



Unemployment Risk Solutions Insurance 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 _____	Contact _____		
Address _____			
City _____	State _____	Zip _____	
Phone _____	Email _____		
FEIN/EIN _____	Unemployment State Account ID # _____		
Do you currently pay State Unemployment Insurance (SUI) Tax?			Yes <input type="checkbox"/>
If yes, what is the current unemployment tax rate? _____ %			No <input type="checkbox"/>
Do you use a third-party administrator to assist with your unemployment benefits and claims?			<input type="checkbox"/>
If yes, which firm? _____			<input type="checkbox"/>
Employer Type: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Tribal Entity <input type="checkbox"/> Government/Public Entity			
Employee Count: Current Full-Time Employees _____ Current Part-Time/Seasonal Employees _____			

2. Gross Payroll Information

2 Years Prior \$ _____	One Year Prior \$ _____	Current year \$ _____	Projected next year \$ _____
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3. Funding Sources

Government _____%	Sales of goods or services _____%	Grants or Foundations _____%
Donations _____%	Other _____%	

4. Questions

	Yes	No
Complete the answers below for all employers/locations to be afforded coverage under this policy.		
1. Do you have a Head Start program?	<input type="checkbox"/>	<input type="checkbox"/>
2. During the last 3 years have you experienced any unexpected furloughs/layoffs, restructuring within your organization, closure of programs, acquisitions, or mergers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the upcoming 18 months, do you anticipate any reduction in revenue or loss of any specific Funding Source?	<input type="checkbox"/>	<input type="checkbox"/>
Please submit an explanation for any questions answered yes along with this application		

5. Required Documents

	Taxpayers	Reimburseors
Annual State SUI Contribution Rate form <i>(three most recent years)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State invoices or claims administrator Reports showing unemployment benefits paid <i>(three most recent years)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. 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.

Applicant's Signature _____ **Title** _____

Applicant's Name _____ **Date** _____

For all questions regarding this application and required attachments, please call 800-48-8245. Please scan and email this completed form and required attachments to unemploymentinsurance@gaig.com