

Organization Profile

Organization Name	<input type="text"/>			
Physical Address	City	State	Zip	
Contact	Title			
Telephone	Email			

Operations Profile

Type of Entity ☐ 501c3 ☐ Government ☐ Tribe Date Established:

Current UI Funding Method: ☐ **Paying State Unemployment Tax** ☐ **Reimbursing (self-insured)**

State FEIN
Acct. No.

If taxpaying:
Have you paid unemployment taxes for at least two years? ☐ Yes ☐ No
Are you currently in good standing with the state? ☐ Yes ☐ No

If reimbursing:
Check current management method:
☐ Internal Staff ☐ Third Party Administrator ☐ Group Program
Current administrator/program (if applicable):

Employment Profile

Please attach an additional sheet of paper, as needed, to answer the following questions more fully:

Number of Full-time Employees Number of Part-time Employees Number of W-2s from Prior Year

1. Do you anticipate any of the following events occurring in the next 12 months that will result in layoffs and/or reduction in employee hours or wages?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Reduction in overall revenue from prior 12-month period | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Elimination of or reduction in any locations, programs, or revenue sources | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Any restructuring | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you selected Yes to any of the above, please explain and provide details that include date of action(s) and estimated number of employees impacted:

2. Do you have any seasonal employment?

Yes ☐ No ☐

If yes, please explain and provide details that include dates in which seasonal staff are on break and number of seasonal staff impacted by break:

If yes, do you anticipate in the next 12 months an increase in the number of seasonal staff and/or an increase in the duration of time in which their break will occur:

3. Have you experienced any layoffs and/or staff reductions other than seasonal employment in the last 12 months?

Yes ☐ No ☐

If yes, please explain and provide details that include date of action(s) and estimated number of employees impacted:

Employment Profile *cont'd*

4. Do you have any staff employed in a Head Start program?

Yes ☐ No ☐

If yes, please provide dates/weeks in which staff are on break, number of staff on break, and indicate if staff's pay is annualized.

5. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment?

Yes ☐ No ☐

If yes, please explain. Include number of exempt employees and their term of employment.

6. Please enter the following estimates:

	Gross Wages	UI Tax Rate (if applicable) or Benefit Charges (if reimbursing)	Annual Operating Budget
Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year One	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Two	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Three	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Approximately how many claims do you have annually?

8. Approximately how many of those claims are protested?

9. Estimated Wages for Calendar Year 2026:

How did you hear about us?

- ☐ Insurance Agency ☐ Nonprofit Association ☐ Website/Search Engine
☐ Advertisement ☐ Event ☐ Other

Please specify (i.e. Agency Name, Google, Webinar, etc.):

Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature (*No electronic signatures, please.*)

Date

Name

Title