



Unemployment Risk Solutions Insurance Renewal Application

Please scan and email this completed form and required documents to unemploymentinsurance@graig.com.

1. Applicant Information *(For operations located in different states, please complete the state application addendum)*

Employer _____	Yes	No
Has any of the following contact information changed from expiring? _____		
If yes , please provide updated information in the fields below. If no , please leave blank.		
Business Contact _____		
Address _____		
City _____	State _____	Zip _____
Phone _____	Email _____	

2. Funding Sources

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

3. Financial and Employment Profile

	Yes	No
Section 1		
A. Please provide projected budget for upcoming year _____		
B. Have you added a Head Start program?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has there been any changes to your operations in the last 12 months? <i>(Examples include: program additions, new operations, key staffing changes, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you experienced any furloughs, layoffs, restructuring, additional locations, closures, acquisitions, or mergers in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you experienced any reductions in force in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you experienced any staff increases in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you experienced increase or decrease in revenue or loss of any specific funding sources in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of questions A-G, please provide your explanations below.

Section 2

A. Do you expect any changes to your operations in the next 12 months? <i>(Examples include: program additions, new operations, key staffing changes, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you anticipate any furloughs, layoffs, restructuring, additional locations, closures, acquisitions, or mergers in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you anticipate any reductions in force in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you anticipate any staff increases in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
E. Do you anticipate any increase or decrease in revenue or loss of any specific funding sources in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
F. Is your budget fully funded for the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of questions A-E or 'No' to F, please provide your explanations below.

3. Financial and Employment Profile Continued**Section 3**

A. What is the term/season for any seasonal/temporary employees? _____

B. What is your fiscal year end date? _____

4. Gross Wage Information and Additional Locations**Primary Location**

What is the Fiscal Year period for the applicant? Dates _____

Fiscal Year (FY) Period	FY Payroll	Full-Time Employees	Part-Time Employees	Seasonal Employees	Temporary Employees
Current year	\$ _____	# _____	# _____	# _____	# _____
Projected next year	\$ _____	# _____	# _____	# _____	# _____

For locations with separate UI account numbers**Additional Locations**

Name of Location _____

State _____

Fiscal Year (FY) Period	FY Payroll	Full-Time Employees	Part-Time Employees	Seasonal Employees	Temporary Employees
Current year	\$ _____	# _____	# _____	# _____	# _____
Projected next year	\$ _____	# _____	# _____	# _____	# _____

Name of Location _____

State _____

Fiscal Year (FY) Period	FY Payroll	Full-Time Employees	Part-Time Employees	Seasonal Employees	Temporary Employees
Current year	\$ _____	# _____	# _____	# _____	# _____
Projected next year	\$ _____	# _____	# _____	# _____	# _____

5. 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.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Most recent audit financials

Applicant's Signature _____ Title _____

Applicant's Name _____ Date _____

Producer's Signature _____ Producer's Name _____

For all questions regarding this application and required attachments, please call 800-248-8245.

Please scan and email this completed form and required attachments to unemploymentinsurance@graig.com.