurance tax is a candidate for the UCL Program or for any reimbursing employer seeking a pricing indication.

General Eligibility:

- Annual payroll over \$1 million
- Domiciled in any state, except NY

General Information

Employer _____	Primary Contact _____
Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Employer Type: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Government/Public Entity <input type="checkbox"/> Tribal Entity	
Insurance Producer _____	
Producer Contact Information _____	

Employment Information

Find your taxable payroll and SUI tax rate using our State Taxpayer Form.		Yes	No
Do you currently pay State Unemployment Insurance (SUI) Tax?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your current SUI Tax Rate? _____ % and Current Year Taxable Payroll? \$ _____			
While estimates in the chart below are acceptable, more reliable data will result in more accurate pricing.			
Fiscal Year (FY) Period	FY Gross Annual Payroll	Unemployment Benefits Paid	
Current Year	\$ _____	\$ _____	
One Prior Year	\$ _____	\$ _____	
Two Prior Years	\$ _____	\$ _____	
Total Number of Current Employees _____			

Please submit this form to unemploymentinsurance@gaig.com and a URS team member will be in touch!

Note: The data and answers on this form are used to generate a nonbinding pricing indication.
For a bindable quote, we will need a completed [URS New Business Application](#) and required documentation.

For more information, please visit our website at GAIG.com/URS. Contact us at 800-248-8245 or unemploymentinsurance@gaig.com.